

## **MIT Medical**

Nearly 400 individuals provide medical care, health and wellness services, and public health services to the MIT community. The population served—approximately 22,000—comprises students, faculty, staff, retirees, and their families. The multi-specialty group practice that provides care continues a tradition of caring for the MIT community that spans more than 100 years.

MIT Medical provides comprehensive care from preconception to geriatrics. At MIT Medical, we are clinicians, health educators, wellness specialists, and public health officers. Increasingly we have become incident managers and planners for the care of the MIT community in the face of threats or interruptions, whether infectious, climatological, or political.

These activities reaffirm our vision to be recognized as a premier university-based health care system that offers comprehensive, collaborative, and affordable care to the MIT community. In support of this guiding vision, our mission is to deliver integrated medical, psychological, and preventive care to promote healthful living in support of learning and research.

Throughout FY2009, five mission pillars continued to help us focus on serving the MIT community and supporting the Institute's mission.

### **Ensuring Access to Care**

We continue to monitor and evaluate access to care. Increasingly access to care comes in nontraditional ways—through both email and our secure patient portal, Patient Online. Although for many issues a digital encounter is not a replacement for a face-to-face visit, the sharing of information through electronic means is a growing and important component of access to care.

### **Maintaining Clinical Quality**

With the help of health care informatics software, we are able to integrate clinical information from various systems into one data warehouse. As a result, we can generate comprehensive reports to help us identify and understand patient care needs and trends. We continue to focus on medication safety, continuity of care, and data quality.

### **Enhancing Community Wellness**

In collaboration with MIT's Human Resources Department and Lincoln Laboratory, we continue to develop and provide wellness enhancement programs. The five-year-old [getfit@mit](mailto:getfit@mit) program promotes healthful eating, wellness, exercise, and stress management to the Institute community. Popular among students, faculty, and staff, [getfit@mit](mailto:getfit@mit) and other programs are available campus-wide, including our Lexington facility at Lincoln Laboratory. Interest, participation, and breadth of offerings continue to grow.

## **Managing Health Care Costs**

Our fiscal analytic capabilities have continued to evolve. Working with colleagues in the MIT Finance Office, and with input from the executive vice president and our Medical Management Board, we are developing and using increasingly robust analytic tools to understand the best use of our resources. The same database information and some of the same analytic tools may be used to assess quality of care as well as costs.

## **Advancing Diversity and Inclusion**

Our award-winning diversity initiatives continue to grow and develop. We strive to have our staff understand, respect, and build upon the diversity within the department and within the community we serve. We firmly believe that high-quality care must be culturally versed and able to incorporate diversity. Senior leadership training has been conducted—and the same training program is being offered to all members of the Department—to provide tools and examples as well as to underscore the importance and value of understanding and fostering inclusion.

## **MIT Medical Department Initiatives**

The financial turmoil that began during FY2009 not only has had a significant impact on Medical Department activities, but also has led to a thoughtful, rigorous, and integral process of assessing and valuing our resource utilization. We have been working closely with colleagues across the Institute to help support the MIT mission with fewer resources.

To help the Institute deal with financial constraints, MIT Medical has initiated a number of activities. A new internal blog allows members of the department to make suggestions and offer comments on resource utilization. The process of idea assessment and evaluation is moving ahead with transparency and with a focus on patient and community needs. The goal is to maximize resource utilization and efficiency while reforming our services where indicated. We are working to avoid cost shifting with careful and detailed analyses.

## **H1N1**

The H1N1 pandemic presented a significant and special set of problems to MIT Medical and to the MIT community. Before the appearance of the first cases in Mexico, MIT Medical, together with colleagues campus-wide, had been working on a plan to manage several different scenarios—severe weather, infectious diseases, terrorism, or other threats. The planning, which included drills and “tabletop” exercises, well prepared us to deal with the logistics, communications, and coordination of efforts across the Institute.

## **Developing and Cultivating Community Relationships**

Within the MIT community, the department works to strengthen relationships—periodically inviting campus leaders to meet with MIT Medical leadership. Finding areas of overlap and potentially enhanced cooperation is the goal of these activities.

In addition, the department has been working to strengthen relations with care-providing affiliates, such as hospitals, service providers, and imaging facilities.

## Dental Service

By the end of FY2009, the Dental Service became almost entirely digital. A practice management system that includes appointment scheduling, record keeping, billing, and image filing has been deployed smoothly and effectively. With more efficient scheduling of facilities and personnel, Dental Service revenue has continued to increase.

## Information Systems

The electronic medical record (EMR) has continued to evolve. Toward the end of FY2009, the entire paper record library was scanned into digital format. These images will be available through our EMR. Our patient portal, Patient Online, continues to grow in membership and usage. This allows secure, convenient communication between patients and caregivers. Transactions include the review of laboratory results, the discussion of non-urgent care matters, requests for prescription refills, and appointments.

## Health and Wellness

A new position has been established at Lincoln Laboratory that represents a joint effort at providing on-site wellness services.

## Clinical Services

During FY2009, MIT Medical conducted nearly 129,000 visits at our Cambridge and Lexington campuses, including services for employees of Lincoln Laboratory, Draper Laboratory, and the Whitehead Institute. Approximately 7,000 of those visits occurred at our Lincoln Laboratory health care facility, which primarily delivers care to MIT community members who live or work in the Lexington area. The following table details our clinical visit statistics by patient demographics:

<b>Visits to MIT Medical, FY2009</b>	
<b>Patient population</b>	<b>Number of visits</b>
Students, affiliates, and family	55,912
Faculty and staff	57,919
Retirees and family	8,806
Others	6,019
<b>Total</b>	<b>128,656</b>

## After Hours Service—David Shein, MD, Chief

### Strategic Focus

The After Hours Service provides continuity and access to medical care for the MIT community. During the academic year, care is available 24/7, including nights, weekends, and campus holidays when the department is otherwise closed. During an eight-week summer period, services are available 7:30 am–10 pm seven days per week. Services are provided on a walk-in basis for ambulatory patients, including students, MIT Health Plan and Tufts Health Plan members, retirees, and employees seeking job-site care and services under the primary care benefit. The advantages of having an in-house physician extend to the MIT Medical Inpatient Unit as well, where the after hours physician provides on-site support for hospitalized patients when needed.

### ***Accomplishments***

Staffing currently includes one part-time physician, Dr. Margaret Oakland, and a team of about 10 contract physicians who work rotating shifts. Staffing and care are coordinated between after hours physicians, recently added weekend-day pediatricians, and urgent care nurse practitioners. Through continued collaboration, we have been able to provide ongoing 24-hour care during the academic year and 15.5 hours of daily medical services during the summer.

In concert with the closing of the Inpatient Unit over the summer, the After Hours Service no longer operates overnight during the time that the Inpatient Unit is closed. Collaboration and planning across many areas of the department resulted in a comprehensive plan to provide care to the MIT community during this period of time with as little interruption as possible. Plans are in place to monitor emergency care at regional hospitals during the overnight period when the service is closed.

The After Hours Service also participates in the newly expanded Tufts Health Plan (THP) benefit, allowing THP members (including dependents) to seek urgent care at MIT Medical.

The After Hours Service maintains an important link to campus resources, including the MIT Student Ambulance, the Dean-On-Call network, and the MIT Mental Health Service. Within the confines of medical privacy regulations, our after hours physicians also provide a vital link to outside medical care. If a student suffers an injury or illness and is sent directly to an area hospital, we help facilitate and coordinate the care.

Besides maximizing the availability of the services we provide on campus, our goals include helping to address the needs of students and MIT Health Plan members when care is needed outside of MIT Medical. After hours clinicians routinely assist with medical and health insurance advice by telephone, whether the caller is across campus or around the globe. The service training includes an overview of the health insurance coverage options for students and MIT Health Plan members. In addition to medical advice providing documentation for the purposes of insurance referrals, communicating with outside providers, and addressing prescription needs outside of regular office hours are all within the purview of the After Hours Service.

### ***Initiative***

Our ongoing goal is to maintain the most cost-effective and appropriate mix of after-hours services for adults and children who come into MIT Medical for services and those who seek our advice from afar. We will continue to be here for patients needing timely care without the expense and inconvenience of using an emergency room. Moreover, we continue to offer a broad range of medical evaluation and treatment services along with basic surgical care, such as suturing.

In addition to being prepared to meet the community needs during the ongoing H1N1 outbreak, we are ready to treat a possible resurgence in the fall as well as any future public health needs.

We will continue to maintain communication with daytime services to ensure continuity of care for patients needing follow-up, testing, or ongoing treatment after being seen in our service at night or on a weekend or holiday.

### **Dental Service—Grace M. Collura, DMD, Chief**

#### ***Strategic Focus***

The Dental Service at MIT Medical is committed to the improvement of oral health and hygiene through preventive care and maintenance. Our team of dental professionals works to identify dental diseases and to intervene with dental and oral health issues.

The primary goal of the service is to render a high level of patient-centered care for students, faculty, staff, and their families in a way that promotes good oral health. We focus on providing routine dental care and on meeting emergency needs quickly so that patients can return to work or class. Since dental care and medical care are coordinated in one system, patients are afforded the unique opportunity of receiving integrated care on campus. As recent medical reports continue to link the impact of dental care to overall health, we are pleased to offer such comprehensive services at MIT Medical.

#### ***Accomplishments***

The major focus of improvements to operations and efficiency centered on the implementation of the second phase of Dentrix, our new health care information technology dental software system, and the final phase of Dexis, our new digital radiograph system. During these phases, we were able to implement electronic charting and digital x-rays and thus improve efficiency, quality, and overall service productivity.

Direct patient care continued to be one of Dental Services's priorities. Dental clinicians were active members of the MIT community, supporting MIT Medical's strategic initiatives in health promotion and wellness. Doctors Gretchen A. Anjomi and Grace M. Collura continued to provide preprofessional advising to undergraduate students, while Dr. Mara Green participated in the annual campus-wide MIT Health and Wellness Fair.

#### ***Initiatives***

For FY2010, we plan to hire an endodontist (a root canal specialist) to begin offering this service to the MIT community. Having an endodontist on staff not only will expedite the completion of complex treatment plans, but also will have a positive impact on generating revenue.

### **Eye Service—Robert B. Gross, OD, Chief**

#### ***Strategic Focus***

The MIT Medical Eye Service strives to provide prompt, courteous, comprehensive eye care of the highest quality to the MIT community. We are a full-service eye care center that offers both optometric and ophthalmologic services to patients. In the event that outside consultation is necessary, we have relationships with the area's best specialists. Outstanding customer service is of paramount importance in eye care, as well as in the sale of both eyeglasses and contact lenses.

### ***Accomplishments***

We continue to meet our goal of low-barrier access to care. On average, routine exams are available with a two-week wait, while urgent care services are available daily.

In collaboration with our Internal Medicine Service, the Eye Service coordinates care with MIT Medical's ongoing Diabetes Management Workgroup. Seeking to minimize vision loss caused by diabetes, we regularly notify patients of the need for annual eye exams. Currently, 81 percent of our diabetic patients have received a comprehensive eye exam in the past 15 months, well above the national average. This successful program is now in its seventh year at MIT Medical.

The strength of our confocal scanning laser ophthalmoscope—used for optic nerve evaluation and the management of glaucoma—is to look for change over time. Now that the instrument has been in place for three years, patients have undergone multiple exams. The powerful progression software is aiding in diagnosis and treatment of this challenging population.

In a year marked by an historic economic downturn and increased competition for consumer dollars, our sales of both eyeglasses and contact lenses remain strong. MIT Optical is on pace for an average year of profitability.

### ***Initiatives***

Plans are under way to refurbish MIT Optical. We are currently in discussions with various vendors and hope to complete the project during FY2010.

For patients who prefer to do their shopping on the Internet, we have plans to offer online purchasing of contact lenses. The current plan is to have a link on the MIT Medical homepage that will direct the patient to the appropriate site. Eye Service personnel will monitor all purchases to ensure that prescriptions are filled accurately.

Each year, we strive to improve delivery of care in our Eye Service. Until now, we had to refer patients to area retinal specialists for optical coherence tomography (OCT) services, but the time may now be right to introduce this remarkable technology to our practice. Pioneered at MIT, OCT is a noninvasive scan that provides retinal details that can guide care in a wide range of ocular pathologies. We have begun the process of evaluating the various OCT machines available and hope to make a decision in the next few months.

### ***Inpatient Unit—William A. Ruth, MD, Chief***

#### ***Strategic Focus***

The 18-bed Inpatient Unit (IPU) of MIT Medical provides an important and well-appreciated source of personalized care for the MIT community. Recognized by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO), the IPU provides sub-acute level care for members of the MIT community, including students, MIT Health Plan members, and retirees. The IPU is charged with managing acute non-life-threatening illnesses as well as with providing postoperative care and end-of-life care for MIT community members. Our special focus is the MIT undergraduate, graduate, and

international student population. When students are too ill to be in their dormitories, living groups, or residences, they are cared for in the IPU.

### ***Accomplishments***

Throughout FY2009, the IPU continued to provide integrated care together with our After Hours, Urgent Care, and Internal Medicine Services. Primarily staffed by registered nurses (RNs) with 24-hour physician coverage, the IPU had 212 patient admissions during the year (5/08–5/09) for a total of 857 inpatient days. Medical conditions ranged from acute gastroenteritis and postoperative care to end-of-life care. These totals represent a decrease from previous years.

While we experienced fewer admissions this year, there were more transient visits (767 in FY2009 compared to 533 in FY2008). Transient-stay patients are ambulatory patients requiring stays of up to several hours for intermittent nursing care, such as intravenous hydration, antibiotic therapy, or specialized infusions. We also have increased the number of intravenous infusions of special medications, such as biologics and intravenous antibiotics, which should provide a more convenient and less costly alternative to hospital infusions.

The lower number of admissions may be due to a decrease in the number of postoperative transfers, especially in orthopedics. These patients are increasingly likely to be sent home directly or to be cared for in rehabilitation units following hip and knee replacements.

Along with caring for IPU patients, the night nurses provide nursing triage with physician backup from 11 pm to 7 am for the After Hours Service. The IPU nurses complement the other medical staff in providing intravenous access service when needed, assisting in influenza clinics, and aiding in ongoing projects with our electronic medical record. Cost-saving measures in FY2009 included the closing of the IPU during the winter holiday break.

### ***Initiatives***

With the financial challenges brought about by the economic downturn, the IPU was closed for two months in the summer (6/19/09–8/17/09). Since this is traditionally a period of lower utilization, the closing was expected to have minimal impact on providing comprehensive medical care to the MIT community. In the coming year, however, we will pursue additional measures to acquire more sources of income while achieving further cost savings.

**Medical Service—David V. Diamond, MD, Associate Medical Director;  
Howard M. Heller, MD, MPH, Chief of Medicine**

### ***Strategic Focus***

The Medical Service of MIT Medical aims to provide high-quality and cost-effective primary care to our patients and to coordinate their specialty care. We support and contribute to health promotion for our patients and the MIT community. Beyond their clinical roles, clinicians in the Medical Service provide clinical and organizational leadership and consultation both within MIT Medical and to the MIT community.

The primary strategic focus for FY2009 was to continue to improve access to care, especially for women's health issues and in subspecialty areas. Other goals were to enhance the ability to assess quality of care, expand the implementation and utilization of the electronic medical record, enable better communication with patients during clinical encounters and with the reporting of laboratory results, improve patient safety (especially in regard to medications), and continue seeking lower-cost providers of services not available at MIT Medical without compromising quality.

### ***Accomplishments***

The clinical dashboard implemented in 2007 has enabled the assessment of several indicators of clinical performance. Since 2007, we have seen steady improvement in all clinical indicators, including breast cancer screening (+6.2%), colon cancer screening (+7.9%), prostate cancer screening (+6.7%), influenza immunization for patients over 65 (+5.6%), and pneumococcal immunization (+3.6%). Performance rates exceed those of other medical groups used as benchmarks.

In an effort to further improve our breast cancer screening rate, the multidisciplinary Women's Health Group implemented a proactive notification system to remind women who are overdue for breast cancer screening.

Access to care, as measured by waiting times for appointments, continued to improve, especially for women's access to gynecologic care and in some subspecialty areas. Most routine gynecologic care is now delivered in the Internal Medicine primary care practice, enabling more women to receive comprehensive care without needing to see multiple clinicians.

Patient satisfaction with care received in the Medical Service as measured by surveys (Press Ganey) rose in all areas surveyed and remains above the levels of benchmarked regional and national medical groups.

The department remains at the forefront in implementing and utilizing the electronic medical record, which incorporates all medical records, laboratory results, prescribing, encrypted email messaging, and appointment scheduling. Electronic prescribing is at 96%, and patients' use of secure encrypted email messaging has increased by 70%. Online secure messaging continues to be an efficient and effective method of communication for non-urgent medical issues.

During the H1N1 influenza outbreak, the Medical Service and MIT Medical served as the primary resource for the MIT community for medical care, information, and consultation. This collaborative effort resulted in the ability to deal with a rapid upsurge in medical visits and inquiries without having to curtail any routine functions of the department, while minimizing the anxiety level of the community.

### ***Initiatives***

A primary focus for FY2010 will be to continue to provide the same level and quality of care and services to the MIT community in the face of reductions in clinical staffing



necessitated by the current budget crisis. Access to care and quality of care will be monitored closely as we continue to strive for efficient, high-quality medical care.

Along with a multidisciplinary group in the department, we will begin looking at indicators of quality care by racial/ethnic group to determine if there are any disparities in medical care at MIT Medical that need to be further evaluated and addressed.

We will continue to collaborate with other groups—including MIT Medical’s Center for Health Promotion and Wellness, the Emergency Operations Committee, and the MIT Human Resources Department—to proactively promote wellness in the MIT community. We will place particular emphasis on dealing with the spread of the H1N1 influenza in the MIT community.

## **Medical Specialties—David V. Diamond, MD, Associate Medical Director**

### ***Strategic Focus***

The goal of Medical Specialties within MIT Medical is to provide convenient, cost-effective, and integrated specialty care for the most common specialty needs of our various patient populations. We realize that in modern medical practice, the emergence of subspecialists in many areas makes it impractical to provide expert care in all specialties within our building. With that in mind, we have developed close working relationships with highly regarded physicians throughout the Boston area.

In a related effort, we have developed and continue to seek specific written agreements with hospital and ambulatory testing sites to provide expedited access, testing, and reporting for expensive high-tech procedures at reduced cost to our patients and to MIT.

### ***Accomplishments***

In FY2009, we provided on-site specialty care in the following medical subspecialties: acupuncture, allergy, dermatology, pulmonary, cardiology, rheumatology, occupational and environmental medicine, endocrinology, sports medicine, infectious diseases, and neurology. We also continue to provide the following surgical subspecialties on-site: urology, ear/nose/throat, ophthalmology, and orthopedics.

We closely coordinate care through the shared use of a uniform electronic medical record and messaging system. Access to care and patient satisfaction with care are monitored quarterly and remain at or above MIT community standards.

In FY2009, we welcomed Dr. Edward Perez, PhD, as a full-time dermatologist, filling a vacant position of several years. We also had some turnover in staff due to personal career decisions, including the departure of Dr. Debbie Lin in allergy after four years of service and Dr. Katherine Wang in neurology after five years of service. In late June 2009, we welcomed their replacements: Dr. David Hong and Dr. Supinda Bunyavanich in allergy and Dr. Greg Lipshutz in neurology.

We have continued to encourage the use of low-cost, high-quality ambulatory sites for computed tomography (CT), magnetic resonance imaging (MRI), colonoscopy, cardiac

stress, and imaging tests. These facilities offer equivalent quality at nearly a 50 percent reduced cost compared to hospital-based testing, leading to an estimated savings of more than \$300,000 in FY2009.

### ***Initiatives***

In FY2010 and FY2011, we have targeted cost reductions in Medical Specialties to meet budgetary goals. We hope to achieve this through reduction of approximately 10 percent in contracted hours over the two-year period. To offset this reduction, we will work to optimize the appropriateness of referrals to reduce a potential increase in access wait times. We will monitor this closely and develop community-based options with consultants to ensure the best care for our patients.

We also hope to develop closer value-based relations with local pain treatment centers and physical therapy sites, and potentially further reduce our costs for colonoscopy through better contracting. In addition, after careful review of utilization and community resources, we decided to eliminate on-site acupuncture services as of July 2009.

### **Lincoln Laboratory/Lexington Facility—Deborah Sigman, APRN-BC**

#### ***Strategic Focus***

Since opening on November 1, 1999, our major goal has been to provide comprehensive on-site care to Lincoln Laboratory employees and to provide a west suburban site for MIT Medical Health Plan members and retirees.

The facility is designed as a family practice to offer comprehensive primary medical care to all age groups. Currently, we are staffed with a full-time family physician and family nurse practitioner. In addition, Dr. Frida Wosk, a pediatrician with a subspecialty in developmental disorders, is on-site one day per week. Twice a month, Dr. David Diamond provides internal medicine coverage as well as occupational health expertise. Services provided include on-site phlebotomy and prescription pickup. Mental Health Service providers also are available every Thursday and Friday for employee assistance and referrals from the primary care providers.

Services we provided include primary care visits, sick visits, and on-site emergency care for Lincoln Laboratory employees. Located within a large research and development facility with an average of 2,500 employees, the medical facility has focused on occupational health, employee screening, and work-related injury care.

Promoting health and wellness has been another strategic focus of MIT Medical. The Lexington staff maintains a close relationship with Lincoln Laboratory administrators to be responsive to health-related concerns and to promote wellness via a series of regularly scheduled talks.

#### ***Accomplishments***

A major accomplishment this year has been the addition of Stacy Hill, a part-time health educator dedicated to the Lincoln Laboratory site (this position was funded by

Lincoln Laboratory). Stacy will focus on completing a health assessment of the Lincoln Laboratory community, which will serve as the basis for future programming.

An effort was made to increase availability of the influenza vaccine for the Lincoln Laboratory community. An on-site flu clinic was offered in the Laboratory cafeteria; as a result, over 975 vaccinations were administered this past year, a twofold increase from prior years. On March 24, 2009, the Lexington facility was cited by the Massachusetts Department of Public Health for outstanding achievement in immunization in recognition of passing the 2008 provider-based immunization assessment.

An intensive review of the Kwajalein health care option was undertaken over the past year. The focus was on gaining a better understanding of the health care services available to the Lincoln Laboratory families living on Kwajalein Island and working with the Health Plan office to revise the health insurance coverage offered through MIT Medical. Dr. Brian Marriott visited Kwajalein in the fall of 2008 for an on-site review of facilities and shared his observations with the MIT Medical community. As a result of the review, the Kwajalein Health Plan option was revised as a Blue Cross and Blue Shield preferred provider organization, which expands the availability of medical care outside Massachusetts. This enables the Kwajalein families to receive care while visiting their home states during yearly stateside visits.

The Lexington site continues to receive high Press Ganey scores. Our patients consistently give the providers, support staff, and facility ratings that are well above the national average and MIT community mean. We are proud of that accomplishment and believe it is related to the patient-centered focus of our care and cohesiveness as a team.

The department staff members have also been integrally involved in the development of the Lincoln Laboratory emergency action plan for pandemic flu. During the recent H1N1 influenza outbreak, they served as on-site consultants.

### ***Initiatives***

Steadily increasing MIT Health Plan membership continues to be an important initiative. Toward that end, we will continue to be part of the Lincoln Laboratory's twice-monthly orientation program and quarterly group leader training programs.

Based on analysis of the Lincoln Laboratory health assessment, worksite wellness programming will be an ongoing initiative with the goal of analyzing data to demonstrate positive outcomes.

### **Mental Health Service—Alan E. Siegel, Ed.D, Chief**

#### ***Strategic Focus***

The mission of the Mental Health Service is to address the mental health needs of the entire MIT community, relieve emotional suffering, and enhance personal resilience. We help people in the community identify, understand, and solve problems, promoting the Institute's mission to foster the development of the "ability and passion to work wisely, creatively, and effectively for the betterment of mankind." For students, we

work to enhance their adjustment to college life and help them take full advantage of the academic and social environments at the Institute. Through direct clinical service, education, and prevention, all members of the MIT community can learn to more effectively manage personal problems and situational crises; acquire strategies to cope with academic and personal stress; and develop self-awareness, personal responsibility, and skills for lifelong learning.

### ***Accomplishments***

During FY2009, we continued to facilitate patient access to services, expand our outreach, and participate in overall efforts to improve the mental health of the MIT community. These included:

#### ***Access and Responsiveness of Care***

Over the past three years, our service volumes have been consistent. The greatest growth has been in the number of group visits, a result of the substantive increase in the variety of groups available. For all students, 40 percent of visits were with undergraduates and 60 percent with graduate students. There was a 12 percent increase in student visits this academic year as compared with last year and a 37 percent increase in group visits; volumes of MIT Health Plan member visits remained constant. A resource coordinator position was added to facilitate timely and effective referrals to mental health specialists in the community and to track patient engagement with community clinicians. Although this effort was primarily focused on members of the MIT Health Plan, students also benefited from this active care management. All members of the community seeking urgent clinical consultation were seen within hours of making a request.

#### ***Patient Satisfaction***

Satisfaction with the services provided remains an important goal of the Service. The Consortium on Financing Higher Education senior satisfaction surveys, which measure satisfaction with psychological services, trend in a positive direction. Students who were “generally or very satisfied” with our services went from 69.9 percent in 2006, to 78.5 percent in 2007, to 81.1 percent in 2008.

#### ***Innovative Programming***

The American Foundation for Suicide Prevention Online Depression Screening continues to reach out to graduate students using an encrypted survey method that allows students to respond anonymously to the screening and then engage online with an MIT Mental Health clinician. As of April 1, 2009, 5,000 graduate students were contacted. The number of MIT students replying to the survey is 44 percent higher than that of other participating universities, and the number of students who come in for a consultation following the encrypted online “conversation” is 30 percent higher than that of other participating institutions. Once again, students tell us that they would not have accessed services if it were not for this unique outreach approach. Our program was presented as a model mental health initiative in this year’s meetings of the American Association of Suicidology in San Francisco.

The Eating Problems Team is a multidisciplinary group chaired by Mental Health clinicians, but including staff from other parts of MIT Medical and the Division of Student Life (DSL). This year, the Mental Health Service and MIT Medical organized and

hosted the conference “Collaborative Ways to Address Disordered Eating on Campus: It Takes a Village.” The conference included a consortium of New England colleges and universities (Boston University, Brandeis University, Dartmouth College, Harvard University, and MIT) and was attended by more than 140 educators and clinicians working with college students.

The Mental Health Service’s Community Crisis Response Team continues to provide immediate, comprehensive consultation and support to departments and offices on campus whose members have suffered a traumatic experience with the illness or loss of one of its members. With a recent campus tragedy, mental health staff were at the scene supporting students and employees within 90 minutes of the event. Support, education, and individual and group counseling continued in the days and weeks following these traumatic occurrences.

The group program at the Mental Health Service continues to expand and diversify. Along with regular therapy groups, we provide innovative, content-focused groups in areas such as support for graduate students who are having difficulties completing their dissertations, managing attention problems such as attention-deficit/hyperactivity disorder, acquiring communication skills for students with problems in interpersonal relationships, a “New Life after Midlife Group” for members of the community adjusting to a new phase of life, and a group for students returning from a medical withdrawal. This year we saw a 37 percent increase in the number of group visits for students and a 21 percent increase in the number of group visits for Health Plan members and employees.

### *Consultation and Education*

Consultation and education continues to be an important element of the Mental Health Service’s work with the community. This includes events such as Depression Screening Day; luncheon meetings with MIT departments’ faculty and staff; “When Support Gets Personal” training for staff and administrators; Human Resources’ “Brown Bag Luncheons”; alcohol and drug educational program for students in Senior House in anticipation of “Steer Roast” activities; study breaks in residence halls; and specialized workshops to the lesbian, gay, bisexual, and transgender communities on the main campus and Lincoln Laboratory. The Mental Health Service also has strengthened its active role in training and supporting first-line referral sources, such as graduate resident tutors (GRTs), resident advisors (RAs), MedLinks, and Nightline staffers.

### *Initiatives*

#### *Project to Increase Clinical Utilization and Staff Efficiency*

This year, new statistical approaches were developed to identify the amount of time each staff person was “booked” for clinical encounters with patients. Then, staff members were provided with data for “used versus unused” time for their own practice and for others in the service, and challenged to ensure that they were working at 100 percent capacity for the periods reviewed. Those who worked less developed remediation plans and those who worked substantially more than 100 percent were encouraged to develop plans to minimize the risk of “burnout.” These data were incorporated in the annual performance review process.

## **Nursing Services—Kristine A. Ruzycski, MS, ANP-BC, Chief**

### ***Strategic Focus***

At MIT Medical, nursing is both a science and an art that focuses on promoting health and wellness within the Institute community. As a member of a multidisciplinary team, nursing works in partnership with physicians to provide care to our patients.

Nursing care is provided to the MIT community by adult and family nurse practitioners (NPs), certified nurse midwives (CNMs), psychiatric clinical nurse specialists (PCNSs), and registered nurses (RNs) in both the Inpatient Unit and the ambulatory setting. Within the Nursing Service, physician assistants (PAs) provide medical care to patients under the supervision of a physician. This past fiscal year we continued to support MIT Medical's strategic initiative to increase patient access to care and to provide additional student outreach.

### ***Accomplishments***

#### ***Primary Care***

NPs and PAs in Internal Medicine, Urgent Care, and Pediatrics provided comprehensive primary care to patients with acute and chronic illnesses or injuries; educated patients in health promotion and disease prevention; and worked in collaboration with Internal Medicine, Pediatrics, and Family Medicine physicians. This past fiscal year, the Internal Medicine, Urgent Care, and Pediatrics advanced-practice clinicians provided a total of 21,950 patient visits.

#### ***Specialty and Subspecialty Care***

NPs, PCNSs, CNMs, and PAs provided consultation, specialty, and subspecialty assessments and care; group and individual counseling/therapy; special medical screening and surveillance; sports medicine; and community outreach to patients in Dermatology, Occupational Health, Orthopedics, Mental Health, and Obstetrics and Gynecology. This past fiscal year, the advanced-practice specialty nurses and physician assistants provided a total of 8,576 patient visits, an increase of 30 percent over FY2008.

#### ***Clinical Precepting***

Over the last fiscal year, NPs clinically precepted 11 NP students from four different universities. These preceptorships are built on a strong collaboration between the nursing student and clinician instructor. We received feedback from students that the MIT Medical experience was both positive and informative.

#### ***Inpatient Unit Nursing***

RNs in the Inpatient Unit (IPU) cared for a variety of patients, including students, MIT Health Plan members, and retirees. Medical care included a broad spectrum of medical conditions, from alcohol abuse treatment to end-of-life care. Staffed by RNs 24 hours a day, seven days a week, the IPU had 212 patient admissions during the year, totaling 857 inpatient days.

Transient patients are ambulatory patients who require medical care for a few minutes to several hours' admission to the IPU for intermittent nursing care. This care includes

intravenous hydration, antibiotic therapy, therapeutic phlebotomy, or special medication infusions. Those transient visits totaled 743 for the year, a 37 percent increase over FY2008. Our Nursing team, already skilled in administering a variety of intravenous medications, was trained this year to administer an additional medication, zoledronic acid, which is used to treat osteoporosis. This significant increase in transient visits has helped to decrease the cost of sending patients to other institutions for these infusions.

Our night nursing team also provided nursing triage from 11 pm to 7 am for the After Hours Service. In this role, they offer telephone and on-site medical assessments and work with the after hours clinicians to provide urgent care to patients.

During the December holiday break, our patient census is usually low; therefore, we closed the unit for two weeks to help decrease unnecessary expenses. As an additional budget-cutting effort, the IPU closed for overnight care on June 19, 2009, and remained closed for a total of eight weeks. Day patients needing infusions that they normally receive in the IPU continued to receive that care throughout the summer closing.

#### *Minor Procedure Room*

The Minor Procedure Room is staffed by one RN with backup by the IPU Nurse Manager. During FY2009, we completed 493 procedures and pre-test screenings, either assisted by or performed by the RN.

#### *Ambulatory Nursing*

RNs provided nursing care to our patients in the ambulatory services of Internal Medicine, Medical Specialties, Urgent Care, Pediatrics, and Obstetrics and Gynecology. Our RN teams support patients with telephone and on-site patient triage in a variety of ways. These include immunization administration, blood pressure monitoring, diabetes and medication inhaler instruction, wound care, allergy immunotherapy injections and monitoring, suture and staple removal, phlebotomy, provider assistance with special procedures, management of the anticoagulation program, and coordination of other special projects, programs, and services.

The ambulatory nurses provided 11,524 scheduled patient visits during FY2009. In addition, they provide 3,500 to 4,000 unscheduled visits per year to patients who also needed a nursing visit incident to their visit with a primary care provider.

The internal medicine triage nurses are all certified in anticoagulation therapy and continued to manage more than 180 patients enrolled in the anticoagulation program.

Both the ambulatory and the IPU nurses were part of Nursing Service's effort to vaccinate the MIT community against influenza. The nurses increased their outreach efforts and were successful in vaccinating more than 7,660 MIT community members, a 53 percent increase over FY2008. Community outreach influenza clinics were held to target the students and their families. These clinics took place in the same sites as the previous year, with the addition of two new sites, Westgate and Sidney-Pacific.

Stratton Student Center: 769 vaccinated

EMTs annual meeting: 34 vaccinated

Zesiger Center IC athletes: 53 vaccinated

Eastgate graduate housing: 74 vaccinated

Westgate graduate housing: 89 vaccinated

Sidney-Pacific: 169 vaccinated

At these outreach clinics, a total of 1,185 students/family members were vaccinated, which represented a 37 percent increase over FY2008.

### ***Initiatives***

For FY2010, we will continue our public health outreach initiatives in relation to influenza vaccinations and participation in Wellness Week activities, and will continue to partner with the TECH Health Alliance on their programs.

In collaboration with the Medical Service, we will look at possible scenarios for administering the H1N1 vaccine when it is developed and available.

Nursing also is looking at cost and work efficiencies by exploring and developing different models of care.

### **Obstetrics and Gynecology Service—Chana S. Wasserman, MD, Chief**

#### ***Strategic Focus***

MIT Medical's Obstetrics and Gynecology Service (Ob/Gyn) is dedicated to providing care to women from late adolescence through their menopausal years. Working in collaboration with the Internal Medicine, Surgery, and Mental Health Services and the Center for Health Promotion and Wellness, we provide well-rounded and closely integrated care to the MIT community.

Our gynecologic services range from comprehensive offerings in birth control to management of menopausal issues. Our team of clinicians also provides surgical services both individually and with other laparoscopic and gynecologic oncology specialists. Obstetrical care includes options for midwifery or physician care. In collaboration with maternal fetal medicine specialists at Mount Auburn Hospital, Beth Israel Hospital, and Brigham and Women's Hospital, we assist with high-risk obstetrical care.

#### ***Accomplishments***

During FY2009, the number of births for MIT Medical patients was similar to the previous year—183 births, compared to 182 births in FY2008.

Our service received the ComMITment to Care Team Award in June 2008.

We welcomed three new members to our Ob/Gyn team—one member to replace Katie Alves, who relocated, and two members as a way of reorganizing skills that were already present at MIT Medical. These new members include Wendy Martinez, who recently joined our service as a medical assistant/front desk staff person. She previously worked at Dedham Medical Associates and has worked in the field of Ob/Gyn since 1999. Also



joining us is Kristine Ruzycki, ANP-BC, a nurse practitioner who serves as the chief of nursing at MIT Medical. Kristine joined the Ob/Gyn Service last year and helped provide care to patients by performing annual exams and other gynecology visits. This has helped to increase access to our service. Finally we welcomed Tara Gardner-Brown, FNP-BC, a nurse practitioner from MIT's Urgent Care who is also a trained colposcopist. She assists us with colposcopy clinics, which has helped reduce the wait time for this procedure.

Through collaboration with Internal Medicine and as recommended by the Women's Health Workgroup, we provided four hourly educational sessions on office gynecologic topics, including hormonal contraceptives, polycystic ovary disease, irregular bleeding, and vaginitis.

Training the next generation of health care providers has always been a major focus of our department. We continued to instruct third-year Harvard Medical students through structured case discussions and active participation on labor and delivery and in the operating room at Mount Auburn Hospital. In addition, one of our clinicians mentored the Residents' Gyn Clinic at Brigham and Women's Hospital and another one served as a pre-med advisor at MIT.

### ***Initiatives***

This year we completed the recruiting process for hiring another full-time physician. Unfortunately, due to budgetary considerations within MIT, we were unable to bring this process to fruition. Instead, we are seeking other ways to increase patient access in our service. For example, by encouraging routine annual gynecologic examinations to be given by a patient's primary care provider, more time should be available for consultations within Ob/Gyn.

We continue our health care outreach initiatives to our student population. For example, we use a birth control protocol to help students access various contraceptives and a vaccination protocol to increase the accessibility of Gardasil, which is used to reduce the risk of contracting the human papillomavirus (HPV) and cervical cancer.

Furthermore, we continue to track our Gardasil vaccination rates in Ob/Gyn and to contact those who miss their HPV vaccine appointments.

In the past, when patients called to schedule routine appointments, they were often told to call later since the schedules were not usually available until about two months in advance. This created significant dissatisfaction among patients. Due to a simple change in our operations last year, Ob/Gyn has improved patient satisfaction in this area by establishing an effective system for managing these calls. Instead of being asked to call back, patients are placed on a wait list and contacted as soon as the schedule becomes available. Patients were contacted in the order in which they called, and were pleasantly surprised that they could so easily obtain an appointment at a convenient time.

With both this new system and the new colposcopy clinic in place, we have significantly reduced wait times for two of our most common appointment types (annual gynecologic exams and colposcopy). We plan to continue using this new system and hope to continue seeing improvements in our Press Ganey scores regarding appointment scheduling.

**Occupational and Environmental Medicine Service and Employee Health Service—David V. Diamond, MD, Chief; Jacqueline Sherry, RNP, Clinical Coordinator**

***Strategic Focus***

The goal of these MIT medical services is to provide the best preventive, consultative, diagnostic, and therapeutic care for potential illness and injuries that occur at MIT due to work or the environment. We work closely and in consultation with MIT's Environment, Health, and Safety (EHS) Office and with the clinical staff of MIT Medical.

Our primary strategic focus for FY2009 was twofold: emergency preparedness and pandemic influenza planning.

***Accomplishments***

We continue to work with EHS and MIT Human Resources to coordinate employee health and safety programs at MIT, including optimal management of work-related illness and injury.

In spring 2009, we helped organize MIT Medical's internal responses to the outbreaks of norovirus and H1N1 influenza. We also worked with the Broad Institute to develop autonomous employee and occupational health and safety programs in anticipation of its administrative and governance transition.

***Initiatives***

For the upcoming fiscal year, we will review with EHS all our ongoing medical surveillance programs and further update procedures and policies as appropriate. As part of our performance improvement process, we are enhancing our staff influenza vaccination rate and hand sanitation practices.

In addition, we will work more closely with EHS to integrate our efforts in a campus-wide community health initiative, looking for opportunities to reduce health risks at work, in the environment, and from personal health behaviors. We will work with the Broad Institute in their new administrative structure to provide continuity in occupational medicine services.

**Pediatrics Service—Jocelyn O. Joseph, MD, Chief**

***Strategic Focus***

The Pediatrics Service at MIT Medical provides health care for the children of staff and faculty, as well as for the children of graduate students, post-docs, and visiting scholars. Known for our warm and welcoming environment, we honor cultural differences and respect diverse types of families while delivering outstanding pediatric health care.

***Accomplishments***

We initiated a program to provide coverage for holidays and weekends by hiring pediatric urgent care providers. This has proven to be beneficial in many ways: parents

can more easily obtain care for their sick or injured children on the weekends and they are more confident about the care their children receive. In addition to reducing emergency room referrals, the program is helping to streamline Pediatrics Service work on Fridays and Mondays.

This new program is shared with Harvard University Health Services (HUHS), and assures that we are collaborating with HUHS to be more efficient and fiscally responsible. Having a pediatric provider available benefits both institutions. We are collaborating with HUHS to increase the number of providers who are competent and credentialed to see pediatric patients. Our goal is to have a pediatric provider daily on weekends and holidays.

Our “Meet Pediatrics” series continues to be well attended. Due to its success, we have decided to offer the program every other month rather than quarterly. The “Meet Pediatrics” program is geared to help new parents and expectant parents learn about our service by utilizing a group approach rather than individual appointments with clinicians. The program is informal and interactive, giving expectant parents an opportunity to see the Pediatrics Service firsthand, and to learn how to care for their babies in the hospital and at home. At the sessions, we also distribute vaccine and baby-care information that has been translated into a number of languages.

We have successfully implemented an automated referral follow-up process. This process assists providers in reviewing specialist referral notes, helps us follow up with patients who have not completed referrals, and encourages parents to seek specialist appointments when necessary.

We have established a successful collaboration with the Cardiology Service at Children’s Hospital Boston for reading EKGs. Offering EKG readings by experts assures better care for our patients.

We are active in community service and in health care professional training, serving as mentors for high school, graduate nursing, college, and Harvard Medical School students. The Pediatrics Service provides health care consultant experience to the MIT Day Camp as well as to the child care centers on campus. In addition to providing health care talks to children and teenagers in the greater Boston and Cambridge area, we have served as resources for MIT and other college students interested in health care.

Working with our occupational health staff and with MIT’s Emergency Response Team, we have developed protocols for campus emergency situations.

Our “5-2-1 Jump Up and Go” lifestyle program continued to be a resource for our families. This program recommends these daily healthful behaviors: five servings of fruits and vegetables, no more than two hours of TV or computer screen time, one hour of exercise, and no more than one sugary drink. Pat Bartels, FNP-BC, with assistance from the Boston College Graduate School of Nursing, is reviewing data from more than three years of visits. Through successfully helping many families decrease the weight trajectory of overweight and obese children, we know more about the family risk factors and the racial characteristics of this population of children. We have done poster

presentations at the Massachusetts Coalition of Nurse Practitioners regional conference and at Sigma Theta Tau, the nursing honor society conference. At the latter event, our poster presentation, “Impacting Childhood Obesity: Incorporating a Risk Factor Assessment Questionnaire into a Pediatric Primary Care Practice,” won third prize in research. A journal article is forthcoming.

Dr. Frida Wosk, a board-certified pediatrician with special training in developmental disorders, has been with us for one year. We have utilized her behavioral and developmental skills, and the MIT Medical providers and patients are benefiting from her expertise.

Phyllis Winn, our administrative coordinator, has been extremely helpful in making sure our patients have access to providers in a timely manner. We have implemented a plan in which there is a provider available every day for “sick visits only,” which allows for greater availability of same-day sick visits. Winn’s organizational expertise has translated into an efficient, well-managed practice.

### ***Initiatives***

For FY2010, the Pediatric Service will accomplish a more successful utilization of services and improve access to families by:

- Collaborating with HUHS to be more efficient and fiscally responsible. It would benefit both departments to have the pediatric provider at one site for each weekend/holiday seeing patients from both institutions.
- Collaborating with HUHS to increase the number of providers who are competent and credentialed to see patients. We would like to have pediatric weekend after-hours care available 100 percent of the time.
- Continuing our outreach efforts to expectant parents with our “Meet Pediatrics” events.
- Supporting our wellness efforts by continuing to communicate the benefits of the “5-2-1 Jump Up and Go” lifestyle program to promote healthful eating habits. In addition, we will work collaboratively with various members of the MIT community to improve patient education and care with increased outreach programming.
- Continuing to work on patient flow and systems issues to ensure patient, provider, and staff satisfaction while being fiscally responsible.

### **Surgical Service—Lawrence T. Geoghegan, MD, Chief**

#### ***Strategic Focus***

The Surgical Service at MIT offers our patients access to all types of surgery, both elective and emergent. Minor surgeries requiring only local anesthesia are usually performed in our procedure room in MIT Medical. More complex procedures are performed at Mount Auburn Hospital or Massachusetts General Hospital (MGH). A large number of urgent minor procedures are carried out in MIT Medical’s urgent care area.

### ***Accomplishments***

- In the past year, our surgeons cared for more than 1,000 urgent care patients on the premises.
- The volume of major surgical cases increased by 30 percent.
- The case mix included laparoscopic procedures, intestinal resections, breast cancer surgery, hernia repairs, and emergency appendectomies.

Breast cancer care continues to evolve at a rapid pace. Dr. Geoghegan attends breast cancer conferences and provides lectures to the medical staff on new developments. Most recently he presented a talk on the role of MRI in preoperatively evaluating breast cancer patients.

### ***Initiatives***

Institute-wide budget reductions have affected the Surgical Service as well as the rest of the department. The contract with MGH has been eliminated, including the on-site clinic coverage provided by Dr. Carlos Fernandez.

To compensate for these changes, Dr. Geoghegan will hold two additional clinics to provide surgical clinic coverage every day. Emergencies will be referred to Mount Auburn Hospital's Emergency Department for evaluation and care. We will continue to utilize the MGH Surgical Service for their expertise in a number of areas. Subspecialty service in orthopedics, urology, and otolaryngology will continue as usual.

With all of these changes, we will continue to provide excellent care for our patients and be a resource for MIT Medical and the MIT community.

## **Administrative Services**

### **Information Systems and Medical Records—Shelagh M. Joyce, Director**

#### ***Strategic Focus***

Information Systems (IS) and Medical Records at MIT Medical seek to improve the health and wellness of our patients by utilizing health care systems technology. Our major areas of focus are data quality, training and education, clinical and financial reporting, and the electronic health record; all these initiatives made significant progress last year.

#### ***Accomplishments***

Through continuing collaborative efforts between IS and radiology, additional clinical system enhancements went online this past spring. Two other additions to the Radiology Service configuration include a system-networked bone density machine as well as establishing connectivity between MIT Medical and radiologists at Mount Auburn Hospital. This connectivity will allow radiology exam results to be read remotely, decreasing the turnaround time on tests being read and results reported to patients.

Multiple major upgrades were done on the department's practice management system (PMS) and electronic medical record (EMR) system. These projects included being a beta site for the PMS's functionality-improved patient portal, implementing a task manager-like system (Enterprise Task Manager) in the business office that manages a medical biller's workload more efficiently and effectively, and upgrading the department's EMR to the most recent version. In the past fiscal year, IS supported the Dental Service in transitioning to a dental-specific EMR as well as adding digital x-ray capabilities.

This year, MIT Medical became a 100 percent electronic record organization. All active paper medical records were shipped to a specialty vendor who scanned the 2.5 million-plus images into our EMR.

This past year we made operational our secondary hardware colocation site in the Institute's W91 data center location. IS worked collaboratively with our various third-party vendors as well as with MIT's Information Services & Technology to realize this capability. This achievement is the first major milestone in creating a flexible and cost-effective systems business interruption plan for MIT Medical.

### ***Initiatives***

Many of the strategic initiatives and goals of IS and the Medical Records Service are ongoing and involve work that will lead to many process and developmental improvements. As we look ahead to FY2010, some goals are worth highlighting. We aim to continue to develop IS infrastructure improvements that involve interruption/continuity capabilities to ensure departmental operations will be minimally impacted by planned or unplanned system downtime; position MIT Medical to ensure that we can take advantage of the federal government's American Recovery and Reinvestment Act (both financially and business process-wise) as prudently as possible over the next five years; and support MIT Medical and the Institute in meeting the budget challenges that face us over the next few years.

### **Operations—Deborah Friscino, Director**

#### ***Strategic Focus***

Operations is dedicated to supporting the strategic and operational initiatives of MIT Medical. This year, activities centered on creating an environment in which patients and staff felt valued and respected as individuals. Given the financial climate, it also was important to find ways to continue delivering high-quality care while limiting spending.

#### ***Accomplishments***

Through the diversity initiative, members of MIT Medical worked together to evaluate and improve interactions with each other and with patients. Together we learned to appreciate the unique contributions that each person offers.

Developed last year, our code of conduct was reviewed throughout the year to ensure that all staff members were familiar with it. With support from senior leaders, staff members were empowered to work together to identify and address concerns when

they arose. As an adjunct to this policy, a number of people completed MIT's 30-hour mediation training program and are now volunteering as staff reps. Their role is to listen to issues raised by coworkers and to offer support or direction for possible solutions.

Our lunch series has given way to a dinner series, and MIT Medical was pleased to receive a grant from MIT's Committee on Race and Diversity. The series focuses on sharing conversations over dinner around topics relevant to cultures or issues of diversity. Chancellor Phillip Clay and other members of the MIT community joined us to discuss civil rights issues facing the African-American community in relation to Dr. Martin Luther King Jr.'s work. Our next topic will look at issues related to the Latino/Latina community and associated health care challenges.

Staff development has been a large part of this strategic initiative. In addition to piloting a peer-mentoring program for new employees, MIT Medical participated in a number of programs, including training on "micro-inequities," active listening, and cultural competence. More than 200 members of the department participated in a hands-on cultural exposition linking the impact of cultures and ethnicities to health care.

Clinically we have looked at the diversity of our patients and have started expanding programs to meet various needs. To increase clinician understanding, a number of speakers from Massachusetts General Hospital's Disparities Solutions Center presented educational sessions related to health issues facing different patient groups. We also have increased the availability of translated documents and health history forms for patients whose first language is Japanese, Chinese, Korean, or Spanish.

In recognition of their work, we are pleased to report that members of the Diversity Committee's Steering Group received this year's MIT Excellence Award for Fostering Diversity and Inclusion.

We recently installed equipment for digital imaging in the Dental Service. The service now has a complete system that includes not only digital imaging, but also an electronic medical record and billing system. The team has been successful in meeting their strategic goals of excellent clinical care and sustained profitability.

Now all images at MIT Medical, including mammography and others taken in the Radiology Service, are captured digitally, allowing for easy integration into a patient's electronic medical record. Clinicians are able to view the image from their desktop soon after it is taken. The Radiology Service also received the annual relicensure of its mammography unit by the Massachusetts Department of Public Health and the US Food and Drug Administration.

Radiology has expanded its services in other ways as well. The service can now perform tests for bone density. The combination of screening mammography and bone density testing provide convenient and easy access for women in the MIT community.

As noted elsewhere in this report, the emergence of "swine flu" (H1N1) this spring shifted activities within MIT Medical for a period. In addition to providing information

and guidance to the community, clinicians at MIT Medical successfully met the clinical needs of patients. We were well supplied with rapid nasal tests for influenza and antiviral drugs for treating any positive cases of the flu. We worked closely with the Massachusetts Department of Public Health (DPH) to coordinate testing and were prepared to receive a portion of the federal stockpile of emergency supplies.

As in previous years, renovations continued within the building to ensure that we met requirements for regulatory and accrediting organizations for hospitals, which also allowed us to improve patient care. Upgrades to Urgent Care are complete, and we look forward to working on other areas of the first floor, including the clinical laboratory, the MIT Pharmacy, Pediatrics, and the waiting areas for the laboratory, Surgery, and Radiology. Upcoming plans focus on upgrades to infrastructure needs with respect to fire and electrical systems safety.

### ***Initiatives***

As we look to the fall, our attention may quickly be directed to another H1N1 flu outbreak; MIT Medical will work with others on campus to provide information and direction as well as medical care. As new vaccine becomes available, we will work to administer it to appropriate groups of people as defined by the Centers for Disease Control and DPH.

In the year ahead, MIT Medical also will continue our work to better understand our patients' needs and approaches to health care. We will work to identify health care disparities within the community and to eliminate them, whether by making sure everyone receives the same care or by tailoring care to each individual. In all cases, the goal is the same—to achieve positive health outcomes.

Lastly, we will work to meet the fiscal challenges facing the MIT community. We will continue systematic reviews of all ancillary services to identify the most cost-effective ways of providing care.

**Emergency Preparedness—David V. Diamond, MD, Associate Medical Director; Deborah Friscino, Director of Operations; Robert Bright, Facilities and Safety Manager**

### ***Strategic Focus***

In partnership with Occupational, Environmental, and Employee Health Services at MIT Medical, our senior leadership team, and other MIT offices, we provide preventive, diagnostic, and consultative approaches to disaster preparedness. We help to identify and anticipate hazards that could affect the MIT community by developing emergency response protocols, emergency communications plans, and medical emergency care plans.

### ***Accomplishments***

A pandemic preparation and response tabletop drill was held with a multidisciplinary team in April 2009. This drill soon proved beneficial, as the planning involved logistical,



operational, and communications activities that were implemented in an actual pandemic situation that developed just days after the exercise.

MIT Medical played a key role in the Institute's response to the H1N1 flu outbreak that began in April 2009. Clinical and operational staff were placed in leadership roles within MIT's Emergency Operations Center (EOC), and MIT's senior leadership relied on recommendations of our infectious disease experts in determining preparation and response activities on campus.

We continued to conduct medical emergency and disaster drills to ensure compliance with the JCAHO Emergency Preparedness standards and to identify opportunities for improving the effectiveness of our preparation and response activities.

In addition, we regularly attended meetings and participated in the planning activities of the Cambridge-area Hospital Operations Group, which is a multiagency group of representatives from local hospitals, colleges, and universities, as well as with various city agencies, including the Cambridge Department of Public Health. Several members of MIT Medical participated in a community-wide drill entitled "Operation Potter," which involved establishing an emergency dispensing site where nearly 1,000 individuals received flu vaccinations over a five-hour period.

### ***Initiatives***

Over the next year, we will continue to refine our emergency response system and improve our written emergency response plans. We will place an emphasis on preparations for a mass casualty emergency, as this was deemed a priority based on the results of a recently conducted hazard vulnerability analysis.

Along with continuing to serve in leadership and support roles within the EOC, we will participate in EOC drills and a community-wide drill ("Operation Granger"), which the Hospital Operations Group is planning for October 2009.

### **Marketing and Communications—Kim Schive, Coordinator**

#### ***Strategic Focus***

The Marketing and Communications team provides a strong support function for MIT Medical and the Institute in many areas of medical information and health education. We support major initiatives on community health and wellness, the external communications efforts of the MIT Health Plans, and various clinical and administrative entities within MIT Medical. Our efforts enhance MIT Medical's internal communications and support clinical and health-related research and data collection efforts.

During the past year, the team has had major staffing changes. We have revamped, revitalized, and reorganized our assignments and workflows based on staff strengths and community needs. Our goal has been threefold: to continue to improve our product, to reach out to more areas, and to be more cost-effective.

## **Accomplishments**

### *A New MIT Medical Website*

The Marketing and Communications team launched MIT Medical's dynamic new website (<http://medweb.mit.edu/>) in fall 2008, following a collaborative, objective-setting process strongly focused on user research. The primary goal of the new site was to make it easier for users to find the information people are most likely to seek when visiting the MIT Medical website. To that end, the new site focuses on addressing task-oriented needs and features a clearer navigational structure; "micro-sites" on wellness and mental health; and a comprehensive directory of personnel, services, and programs. Post-launch user research led to revisions that further enhanced the directory with new filtering options. This usability research also resulted in recommendations for future improvements of content and navigation; some have been implemented while others are under way.

### *Supporting Major Initiatives on Community Health and Wellness*

Much of the team's work this year involved supporting the communications and marketing components of major health and wellness initiatives for the Institute community. This included *getfit@mit*, MIT's annual fitness challenge. Now in its fifth year, day-to-day operations of the challenge this year shifted from Marketing and Communications to the Center for Health Promotion and Wellness; however, our team continued to spearhead the program's marketing and communications efforts.

In addition, the team conceived and handled the publicity, marketing, and communications for the "Kick-Butt" Competition, which was held on the date of the annual Great American Smokeout. The competition challenged teams to design and build a Rube Goldberg machine that could extinguish a lighted cigarette. Several local media outlets covered the event, which gave health educators an opportunity to publicize MIT Medical's quit-smoking programs (<http://medweb.mit.edu/about/news/smokeout.html>).

The new MIT Medical website offered many opportunities for the team to communicate information about health and wellness to the Institute community. On a regular basis, we continue to write and publish "Ask Lucy," MIT Medical's health-related online advice column (<http://medweb.mit.edu/wellness/resources/asklucy/>). New to the website this year was Sexpertise, a forum for asking questions and getting answers about sex (<http://medweb.mit.edu/wellness/sexuality/sexpertise/>). In response to a late-winter flu outbreak, the team created and posted a series of downloadable posters on illness prevention techniques, which were widely distributed and posted around the MIT campus (<http://web.mit.edu/fluinfo/posters.html>). We also created a mini-site for the MIT-hosted national conference on eating disorders within the Medical website, incorporating conference-specific branding and complete information (<http://medweb.mit.edu/wellness/conference/eating-disorders/>).

Finally, during the H1N1 outbreak this spring, the team served as the communications focal point for Institute-issued information about the virus and its effects on the MIT community. In these efforts, we worked closely with the MIT News Office and the Institute's Security and Emergency Management Office.

### *Supporting the External Communications Efforts of the MIT Health Plans*

The team worked on a number of projects this year for the MIT Health Plans, including several publications and web updates for open enrollment. We redesigned and rewrote member handbooks for the Traditional and Flexible Health Plans and the *Patient's Guide to MIT Medical*, created a new flyer on accessing emergency assistance and health insurance benefits when traveling abroad, and produced a *Best of 'Ask Lucy'* booklet to be used as an open-enrollment fair giveaway.

### *Supporting the External Communications Efforts of MIT Medical*

In addition to web updates and news stories, our work in this area included the creation of new brochures for the Pediatrics Service, the Mental Health Service, the Mental Health Service's group counseling program, MIT's Personal Assistance Program, and MIT Medical's quit-smoking services. We also designed and produced print ads for MIT Optical; created a marketing campaign for over-the-counter drug sales at the MIT Pharmacy; and provided writing, editing, and design support for the many communications produced by MIT Medical's Center for Health Promotion and Wellness. In addition, Marketing and Communications is now handling the entire department's photography needs, including staff photos for the website directory; in the past, we hired professional photographers to provide this service.

### *Enhancing MIT Medical's Internal Communications*

This year saw the creation of a new internal newsletter, *PerspectiveE23*. Published monthly, this timely newsletter has quickly become the go-to source for information on all the latest happenings in the department. We also provide template design, layout, and editing assistance to editors of MIT Medical's *Diversity Newsletter*.

Last fall, we created an internal budget-related blog (accessible only from computers in the department), which has provided a way for administrators to communicate openly about the budget process and for all members of the department to offer comments and suggestions. We have also been involved in drafting other budget-related communications between administrators and staff.

### *Communications Training*

The team also serves as a resource to help other members of the department become more effective communicators. To that end, we installed new TTYs in Urgent Care and at MIT Medical/Lexington, and trained staff members in each location on their use. We also presented training sessions on the use of the TTY relay service during staff lunches for all clinical, administrative, and support staff.

In addition to presenting training sessions on writing skills for managers, including a presentation on writing more effective performance reviews, we provided communication skills coaching on an individual basis.

### *Supporting Clinical and Health-related Research and Data Collection Efforts*

The Marketing and Communications team supports MIT Medical's research and data collection efforts through consulting on data analysis and research design. This year, we analyzed the data from the 2008 *getfit@mit* exit survey and assisted with the design

of the 2009 survey. We have also served as advisor and consultant for other internal research efforts on request.

### ***Initiatives***

Major initiatives for the coming year include:

- Further enhancements to the MIT Medical website, including advanced directory search functions, the addition of a commenting function on certain pages, and a reorganization of the Center for Health Promotion and Wellness micro-site.
- The launch of a new MIT Medical intranet site: In the works since January 2009, we expect to launch our new intranet site this fall. The site will be searchable and frequently updated. We expect this site to enhance internal communications, increase interaction among staff members, and reinforce a sense of belonging and pride.
- Coordinate the celebration at MIT Medical/Lexington: We are planning an event for the Lincoln Laboratory community to celebrate the 10th anniversary of our Lexington facility.
- Collaboration with MIT Parents Association: We are working on a number of ways to enhance our communication with the parents of MIT students by working in collaboration with the MIT Parents Association. First on the agenda will be several jointly hosted online chats later this summer during which parents can get answers to their questions about insurance coverage and on-campus medical and mental health care.
- Interactive community health website: We are exploring the development of a new website that would allow community members to set nutrition and exercise goals; track their progress toward those goals; and have access to MIT-specific information about health and wellness through news stories, feature articles, and discussion forums. Potential partners in this project include MIT Human Resources and a faculty member at MIT Sloan School of Management who has grant funding to study the effects of social networks on health-related behaviors.

### **Finance—Peggy Meehan, Director**

#### ***Strategic Focus***

Finance seeks to support the strategic focus of MIT Medical by delivering cost-effective, patient-focused services with both efficiency and a high level of customer service. As a key operational arm of MIT Medical, Finance is charged with managing patient financial services, health plan administration, purchasing, and the organization's capital management.

#### ***Accomplishments***

Finance continued to strive to identify the most optimum and efficient methods to manage the fee-for-service revenue cycle, the employee and student health plan operations, and budgeting and financial management for MIT Medical.

Over the past year, Finance staff advanced these goals by strengthening the fee-for-service revenue cycle by hiring a professional medical coder, installing new software, and standardizing and documenting various workflows by creating a policy and procedure manual. Finance staff were instrumental during the transition to a new credit card system. Accomplishments related to the employee health plan include streamlining the provider-credentialing process as well as developing enhanced marketing materials and policy changes to ensure that MIT employees on Kwajalein Island can smoothly and easily access medical services. Finance staff also facilitated the process for making budget reductions to assure that management can make the best decisions under the prevailing circumstances.

#### *Professional Medical Coder*

The hiring of a professional medical coder ensures that outside claims submissions and department records contain the most accurate data-documenting services possible and that coding is consistent with legal requirements. Accurate coding data is the platform for appropriate payments and provides key information for making decisions. Additionally, accurate coding assures that more claims are paid after the first submission, dramatically reducing the additional work associated with resubmitting claims. The coder keeps up to date on ever-changing coding regulations, assuring that MIT Medical is compliant.

#### *New Software Implementation*

Two new practice management products were implemented—Enterprise Task Manager (ETM) and Automatic Eligibility Inquiry (Eligibility). ETM automates and organizes the wordlists of billing staff so they can efficiently identify and resolve issues related to external claims. Because ETM enables staff to fix problems before claims are filed, revenue collection is optimized and fewer insurance company statements are sent to patients—a significant customer service improvement. ETM also allows staff to easily track the progress of individual claims, which previously was a time-consuming manual process. Eligibility allows staff to check insurance eligibility for patients before they arrive for an appointment. Resolving issues beforehand not only serves to optimize patient and clinician time, but also helps to ensure accurate billing.

#### *Standard Operating Procedures*

Working with industry experts, MIT Medical now has the first draft of a comprehensive policy and procedure manual based on actual workflows and processes. In addition to governing the revenue cycle and administration of health plans, this manual will serve as the basis for evaluating processes for efficiencies, management controls, and creating job descriptions.

#### *Payment Card Industry Compliance*

During FY2008, MIT focused on compliance with the Payment Card Industry (PCI) Data Security Standards (DSS) to protect consumer credit card information. The Merchant Services Project Team worked with more than 100 MIT Medical merchants to convert the prior OMARS/Clear Commerce process to a PCI-compliant online payment-processing service. MIT Medical accounted for seven of these merchants: the MIT Pharmacy, MIT Optical, Medical Records, the Dental Service, Billing, MIT Health Plans Office, and the Center for Health Promotion and Wellness. Each of these merchants worked closely with

the team to transition to MIT's selection of an outsourced credit card-processing solution, Cybersource. FY2009 was the first fiscal year with the new solution in place. Each MIT Medical merchant has different requirements; as a result, the move to Cybersource has presented a wide variety of challenges for each area. The department is still engaged with members of the Office of the Vice President for Finance to close remaining issues in its effort to achieve PCI-DSS compliance certification.

### *Provider Credentialing*

The Health Plan staff has worked closely with the Clinical Services credentialing staff to improve the process and communications pertaining to clinical and health plan credentialing and biannual recredentialing. Part of the process improvement is the online submission and updating of credentialing information. This creates a central repository of standard information that can be used for several purposes and that saves a significant amount of time for clinicians and administrative staff. This more efficient process also improves claim payment turnaround times.

### *Health Plan Brochures*

Staff in the Health Plans and Marketing and Communications collaborated on a revised health plan brochure and a handbook for new members. The new brochure is in a format similar to other Blue Cross Blue Shield products offered by MIT and includes a clearer comparison among the plans. The new-member handbook was updated for the first time in several years and contains more concise information in a clearer format. Mailed to all existing members in January 2009 and to new members as they enroll, these new booklets are being well received.

### *Kwajalein Health Plan*

The Health Plan staff worked closely with Lincoln Laboratory and MIT Human Resources to address concerns raised by employees deployed on Kwajalein Island, which is located southwest of Hawaii. For many years, these employees were covered by a variation of the MIT Medical Flexible Health Plan, which provides in-network coverage for services while on Kwajalein or in Hawaii. When these employees received services elsewhere in the country, however, the services were considered out-of-network and less coverage was provided. MIT Human Resources and MIT Medical resolved this problem by transitioning these employees to another Blue Cross Blue Shield product that provides greater access to network providers while still allowing access to care through MIT Medical. Health Plan staff members assisted with the communications to the employees and have been an ongoing resource for employees and clinicians regarding the transition.

### *Initiatives*

The department strives to optimize business processes by identifying efficiencies and leveraging available technologies, and continues searching for ways to improve customer service, another enduring goal. Some of our specific plans for the upcoming year include:

- Reorganizing billing processes to maximize the use of technological and human resources.

- Implementing the use of Advanced Beneficiary Notifications for Medicare patients as required by federal regulation.
- Instituting copayments for specific services as a means to achieve mental health parity as required under federal law. Collecting copayments also paves the way for continued strategic health care benefits planning with MIT Human Resources.

## **Performance Improvement and Risk Management—Ruth Fishbein, Director**

### ***Strategic Focus***

In support of MIT Medical's goal to deliver accessible, high-quality, culturally sensitive, personalized health care, performance improvement and risk management activities are integrated into all aspects of clinical and administrative services. We work collaboratively to enhance the quality of the services we provide and to offer care that is patient centered, safe, effective, timely, efficient, and equitable.

### ***Accomplishments***

We are actively using electronic capacity to support clinical practice. Clinical dashboards in Internal Medicine, Pediatrics, and Ob/Gyn are making quantitative and qualitative patient care data available to clinicians in real time. Furthermore, we are able to benchmark key performance indicators against community and national standards, such as mammography and colon cancer screening rates.

Diabetes care management has been improved with an enhanced electronic patient registry. This includes information on the patient's clinical status, such as medical comorbidities, active diabetes education by a certified diabetes educator, quarterly patient education, and clinical medical education for clinicians.

The Women's Health team continues to grow with the appointment of a physician leader, the development of a dedicated Women's Health section on the MIT Medical website, in-house bone density screening capacity, and clinical education on managing such women's health issues as oral contraceptives, Pap smear standard of care, and HPV testing protocol.

Medication reconciliation has been implemented for all inpatient and primary care patients, including Internal Medicine, Pediatrics, Ob/Gyn, and Urgent Care. The goal is to assure that the patient record contains the most complete and accurate list of medications at the time of each outpatient visit.

The Radiology Service has implemented a system for sending periodic reminder letters to women who are due for a mammogram, with the goal of increasing patient adherence to national screening guidelines. Initial results are being analyzed to determine the effectiveness of intervention.

An interdisciplinary team designed and implemented a system for tracking the care of patients referred for outside consultation. This system provides information on whether the patient kept the appointment, if we received a report from the outside consultant,

and whether the provider reviewed the results with the patient. Data analysis is pending to assure the achievement of desired results.

A multidisciplinary tobacco treatment workgroup was established to focus on reducing tobacco use in the MIT community. Initial activities include clinician education regarding effective tools and interventions, client counseling and referral services by a certified tobacco treatment specialist, and development of community-based tobacco cessation initiatives. The team includes clinicians, a tobacco treatment specialist, a pharmacist, and Information Systems.

The department has an active clinical medical education program that includes monthly clinical education, bi-monthly clinical morbidity and mortality rounds, and bi-monthly “Schwartz rounds.” Partially funded by the Kenneth B. Schwartz Center, Schwartz rounds focus on improving relationships and understanding between patients and clinical caregivers. Dr. Evelyn Picker, an MIT Medical internist, is the physician coordinator, and Dr. Alan Siegel, chief of the Mental Health Service, is the facilitator.

MIT Medical successfully achieved three-year reaccreditation by JCAHO in November 2008. JCAHO is a not-for-profit organization that surveys health care facilities to evaluate organizational “systems critical to the safety and quality of care and services provided.” Surveys are unannounced; organizations must maintain continuous compliance with rigorous standards for patient safety and clinical quality.

At the department’s request, our malpractice insurance carrier (CRICO/RMF) completed an office practice evaluation of our Internal Medicine Service. This process is designed to assist primary care practices in reducing risk and in implementing office-based strategies to enhance the delivery of safe patient care. The evaluation measured MIT Medical’s compliance with the six characteristics that CRICO/RMF has identified as the foundation for highly reliable office practices: patient assessment and diagnosis, disease management, health screening, test results management, referral management, and internal office functions (practice infrastructure). While we did not “pass” this initial evaluation (only about 10 percent of primary care sites pass on their first review), we are working to improve compliance in identified areas and to meet or exceed the required 85 percent compliance score when we are reevaluated in FY2010.

Our Performance Improvement and Risk Management Committee established increasing knowledge about performance improvement concepts and tools as a priority in order to enhance the effectiveness of the department’s improvement initiatives. Activities were initiated with the Performance Improvement and Risk Management Committee, the organization’s quality leaders.

### ***Initiatives***

Initiatives for FY2010 include:

- Expanding analytic capacity to track individual patient and population outcomes based on interventions (such as with our diabetic patients).



- Benchmarking our performance on key clinical measures with other community ambulatory primary care clinics (e.g., mammography and colonoscopy rates).
- Improving the management of lab test and imaging results by establishing a system to reconcile ordered tests with results.
- Achieving a score of 85 percent or higher on the CRICO/RMF Office Practice Evaluation.
- Conducting a needs-assessment to identify next steps in developing women's health services.
- Sharing results of performance improvement activities within MIT Medical and with the MIT community via the department website.

### **Clinical Director for Campus Life—Maryanne Kirkbride, MS, MBA, RN**

#### ***Strategic Focus***

The Center for Health Promotion and Wellness at MIT Medical works collaboratively with students, staff, and faculty to create a safe and caring environment supporting the teaching, learning, and research goals of the Institute. We promote the individual and communal practice of healthful living through evidence-based programming to help the MIT community adopt and maintain healthy behaviors, attitudes, and lifestyles.

#### ***Accomplishments***

We were successful in launching several new program components this year. Each program was chosen to meet a critical need and was funded by cross-campus sponsorship. No new expenses were added to the MIT Medical budget.

#### ***Programs Launched in the 2008–2009 Academic Year***

Family Net (<https://familynet.mit.edu/>) is a social networking site designed to reduce the stress of parenting for MIT families.

- The site was designed in collaboration with the Center for Work, Family, and Personal Life and graduate student leaders.
- Membership has risen steadily from 20 early adopters to a robust community of 450 families.
- In one user's experience, "It is a fantastic site... [FamilyNet] has helped me in making a lot of friends, and it is interesting to read about the problems that other mothers are also facing in rearing their children. I used to think that my child was unique with her issues. It is a great site which is being regularly updated and is a pleasure to visit..." (a graduate student spouse and mother of two children).

The Violence Prevention and Response (VPR) program aims to end sexual violence, intimate partner violence, and stalking at MIT.

- The VPR program was launched in 2008 with three-year pilot funding from the Division of Student Life, the Office of the Dean for Undergraduate Education, the

Office of the Chancellor, the Office of the Dean for Graduate Education, and MIT Medical.

- In the first year, a dedicated advocate was on campus, and 11 survivors were served.
- Because of the nature of this new service at MIT, we developed confidentiality guidelines with the Office of the General Counsel.
- With MIT's Institutional Research Office, we conducted a sexual assault attitude and experience survey of undergraduates and graduate students. More than 700 students responded, with six percent reporting that they have experienced a sexual assault.
- We provided awareness training to over 200 key MIT students, faculty, and staff.
- In one user's experience, "I know that I couldn't have dealt with everything I was going through without all of you in the office. I relied on your strength to motivate me to be an advocate for myself and others. Thank you for everything you do, and know that you profoundly impact so many lives in a positive way."

The Comprehensive Tobacco Treatment Program aims to help people quit smoking.

- The Great American Smokeout "Kick Butt" contest successfully raised awareness about the issue of tobacco in true MIT style. Participating teams each built a deliberately overengineered mechanical apparatus to perform the simple task of extinguishing a cigarette in an extremely indirect and convoluted fashion.
- A health educator trained at the University of Massachusetts Medical School became MIT Medical's first certified tobacco treatment specialist.
- Since January 2008, we have served 23 participants with a quit rate of 26 percent (statewide average rates are 20–25 percent).
- In one user's experience, "It was an enormous help to have someone I could call or email... Lauren is very supportive and nonjudgmental. She just really gets it. I can't stress enough how I wouldn't have been successful without her." (Tech Talk, May 12, 2009).

Lincoln Laboratory is sponsoring a part-time program manager to improve employee wellness.

- We launched a unique collaborative pilot to provide systematic and measurable health promotion programs at Lincoln Laboratory.
- Two Wellness Center rooms are currently being outfitted.
- Web presence and an all-staff survey are in the final planning stages.
- Initial activities include chair yoga and exercises for long flights at a division retreat and a mindfulness-based stress reduction session at monthly meetings.

The Center oversees two additional prevention programs, MedLinks and [getfit@mit](mailto:getfit@mit).

MedLinks (<http://web.mit.edu/medlinks/www/>) is a residentially based peer health network.

- Ranked by a student survey as the number one most recognizable group on campus at 93.48 percent—higher than MIT student government or dorm government organizations.
- 138 MedLinks serve in 42 different dorms and fraternities, sororities, and independent living groups.
- Year-to-year increase in MedLinks interactions in residences is more than 1,600 this year.
- With MIT Medical, MedLinks organized the annual flu shot clinic; 800 shots were given out this year.
- With financial support from DSL, MedLinks organized a daily finals breakfast program, providing hundreds of free meals.
- MedLinks worked with other student groups to organize and run Mental Health Awareness Week.
- A recent graduate, now a Harvard Medical School student, recently shared her experience: “MedLinks taught me not only to hear, but also to truly listen to and appreciate what others have to say. It was a privilege to be part of an organization like MedLinks, and the program has really left an imprint in my heart and in my life. I thank you for all the mentorship you provided along the way.”

getfit@mit.edu (<http://getfit.mit.edu/>) is a three-month, team-oriented fitness challenge for the entire MIT community.

- Conceived and developed by MIT Medical’s Marketing and Communications Office, getfit@mit remains a highly collaborative effort.
- Now in its fifth year, the program enabled 2,786 participants to field 393 teams and exercise a total of 8,825,117 minutes.
- Several on-campus groups contribute in-kind services. The Department of Athletics, Physical Education, and Recreation; Information Services & Technology; the MIT Activities Committee, and Campus Dining all play a part in making getfit@mit as popular as it is.
- This year, we successfully experimented at Lincoln Laboratory with a “Biggest Loser” program, including a well-received participant blog. In total, 32 members collectively lost 507.7 pounds.
- User experience from our post-challenge survey: “It really motivated me to get out and exercise... and got all my friends working out together, too. I have felt better about myself than I have in five or six years... it is a convenient, easy-to-use website for tracking minutes.”

The Center for Health Promotion and Wellness supports MIT Medical’s strategic pillars.

### *Access*

Serving as an important outreach arm into the community, the Center provides residential programming for students and office-based programming for faculty and staff on issues of stress, sleep, and healthy eating. Adding a program manager with

a master's degree in human sexuality education has reduced barriers to care seeking for students, faculty, and staff with concerns about sexually transmitted diseases, relationship issues, and normal developmental concerns. Creating a weekly online column in collaboration with Marketing and Communications has opened a channel for confidential communication. This innovation has proved quite popular and effective at facilitating the entry into care for people with sensitive concerns.

### *Diversity*

Center staff who are experts in the area of “bystander training” were tapped to deliver workshops available to all MIT Medical staff. Provided as a component of MIT Medical's diversity initiative, bystander training increases skills and comfort in supporting a workplace culture of tolerance and openness.

spouses&partners@mit (<http://web.mit.edu/spouses/>) cosponsored a book discussion series around Jhumpa Lahiri's novel, *The Namesake*, with MIT Medical's Diversity Committee.

### *Clinical Quality/Excellence*

This year, the Center codirected a national conference for several hundred attendees on issues of eating concerns. One participant noted: “The conference was amazing. It was wonderful to meet colleagues who are committed to helping this challenging patient population. The speakers were excellent, and presentations ranged from the academic and historical to practical basics and strategies; some were quite provocative. The most moving presentation was a panel of students with eating disorders who shared their personal stories—each one was incredibly heroic, insightful, and inspiring.” Center staff delivered continuing medical education presentations for MIT Medical's clinicians on the topics of sexual assault, eating concerns, tobacco, and motivational interviewing.

### *Community Wellness*

The Student Health Advisory Committee served as an umbrella organization for all the health-related undergraduate groups on campus. This group was particularly effective in advocating for the importance of nutrition in reconsidering the dining options for students. [imperfect@mit](mailto:imperfect@mit) worked to reduce the stigma of seeking mental health care and in providing important social norming in the area of disappointment and resiliency.

Train-the-trainer approaches to community health work were implemented to increase the capacity of first responders to support students with health concerns. In the area of suicide awareness, we trained 130 GRTs in the nationally approved “Question, Persuade, Refer” (QPR) program. This year, the training yielded an immediate return. Two weeks after QPR training, a GRT from East Campus had to intervene with a student who expressed suicidal thoughts. The GRT reported that she felt the training prepared her with the necessary knowledge, skills, and practice to successfully intervene, and that the support of the Center for Health Promotion and Wellness provided “care for the caregiver” during the incident. As a result, the GRT was able to help the student transition from residential support to professional mental health care.

## **FY2009 Appointments, Transfers, and Separations from Service**

### **Medical and Administrative Staff Appointments**

Tara Gardner-Brown	Nurse Practitioner	08/04/08
Alice Waugh	Communications Officer	08/11/08
Lindsay Guest	Referral Coordinator	09/01/08
Elizabeth Kelleher	Financial and Operations Analyst	09/01/08
Kate McCarthy	Program Manager	10/01/08
Betsy Fisher	Psychologist	10/01/08
Edward Perez	Dermatologist	10/01/08
Lisa Varchol	Social Worker	10/15/08
Lisa Damtoft	Webmaster	10/23/08
Stephanie Johnson	Manager, Billing and Registration	11/01/08
Marianna Helin	Nurse Practitioner	12/15/08
Stacy Hill	Program Manager	01/07/09
Kathleen Taylor	Pharmacist	02/17/09

### **Separations from Service**

Annette Toomey	Registered Nurse	07/02/08
Deborah Fugazzotto	Manager, Billing and Registration	07/05/08
Celene Barnes	Psychologist	09/16/08
Anita Berzins	Pharmacist	10/22/08
Barbara Katz	Pediatrician	12/01/08
Denise Cummings	Manager, Marketing & Communications	01/01/09
David Levy	IT Consultant	01/02/09
Dawn Metcalf	Social Worker	02/01/09
Julia Max	Registered Nurse	03/18/09
Sandra Turner	Registered Nurse	05/01/09

**William M. Kettyle, MD**  
**Medical Director**

**Annette Jacobs**  
**Executive Director**

*More information about MIT Medical can be found at <http://medweb.mit.edu/>.*