

MIT Medical

MIT Medical is a multispecialty group practice and community health resource serving the MIT and Lincoln Laboratory communities. Our tradition of caring—meeting MIT’s personal, occupational, and public health needs—has continued for more than 100 years. At MIT Medical, more than 350 individuals provide clinical care, wellness programs, public health services, insurance services, and community support. We serve diverse populations that include some 23,000 individuals. Approximately half of our patients are students or their family members. Our clinical services range from pediatrics to geriatrics and focus on the needs of the MIT community. We also offer community-focused support and service programs that enhance the wellness and health of students, faculty, and staff, including families and retirees.

Core Values

Our core values, as listed below, were developed through a series of employee focus groups and reflect how our staff and clinicians view their work and responsibilities to the MIT community and each other.

- **Patients first:** *Our patients are at the center of everything we do.* Every job at MIT Medical contributes to accessible, high-quality care. We take the time to listen and respond compassionately to the needs of our patients at every point in their MIT Medical experience.
- **Working together:** *We are all caregivers.* Each of us plays an important role within the patient care team. We value each person’s contribution, and we treat each other with fairness, kindness, and respect.
- **Striving for excellence:** *Excellence is our goal.* We embrace MIT’s cultural values of continuous learning, innovating, and problem solving as we work to improve the services we provide. We are flexible and nimble in responding to the changing needs of the community we serve.

Patient Visits

In FY2018, MIT Medical conducted 112,575 patient visits, with a demographic breakdown in the following table.

Patient Population of MIT Medical by Type, Fiscal Year 2018

Patient type	Count
Students, affiliates, and family members	10,357
Faculty, staff, and family members	10,120
Retirees	985
Others	696
Total	22,158

Visits to MIT Medical by Major Service Area, Fiscal Year 2018

Major service area	Number of visits
Primary Care	34,298
Student Mental Health and Counseling Services	17,660
Urgent Care	17,603
Eye Service	8,306
Obstetrics and Gynecology	6,567
Pediatrics	5,679
Dental	8,662
Other	13,800
Total	112,575

Human Resources

MIT Medical: Staff Appointments, Fiscal Year 2018

Name	Job Title	Date of hire
Colleen Pinch	Nurse Practitioner	07/17/2017
Edward Levy	Pediatrician	09/11/2017
Catherine McGurl	Nurse Practitioner	09/27/2017
Heidy George	Senior Program Manager, MindHandHeart	10/02/2017
Carline Sauvignon	Registered Nurse	10/02/2017
Leslie Montalto	Registered Nurse	10/05/2017
Annjone Goodridge	Clinic Assistant I	10/05/2017
Kathryn Newman	Medical Technologist	10/10/2017
Adan Carranza	Purchasing Assistant	10/19/2017
Leila Carbutari	Nurse Practice Manager	10/30/2017
Hannah Haigler	Certified Nurse Midwife	12/04/2017
Frances Goldstein	Program Manager, MindHandHeart	12/20/2017
Antonio Lim	Associate Chief of Mental Health and Counseling	01/08/2018
Brian Schuetz	Contractor	01/08/2018
Sherri Crowley	Licensed Independent Clinical Social Worker	01/09/2018
Kayon Jones	Clinic Assistant I	01/16/2018
Krystle Sousa	Referral Office Lead	01/16/2018
Erika Larson	Medical Laboratory Technician	01/16/2018
Pooja Khatri	Medical Assistant	02/26/2018
Solmaz Amirnazmi	Primary Care Physician	03/01/2018
Cooper Sabatino	Licensed Independent Clinical Social Worker	03/05/2018
Susanne Zimmermann	Orthopedic Physician	03/12/2018
Monica Mikael	Registered Nurse	04/02/2018
Thanh-Trang Nguyen	Dentist	04/02/2018
Cindy Breen Langevin	Patient Services Associate	04/09/2018
James Liu	Primary Care Physician	04/23/2018
Juan Ramirez	Primary Care Physician	04/23/2018

MIT Medical: Staff Separations from Service, Fiscal Year 2018

Name	Job title	Date of separation
Deborah Friscino	Director of Operations	07/05/2017
Mary Wilkins	Registered Nurse	07/18/2017
Mary Sena	Clinic Assistant II	07/25/2017
Margery Wilson	Clinic Assistant I	07/25/2017
Mary Murray	Manager, Financial Services	08/01/2017
Grace Collura	Dentist/Chief of Dental Services	08/02/2017
Yi Yang	Dentist	08/02/2017
Sherry Bauman	Psychiatrist	08/03/2017
Pat Bartels	Registered Nurse	08/07/2017
Meghan Curran	Nurse Practitioner	08/11/2017
Brianna Caizzi	Medical Technologist	08/28/2017
Alina Altman	Medical Laboratory Technician	08/31/2017
Simon Lejeune	Psychiatrist/Associate Chief of Mental Health	09/01/2017
Vicki Newman	Nurse Practitioner	09/01/2017
Richard Keller	Registered Nurse	09/07/2017
Christine Rabinowitz	Audiologist	09/12/2017
Ryan Kruis	Program Manager	09/22/2017
Audra Bartz	Licensed Independent Clinical Social Worker	09/28/2017
Lorie Collins	Clinic Assistant II	10/27/2017
Anthony Pasqualone	Nurse Practitioner	10/27/2017
Carrie Williams	Clinic Assistant I	10/27/2017
Marie Avelino	Registered Nurse	11/09/2017
David Petricone	Manager, Purchasing and Budgets	11/17/2017
Juanita Cruz-Desorozan	Senior Accounts Payable Assistant	11/20/2017
Mary Guanci	Registered Nurse	12/04/2017
Patricia Mischler	Medical Technologist	12/07/2017
Joan Hill	Diabetes Educator	12/20/2017
Tandrea Perry	Triage Registered Nurse	01/03/2018
William Ruth	Physician	01/03/2018
Maria Puerta	Dental Assistant	01/05/2018
Kinan Hreib	Neurologist	01/08/2018
Sophanavy Prakham	Pharmacy Technician	02/02/2018
Lucy Walsh	Director of Finance	03/01/2018
Nicolette Kelly	Registration Specialist	03/21/2018
Barbara O'Pray	Physician	04/04/2018
Tanya Weinstock	Pulmonologist	05/23/2018
Diane Curtin	Registered Nurse	05/25/2018
Toby Walters	Registered Nurse/Clinical Coordinator	05/31/2018
Georgene Bloomfield	Chief Pharmacist	06/01/2018
Carol Tarpey	Registered Nurse	06/06/2018
Roderick Crocker	Urologist	06/12/2018
James Ku	Urologist	06/12/2018
Rebekah Kilman	Psychologist	06/15/2018
Jillian McConnell	Lead Medical Technologist	06/20/2018
Julio Ayala	Gastroenterologist	06/30/2018
Mark Forgues	Technical Director, MIT Emergency Medical Services	06/30/2018

Finance

FY2018 saw a \$1.25 million positive variance in our clinical services budget, due in large part to a favorable expense variance in software and pharmaceutical costs. Expenses came in at 97.6% of budget. Revenue was off 0.3% from budget, mostly as a result of a 6% drop in enrollment in the MIT Traditional Health Plan, whose members are required to select a primary care provider (PCP) at MIT Medical. This was somewhat offset by an additional 128 MIT Choice Plan members who chose a PCP at MIT Medical.

Both the MIT Traditional Health Plan and the MIT Student Extended Insurance Plan finished above the budget forecast, resulting in \$6,107,601 being returned to the employee benefit pool and \$2,244,159 being transferred to the Student Extended Insurance Plan reserves.

MIT Health Plans

This year was the Institute's first year offering the MIT High Deductible Health Plan (MIT HDHP), and enrollment was as expected. Overall, employee-plan membership was flat relative to FY2017 (see the table below); however, in FY2018 we saw a 5% uptick (128 members) in MIT Choice Plan members who selected a primary care provider at MIT, and 94 members chose an MIT Medical PCP as part of the MIT HDHP. There was a 6% drop (420 members) in MIT Traditional Plan membership, and enrollment in the Affiliate Plan and the Student Extended Insurance Plan remained relatively flat between FY2017 and FY2018.

Health Plan Membership, Academic Years 2017 and 2018

Insurance plan	Enrollment as of June 30, 2017			Enrollment as of June 30, 2018		
	MIT PCP	Non-MIT PCP	AY2017 total	MIT PCP	Non-MIT PCP	AY2018 total
Affiliate Plan	662	N/A	662	656	N/A	656
MIT Choice Plan	2,562	13,288	15,850	2,690	13,324	16,014
MIT GeoBlue Health Plan	20	65	85	26	77	103
MIT High Deductible Health Plan	N/A	N/A	N/A	94	434	528
MIT Preferred Provider Organization Plan (PPO)	0	319	319	3	355	358
MIT Traditional Plan	7,008	N/A	7,008	6,588	N/A	6,588
Student Extended Insurance Plan	8,709	N/A	8,709	8,629	N/A	8,629
Student Medical Plan	14,129	N/A	14,129	14,300	N/A	14,300

Facilities

FY2018 was a busy year for space moves at MIT Medical. We renovated the former inpatient unit on the fourth floor, creating administrative offices and meeting spaces. This allowed us to expand our patient-centered programs and treatment spaces on floors 1 through 3.

We built out a new Community Wellness center on the third floor, replacing former exam rooms and administrative space.

We continue to renovate restrooms throughout the building. Additionally, we upgraded aesthetics (e.g., replacing floors and ceilings) in several common spaces, offices, and exam rooms throughout the building.

Strategic Planning

FY2018 began with an executive leadership retreat at MIT Endicott House. During two days of intensive meetings, we set out to define what would become our five-year strategic plan. This included incorporating the journey map exercise discussed in the FY2017 report. This work led to a reimagined mission—building a healthier MIT, so MIT can build a better world—and vision that the staff affectionately dubbed our “best in the galaxy” approach to health care.

Vision Statement

Through collaboration, innovation, education, and excellence in service, MIT Medical redefines campus health. Our community depends on our expertise, and other universities and health care organizations look to our example. All of the patients who come through our doors know they will receive excellent care. To make our new vision statement a reality, the leadership team created a multi-year strategic plan with five key goals:

1. Deliver an excellent MIT Medical experience for patients and employees
2. Cultivate a healthier MIT
3. Develop a vibrant living lab of innovation
4. Promote and support a culture of sustainability and stewardship
5. Position MIT Medical to engage in the next generation of health care

The planning process helped us identify ways in which MIT Medical’s health care delivery has not kept pace with ever-evolving local and national best practices. And as we change how we deliver care, we have resolved to focus, in particular, on how those changes will affect students. MIT Medical owes its very existence to students, and our mission is closely aligned with the mission of the Institute as a whole. Our vision is to become an organization that continually enhances the value we provide to MIT by becoming increasingly integrated into the educational mission of the Institute.

We also recognized the need to address important infrastructure requirements before tackling our larger strategic goals. With this in mind, we embarked on an 18-month “foundation period” during which we have been performing critical assessments, establishing baseline measurements, building internal support and capacity for analytics and reporting, and proceeding with the aforementioned modifications to our facility, which was built in the early 1980s and is not ideally suited to more modern health care delivery practices and patient expectations.

We planned to accomplish four key initiatives by the end of this foundation period:

- Implement a new electronic medical record system, practice management system, patient portal, and population health module (Cerner)
- Transition Primary Care to a team-based care model, adding the medical assistant role to the care team and creating efficiencies for patients by positioning all staff to work to the top of their professional scope and licensure
- Transform our Urgent Care Service to improve the patient experience
- Reorganize and expand Student Mental Health and Counseling Services to focus more on outreach and accessibility and reduce barriers to seeking care

Throughout our strategic planning process, we deepened our understanding of how to deliver an excellent patient and employee experience. We are looking critically at all aspects of our care delivery system, from staffing models to workflows and our use of technology. As we engage in this transformative work, we look forward to positioning MIT Medical as a model organization and leader in campus health care.

Updates on Foundation Period Initiatives

Cerner

On June 13, 2018, we launched our new electronic medical record and practice management software system. This software-as-a-service product offered by Cerner Corporation replaced our previous electronic record system that had been in place for 19 years.

As part of the transition, we conducted 52 administrative and clinical training classes and trained all employees who have access to clinical records. Additionally, all system users successfully completed competency testing.

We moved data for 41,387 patients to the new Cerner system, including data on 318,729 immunizations and 36,300 documented allergies, 72,679 medication records, 854,099 lab results, and 531,266 medical notes. An additional 332,772 non-active patient records were archived.

As part of the Cerner rollout, we also launched a new patient portal, HealthELife. This replaced our previous portal, Follow My Health. When we shut down Follow My Health, we had 24,851 connected patients, including students, staff, and other members of the MIT community who were once active Follow My Health members but were no longer MIT Medical patients. We plan to spend early FY2019 encouraging patients to sign up for the new service and aim to sign up approximately 50% of our Follow My Health total by the end of the fiscal year.

Team-Based Care

Throughout FY2018, we have made the structural, personnel, and workflow changes required to launch a team-based care model of practice in MIT Medical's Primary Care service. The program is scheduled to begin in September 2018 in a newly renovated area where administrative offices were previously located.

Six primary care providers (approximately a clinical time equivalent of 4.5 full-time employees) will be part of the team, each paired with a medical assistant. Those dyads will be supported by nurses, doing both triage and care management, and front desk staff handling patient intake and clinical tracking. Front desk staff will also have clinical responsibilities in areas such as tracking patients' preventive care needs. Further support will be provided by personnel from other clinical areas (e.g., Nutrition, Pharmacy).

We expect that team-based care will permit all staff to work at the highest level of practice allowed by their training and licensure. Particularly, this will involve nurses in direct care and medical assistants in providing immunizations. We also will support medical assistants as they complete their certification.

Urgent Care

We reached out to the Sloan School of Management’s Healthcare Lab for help in understanding how to best improve our Urgent Care Service. The Sloan group conducted a three-month study that involved looking at historical data, conducting interviews with administration and Urgent Care staff, and surveying patients. Their results showed that Urgent Care patients often experience long wait times due to internal systems that are not aligned to be efficient. The outcome is a disjointed patient experience that disproportionately affects students, who are the primary Urgent Care users.

Highlighting the urgency of the issue is that, in a number of cases, Urgent Care is the “face of the brand” for MIT Medical—the first point of contact for many community members. In improving the Urgent Care experience, our goals are to:

- Provide high-quality, episodic care for individuals with “low-high” to “medium-high” levels of acuity
- Treat patients’ primary complaints and directly associated clinical issues
- Offer an expeditious patient experience, minimizing waiting times at all stages of the care process
- Use robust procedures to refer patients to the appropriate clinical care or other service setting, both within and outside of MIT Medical

We will accomplish these aims through a renewed focus on our diagnostic capabilities, establishing support transitions to other care settings, determining ways to reduce disruptions to Urgent Care workflows, designing new workflows and protocols to create more efficient throughput, and hiring and reallocating staff to meet our required levels, including backups.

Changes will begin in earnest in FY2019. However, we made several incremental changes in FY2018 that will pave the way for next year’s work, including changing our operating hours from 7 am to 11 pm to 8 am to 8 pm, modifying the waiting room to include posted wait times and amenities such as snacks and charging stations, and constructing three new exam rooms.

Student Mental Health and Counseling Services

Student Mental Health and Counseling Services continues to serve the Institute community by providing clinical, outreach, and educational services to MIT students as well as consultations to faculty and staff regarding students of concern. We seek to promote personal growth, well-being, and resilience. Utilization was high in FY2018, as we saw an 18% increase in walk-in visits.

In terms of outreach to the community, we rebranded the service from the Mental Health and Counseling Service to Student Mental Health and Counseling Services. The new name brands the service as student only and aligns it with other student-focused campus services.

In line with our new focus, we formed a new graduate and undergraduate student advisory group, the Student Wellbeing Advisory Group, in collaboration with the

Division of Student Life (DSL) and Student Health. The committee of 10 students is actively engaged in providing feedback to both MIT Medical and DSL.

We rebranded and revitalized the Let's Chat program as a "pop up" program that travels wherever there is need. We have conducted successful pilots in the Office of Minority Education (OME) and the International Students Office (ISO), and in total Let's Chat had 87 visits in AY2018. We also merged our Peer Ears program with the MedLinks program for greater coordination of outreach, education, programming, and resource sharing. In addition, we created new group programming for first-year students, students impacted by the travel ban, students identifying as transgender, and students struggling with imposter syndrome.

Looking internally, in FY2018 we worked to design a new structure to transform the service's historically "flat" organizational chart. In this process, we identified four new key roles, as follows.

- Associate chief of specialty services: supervises the walk-in clinic and eating disorders team, oversees the medical leave process and the hospitalization and post-hospitalization visit process, and serves as a member of the MIT Coordination, Assistance, Response, and Education (CARE) team
- Associate chief of operations: manages quality assurance, onboarding of new staff, policies, and procedures and serves as a liaison to MIT Medical committees, including the Medical Management Board
- Associate chief of psychiatry: supervises psychiatric nurse practitioners and general psychiatry staff members
- Clinical coordinator: manages the day-to-day operations of the clinic

Additionally, we instituted a team-based care approach. We divided staff into three clinical treatment teams and assigned new clinical team-leader roles. We also added a new full-time position on our walk-in clinic team, allowing us to have a clinician available at all times to consult with students and/or concerned faculty, staff, friends, or family members. This new role does not carry a caseload but instead serves as a bridge to students in crisis until they are established with a Student Mental Health and Counseling Services clinician.

Looking ahead, we aim to develop and implement a new triage and intake process intended to improve access for students, especially those experiencing more urgent concerns. This will include streamlining entry into our system and scheduling first appointments.

In addition, we will continue looking internally for opportunities to restructure. For example, we plan to shift from a generalist staffing model to a staff with specialty areas of expertise such as addictions, trauma outreach, and eating disorders.

We also will spend FY2019 upgrading our website so that it is more interactive. Online projects include podcasts and videos that highlight clinicians as well as topics such as race-based stress and imposter syndrome. A redesigned provider directory will allow students to more easily identify clinicians of interest.

Project Management Office

To help ensure the success and on-time rollout of our various strategic plans and foundation-period initiatives, MIT Medical repurposed existing personnel to create a project management office in FY2018. For each initiative, the office:

- Ensures that the goals and requirements of MIT Medical are adequately represented
- Ensures that changes to the initiative are properly approved
- Provides guidance and mentoring to initiative leaders
- Monitors progress
- Helps resolve issues and conflicts and removes obstacles that are beyond the control of initiative leaders
- Obtains and commits appropriate resources (budget and people)
- Provides appropriate updates to and obtains commitments and buy-in from Institute leadership

In addition to providing structure and process to a project, the office provides tools to help initiative leaders, including initiative charters (describing what the work is, who will do it, etc.), project plans (breaking the project down into individual tasks and plotting them across a schedule), and risk registers (recording all of the relevant details of identified risks, including analyses of and plans for how risks will be managed).

Adopting a Trauma-Informed and Student-Informed Care Approach

As the needs of our students have changed, MIT Medical has evolved and changed as well. The landscape in which we are operating has also changed, with universities being viewed as having increasing responsibility to take care of their students. As an organization, we are trying to be more proactive than ever in catching patients before they have critical needs.

As part of these efforts, MIT Medical is striving to build stronger bonds with the rest of the campus, collaborating more closely than ever before with key campus partners. This past year, working together, we created a unified campus support network that includes the MIT CARE team, Student Support Services, Student Disability Services, and the Office of Graduate Education. The network meets weekly to review cases involving students of concern and works to assess needs and coordinate services.

At the same time, we have come to realize that a focus on providing the highest level of care to our students results in elevating the provision of care for all of our patients.

In the area of mental health, clinicians follow a model called “trauma-informed care.” That means building a practice that is a safe space for trauma survivors—where they feel protected, understood, and heard. In practice, this may involve everything from redesigning intake forms to rearranging waiting areas and replacing furniture that could make a trauma survivor uncomfortable (e.g., bench-style seating, where strangers can be forced to sit in close proximity). And, as it turns out, when mental health services make changes to become more sensitive to trauma survivors, those changes also make

them more sensitive to patients who are not trauma survivors. In other words, designing mental health practices to provide the best possible care to their most vulnerable patients improves care for everyone.

Similarly, in the past year, MIT Medical as a whole has moved to a similar system we are calling “student-informed care.” Through our strategic planning, we realized that we needed to structure our practice to provide the best possible care for students who are our least experienced consumers of health care—in other words, taking a population of some of our most vulnerable patients and placing their treatment at the core of the mission and the vision of our organization. And by building an MIT Medical that focuses on providing the best possible care to students, we believe that we will elevate the care we provide to every patient who walks through our doors.

Health Care Literacy

As highlighted in our new vision statement, MIT Medical is committed to becoming a larger part of the Institute’s educational mission. Through cultivating a healthier MIT, we are looking to establish a teaching presence on the campus around health, wellness, and health care for students. This past year, we began that process by assessing how much our students already know about accessing health care and using their health insurance.

We performed this assessment through an online quiz. We sent the quiz link to all MIT students and the initial results were informative, illustrating, for example, the types of health care terminology that confused the MIT community the most. In response, the marketing and communications team began conducting campaigns focused on educating the student body about the key concepts that seemed least understood.

Development Efforts

In FY2018, MIT Medical embarked on its first development effort in recent memory, taking part in the MIT 24-Hour Challenge. We set out to raise funds for a “pop-up de-stress lab” that will be available to all students who feel the need to de-stress. This space is intended to be a complement to psychotherapy and will help students develop de-stressing skills they can use at any time throughout their years at MIT and beyond. The effort raised \$18,203 from 251 unique donors. We plan to purchase items in early FY2019 and hope to open the lab for students as early as January 2019.

Emergency Management

This past year we conducted a full evacuation drill, including removing all patients from the building. In the imaginary scenario, there was an explosion in the basement of E23 and unconfirmed reports of injuries related to the explosion. Response to the drill was excellent and the entire building, patients included, was evacuated in less than five minutes. We identified the following issues for action/improvement:

- Reminding staff to close all doors, as some were left in the open position
- Clarifying the meeting/gathering space, which changed recently due to construction
- Reminding staff to refrain from using our central staircase, which is not a fire-rated stairwell

In FY2019, we will work with our colleagues from the MIT Police and the MIT Office of Emergency Management to train MIT Medical staff to respond to security emergencies, deescalate situations with a potential for violent behavior, and respond to active shooter/ aggressive intruder situations.

Community Wellness at MIT Medical

Alongside our campus partners, Community Wellness at MIT Medical provides services, programs, and resources that help support MIT community members in leading a healthy lifestyle. This past year, Community Wellness added two parenting classes on breastfeeding and postpartum support as well as monthly workshops on various topics including stress management and menopause.

Community Wellness partnered with MIT Medical and Violence Prevention and Response staff to host four sexually transmitted infection testing clinics in the Student Center. In total, 209 students were tested. Community Wellness also provided notice and respond bystander training to 240 faculty, staff, and students. Approximately 90% of participants reported that they felt better prepared to help students in distress.

The getfit program remains the largest public outreach effort at MIT Medical, with 3,544 unique participants this year who exercised some 11.1 million minutes. To expand the program, getfit launched Step Your Way to 10K a Day, a 10-week program designed to help individuals become more active by walking 10,000 steps per day. In last year's pilot 960 participants registered for the program, and more than 300 submitted their log sheets at the end of the challenge.

The MIT Language Conversation Exchange (LCE) initiated construction of a new website to help conversation partners find and connect with each other for language exchange. The group also secured ongoing funding from the Office of Graduate Education to create LCE programming in the graduate student community and received a \$1,200 School of Science Student Quality of Life Grant to host Independent Activities Period (IAP) lunches and coffee hours.

MIT Spouses & Partners Connect raised \$4,000 in the MIT 24-Hour Challenge and organized a two-day career connect conference with 30 attendees and eight speakers.

Plans for FY2019 include adding acupuncture for students to the portfolio of services and launching a new LCE website. MIT Spouses & Partners Connect will pilot a professional development fund, and the Medlinks program will pilot an in-graduate residence initiative. Additionally, Community Wellness will expand suicide prevention training, relaunch the Sexpert advice column, and expand tobacco treatment awareness and support.

Performance Improvement, Patient Experience, and Educational Outreach

Our outside survey vendor, Press Ganey, measured our patient satisfaction score at 90.4 of a possible 100 points, a slight drop from the FY2017 score of 90.8. This score has remained relatively flat for the past five years and provides a key opportunity for improvement in FY2019.

MIT Medical also continued its self-reporting system throughout FY2018; 423 events were reported across all levels of service, a slight uptick from the FY2017 figure of 418. We reviewed each report, identified trends, and recommended specific actions including developing more robust and standardized workflows for tracking and following up on abnormal laboratory and diagnostic results, developing prescription renewal protocols, reviewing and updating our opioid policies and procedures, and developing guidelines for the use of certified letters in the case of patients who do not respond to outreach attempts for high-risk issues.

Other Highlights

- MIT Health Plans helped to launch and promote the new High Deductible Health Plan for employees.
- The MIT Flu Clinic administered 7,500 shots in a single day, a new one-day record.
- Management of the student-led MIT Emergency Medical Services ambulance program was transferred to MIT Emergency Management in an effort to align public safety services.
- Cathy Dwyer and Shawn Ferullo each earned an MIT Excellence Award.
- MIT Medical was successfully reaccredited for a period of three years through The Joint Commission.
- The MIT Medical Laboratory was granted accreditation by the College of American Pathologists. The accreditation is valid for two years.
- We adopted a zero-based budget strategy for FY2019, pushing our department heads to revisit assumptions, eliminate waste, and maximize revenue.

Concluding Remarks

There are many more changes coming to MIT Medical in FY2019 and beyond, and we are very excited to work alongside the MIT community as we explore changes to best meet our patients' needs. We look forward to sharing our progress with the community throughout the year and to reporting on our implementation of our new strategic vision for the future of MIT Medical.

Cecilia Stuopis, MD, MS, FACOG
Medical Director