

## 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 student 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.

Our strategic focus areas are as follows:

- Improving the health of the MIT population
- Improving patient engagement and access to care
- Managing our talent through staff recruitment, retention, assessment, and development
- Supporting the domestic and international health-care needs of the global MIT community
- Strengthening and enhancing the value and quality of care provided by MIT Medical and the MIT Health Plans

Our core values 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 providing 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 to be our best:** *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 changing needs of the community we serve.

In Fiscal Year 2017, MIT Medical embarked on a multi-year journey to move our patients’ experience from good to great. Exceptional patient care begins when patients feel that they have had a great experience with our organization, and to help promote an environment of exceptional care, MIT Medical rolled out the JUSST model to all staff. JUSST is an acronym for five steps that are designed to improve every employee-patient interaction.

**Justice** (Respect): “My care team treats me with dignity and respect. They know that I need to be treated fairly.”

**Understanding** (Listening): “My care team listens to me. They try to understand me, and they make sure I understand them.”

**Security** (Safety/Quality): “I believe my care team will take good care of me, keep my interests in mind, and provide a safe environment in my time of need.”

**Self-esteem** (Personal): “My care team respects that when I am injured or hurt, it can also make me feel less than confident. They address my need to understand the process of healing.”

**Trust**: “My care team is genuine and speaks from a place of truth. When they tell me they will do something, they follow through.”

We introduced the JUSST model in January 2017 at a department-wide kick-off breakfast, and teams across MIT Medical developed JUSST projects to help expedite changes. MIT Medical also conducted various activities, including rewards, games, and events, to celebrate improving the patient experience.

In FY2018, MIT Medical’s senior leaders will conduct retreats focused on strategic planning and crafting new mission and vision statements for the department. Those conversations will help focus and direct our efforts in the years to come.

## Patient Visits

In FY2017, MIT Medical conducted 129,166 patient visits. Of those, 5,548 occurred at MIT Medical’s Lincoln Laboratory facility in Lexington, MA. MIT Medical’s Dental Service conducted 10,403 appointments.

The demographic breakdown of all FY2017 clinical appointments was as follows:

Patient population	FY2017
Students, Affiliates, and Family	61,754
Faculty, Staff, and Family	54,748
Retirees	9,834
Others	2,830
<b>Total</b>	<b>129,166</b>

The breakdown of visits by major service area is as follows:

Major service areas	FY2017
Adult Primary Care	35,847
Mental Health and Counseling	18,283
Urgent Care	16,907
Dental	10,403
Obstetrics and Gynecology	6,519
Pediatrics	5,972
Other	35,235

## Leadership Agenda

This past year was one of transition. With several senior leaders retiring and Medical Director Cecilia Stuopis '90 in place, we initiated searches for a new executive director, associate medical director/chief of the mental health and counseling service, director of operations, director of patient experience and performance improvement, and director of human resources. We also created two new leadership roles through internal promotions: director of facilities and director of marketing.

We continue to evaluate staffing models and alternative patient-flow patterns to ensure that patients have access to the right care, at the right time, in the right venue, with the right clinician.

In FY2018, we will be reviewing our model of care with a move toward:

- More fully integrated team-based care
- Evaluation of systems for virtual visits
- Implemented a new electronic medical record system and patient-portal software
- Expansion of onsite radiology services to include diagnostic mammography and ultrasound
- Continued improvements to the patient experience with a data-driven approach that includes survey data, interviews with patients and staff, research into best practices, and focus groups with a wide range of MIT Medical employees and patients
- Improved signage within the building
- A review of all job descriptions to identify critical functions as we plan for system redesigns and potential turnover

## Facilities

It was a busy year for space moves at MIT Medical in FY2017:

- Community Wellness moved to the fourth floor to allow for the consolidation of primary care services on the second floor.
- Several specialty care services (including Allergy, Nutrition, Pulmonary, and Rheumatology) relocated to the Medical Specialties area on the second floor, maximizing space efficiency and ease of access for patients.
- We created a new infusion suite on the first floor.
- We integrated nurse care managers (who were formerly on the fourth floor) into clinical services on the first and second floors.
- We built a new lactation room on the first floor, located just down the hall from our Pediatrics Service, providing easier access for patients.

- We completed the construction of a large multipurpose space at the basement level for Community Wellness programs and department-wide educational sessions and meetings.
- MIT Medical now features four new accessible restrooms on the basement level.
- We are continuing to renovate all our high traffic/public use restrooms.

In FY2018 we plan to achieve the following:

- Renovate the former inpatient unit on the fourth floor, creating administrative offices and meeting spaces, which will allow us to expand our patient-centered programs and treatment spaces on floors one through three
- Continue to renovate restrooms throughout the building
- Upgrade aesthetics (painting, flooring replacement, ceiling replacement, etc.) in several common spaces, offices, and exam rooms throughout the building

### **Emergency Management**

This year we conducted a table-top drill with MIT Medical leadership and staff from the MIT Office of Emergency Management and Business Continuity. The drill involved responding to an emergency (explosion) resulting in significant infrastructure damage that required a complete building evacuation and temporary closure.

In FY2018, we will work with our colleagues from MIT Police and the MIT Office of Emergency Management and Business Continuity to train MIT Medical staff to respond to security emergencies, de-escalate situations with a potential for violent behavior, and respond to active shooter/aggressive intruder situations.

### **Information Systems and Medical Records**

In FY2017, we evaluated the marketplace for a more function-rich electronic medical record (EMR) system and patient-portal software. We also installed voice over internet protocol (VoIP) phones throughout the entire facility. This required us to build additional areas for servers and other VoIP-related hardware.

In FY2018, we will focus primarily on implementing the new EMR system, transferring patient records to the new platform, and rolling out the patient-portal system to the MIT community. Advantages of the new EMR will include the following:

- Improved quality and efficiency of clinical, financial, and operational care delivery
- Enhanced user experience for patients, providers, and staff
- New billing and scheduling capabilities
- Improved actionable reporting functionality

## Human Resources

FY2017 saw several roles turn over due to a large number of anticipated retirements. Appointments, transfers, and separations from service are listed in the tables below:

<b>Medical and administrative staff appointments</b>		<b>Date</b>
Maryam Khodadoust	Psychologist	07/05/2016
Ryan Kruis	Program Manager	07/11/2016
Ann Marie Norton	Clinic Assistant I	07/25/2016
Fung Lee-Chao	Clinic Assistant I	07/25/2016
Benjamin Spector	Graphics Production Coordinator	08/15/2016
David Petricone	Manger, Purchasing and Budgets	08/15/2016
Vysoth Sokun	Pharmacist	08/22/2016
Maryanne O'Brien	Communications Specialist	09/19/2016
Erik Marks	Licensed Independent Clinical Social Worker	09/19/2016
Jillian McConnell	Lead Medical Technologist	09/22/2016
Claudia Ferretti	Dental Assistant	10/05/2016
Rachel Bigler	Program Assistant	10/12/2016
Leslie Langston	Licensed Independent Clinical Social Worker	10/24/2016
Dorianne DeLeon	Senior Administrative Assistant	10/24/2016
Cecil Webster	Psychiatrist	11/04/2016
Ashley Hague	Executive Director	11/14/2016
Wanda Rivera	Clinic Assistant II	11/21/2016
Mirta Velazquez	Clinic Assistant II	11/28/2016
Marc Lindstrom	Pharmacy Technician	12/27/2016
Patricia Korpusik	Licensed Practical Nurse	01/03/2017
Karen Singleton	Psychologist, Associate Medical Director and Chief, Mental Health and Counseling	01/17/2017
Maly Keo	Medical Records Assistant I	01/17/2017
Andrew Fuller	Psychiatrist	02/27/2017
Sophanavy Prakham	Pharmacy Technician	02/27/2017
Jane Acheson	Senior Administrative Assistant	02/27/2017
Selamawit Stefanos	Assistant Medical Housekeeper	03/01/2017
Kenneth Dupee	Billing Specialist	03/06/2017
Catherine Tetreault	Director, Human Resources	03/10/2017
Mary Sena	Clinic Assistant II	03/27/2017
Carol Bradlee	Director of Patient Experience and Performance Improvement	04/03/2017
Marilyn Barber	Optometric Technician	05/15/2017
Colleen Collins	Physician	05/22/2017
Richard Brooks	Director of Operations	05/30/2017
Jane Boatright	Finance Manager	06/01/2017
Heidi Armstrong	Pharmacy Administrative Assistant	06/19/2017

Separations from service		Date
Paulette Polk-Scanlan	Pharmacist	07/01/2016
Angela Lee	Administrative Assistant II	07/06/2016
Mary Farrahar	Clinical Coordinator	07/30/2016
Lauren Lee	Graphics Production Coordinator	07/30/2016
Kara Angela Coduri	Medical Technologist	07/30/2016
Adam Silk	Psychiatrist	08/02/2016
Maya Hanelin	Social Worker	08/06/2016
Marc Verity	Clinic Assistant I	08/27/2016
Gloria Raymond	Manager, Purchasing and Budget Analysis	09/01/2016
Sonia Caraballo	Clinic Assistant II	09/07/2016
Marsha Glasper	Clinic Assistant I	10/06/2016
Marsha A .Walsh	Clinic Assistant II	10/14/2016
Betty Mercurio	Radiologic Technologist	11/01/2016
Roy Wattanasin	IT Consultant III	11/02/2016
Carla Camara	Medical Records Assistant I	11/03/2016
Jill A. Lamson	Nurse Practitioner	11/12/2016
Justus Perry	Patient Services Representative	11/19/2016
Tonya Brown	Pharmacy Technician II	11/26/2016
William Tocco	Purchasing Assistant	12/03/2016
Emmanuel Felina	Pharmacy Technician	12/03/2016
Brendan Rafferty	Asst Admin Coordinator, Medical	12/03/2016
Jennifer Christensen	Patient Services Representative	12/09/2016
Oliveria S. Leite	Medical Housekeeper	01/01/2017
Elaine Li Shiang	Per Diem Medical Doctor	01/01/2017
Alan E. Siegel	Chief, Mental Health Services	01/01/2017
Sandra Kondratiuk	Pharmacy Technician	01/03/2017
Joanne Campbell	Senior Administrative Assistant	01/07/2017
Marcia Yousik	Clinical Coordinator	02/01/2017
Ruth Fishbein	Director, Patient Relations/Service Ex	03/02/2017
Judith Martins	Administrative Assistant II	04/07/2017
Lynn Carlton McClellan	Registered Nurse	05/02/2017
Winifred T. Dansby	Director, Human Resources	06/02/2017
Carole Rosen	Allied Health Technician	06/02/2017
Lauren Mayhew	Senior Program Manager	06/02/2017

## Marketing and Communications

In FY2017, Marketing and Communications worked to improve our social media presence through [podcasts](#) (publishing roughly two per month), our Ask Lucy [advice column](#) (winner of the 2017 best health care blog in New England by the New England Society for Healthcare Communication), promotion of newsworthy health care topics, and social media advertisements. Web sessions that originated from [Twitter](#) improved 327% and the [Facebook](#) average daily page reach improved from 21 people to 316. We also launched a new HR-focused website to help employee recruitment efforts and helped relaunch the [getfit web presence](#).

In FY2018, Marketing and Communications projects include the following:

- Supporting MIT Medical’s internal communication efforts by leading projects to recast the department’s mission and vision statements
- Helping Mental Health and Counseling rebrand the service, including improving its web presence
- Assisting infection control to improve our flu shot clinic attendance
- Building a new Language Conversation Exchange website for MIT’s Spouses and Partners Connect
- Working closely with partners in the MIT Benefits Office and the MIT Health Plans to train and inform patients and staff about MIT’s new high deductible health plan.

## **Finance**

FY2017 saw a \$1.8 million positive variance in our clinical services budget. Of that, approximately 53% was due to a positive variance in revenue, and the other 47% was due to unspent salary dollars as a result of several open clinical positions.

The MIT Traditional Health Plan had a budgeted surplus of \$7.5 million, but finished \$304,000 better than budget, resulting in \$7.8 million being returned to the employee benefit pool.

The MIT Student Extended Insurance Plan was budgeted to return \$68,000 to reserves. However the Plan ended FY2017 with a \$142,000 deficit. The reserve fund currently has a negative balance of \$137,000.

## **Mental Health and Counseling Service**

The Mental Health and Counseling Service continues to serve the Institute community by providing clinical, outreach, and educational services to MIT students as well as consultation to faculty and staff regarding students of concern. We seek to promote personal growth, wellbeing, and resilience. In FY2017, the service:

- Facilitated a smooth leadership transition with the onboarding of the new associate medical director/chief of mental health and counseling
- Prioritized, identified, and implemented best practices, setting standards to function as a premier university mental health service
- Placed an added focus on incorporating a diversity of skills and experiences to help us better meet the needs of the entire MIT community:
  - Working in consultation with representatives from the Black Students’ Union (BSU) and Black Graduate Student Association (BGSA), we actively recruited and hired new clinicians specializing in multicultural counseling and LGBTQ competency.

- Responding to conversations with the BSU and BGSA, the Mental Health and Counseling Service retained Stephanie Pinder-Amaker, college mental health program director at McLean Hospital, to lead a series of conversations for undergraduate and graduate students focused on the needs and concerns of students of color.
- We hired a clinical outreach specialist to increase our focus on outreach to multicultural student organizations and decrease barriers to care.
- Created a strategic plan for the department with a focus on identifying departmental values and aligning our vision with the Institute; all staff members engaged in a daylong retreat to facilitate the identification of departmental goals, objectives, strengths, and learning opportunities
- Increased the multicultural competency and high-risk suicide assessment skills of clinical staff through a series of in-services by leading national multicultural trainers and suicidologists
- Refined the use of screening instruments for depression and suicidal ideation for all patients seen at the service
- Recognized and responded to recommendations from the Institute-wide Leave and Hospitalization Committee, and a number of recommendations have been implemented
- Developed and implemented new programming at Senior House as part of the Turnaround Plan as well as other student residences in collaboration with the vice president and dean for student life

For FY2018, our initiatives include:

- Development and implementation of a new triage, intake, and walk-in system, Access +, which is intended to improve access for students, especially those experiencing more urgent concerns; Access + also enhances pathways for faculty and staff to consult with clinicians regarding students of concern
- Formation of a new graduate and undergraduate student advisory group, the Student Wellbeing Advisory Group, in collaboration with the Department of Student Life and Student Health
- Piloting of new “Let’s Chat” evening drop-in hours at the Office of Minority Education
- Promotion of enhanced psychotherapy group programs, including new groups for graduate women of color, transgender students, and international students, with one group particularly focused on students impacted by the federal administration’s travel ban
- Developing leadership opportunities for staff and creating new roles that ensure that staff members are practicing at the top of their licenses
- Implementation of strategies to remedy the flat organizational structure of the service



## Primary Care, Urgent Care, and Student Health

In FY2017, we continued our redesign of the primary care practice with the implementation of a team-based-model-of-care delivery system. We also implemented changes in nursing staffing to provide more robust coverage until 8 pm and to offer patients more comprehensive urgent care services.

Other initiatives included the following:

- Closely examining Urgent Care Service utilization. Based on historical data regarding patient demand, MIT Medical began piloting a reduction in Urgent Care hours over holiday weekends and during the summer months (June–August 2017). This change in hours enabled us to shift staffing to provide better access for patients needing care during peak periods. This pilot will continue through FY2018.
- Hiring a full-time physician dedicated exclusively to the Urgent Care Service.
- Consolidating our Adult Primary Care service on a single floor. This allowed us to utilize resources more effectively and efficiently to care for our patients in a team environment. Close proximity is allowing us to expand our travel clinic resources and begin looking at other team concepts.
- Working collaboratively with PLEASURE@MIT (Peers Leading Education About Sexuality and Speaking up for Relationship Empowerment) and the Violence Prevention and Response team, we facilitated quarterly sexually transmitted infection walk-in clinics for student consultation and testing. Three clinics in FY2017 resulted in 216 students receiving on-site counseling and testing.
- Providing 7,896 flu shots during two all-campus clinics.
- Expanding our team-based care model to include clinicians from the Mental Health and Counseling Service, medical assistants, health coaches, pharmacists, and others.
- Coordinating with MIT's Coordination, Assistance, Response, and Education team to improve the coordination of care for students with concerns.
- Participating in the Dean-on-call system and holding weekly meetings as a campus partner to improve the coordination of services for students.
- Working in partnership with Student Support Services to develop a new Medical Leave Policy for the Institute.
- Continuing to work with Housing and MIT Dining to assess special requests.
- Continuing to work with Student Disability Services.
- Engaging in an ongoing review of the Student Medical Report form, adapting the document to meet Massachusetts Department of Public Health guidelines.
- Improving our partnership with MIT's Department of Athletics, Physical Education, and Recreation in both sports medicine care provided to student athletes and coordination of support services with campus partners.

New initiatives in FY2018 include the following:

- The Pediatrics Service will pilot group visits for newborns to 12-month-olds. By sharing routine information about what children experience at a young age, parents can alleviate anxiety and develop relationships with other families. The pilot will open up appointment times, allowing easier access for patients
- Implementing a new electronic medical record, as previously outlined.

## **Specialty Care and Auxiliary Services**

Initiatives that took place in FY2017 across MIT Medical's specialty care and auxiliary services include the following:

### **Dental Service**

- Implementation of a state-of-the-art, in-office whitening system.
- Purchase of equipment that allows clinicians to fabricate crowns for patients in a single appointment.

### **Eye Service**

- Added four hours of technician time per week to improve customer service with regards to scheduling ancillary testing and the fitting and dispensing of contact lenses.
- Purchased an additional device (tonometer) to measure intraocular pressure without topical anesthesia (eye drops).
- Provided safety eyewear for the MIT campus through MIT Optical. Employees now have a wider selection of frames and lens types. All orders are filled out, processed, dispensed, and adjusted by MIT's registered opticians.
- Prepared to convert MIT Optical to electronic record keeping. This switchover will occur in early FY2018.

### **Radiology**

- Upgraded our picture archiving and communication system from Philips iSite to Philips Intellispace.

### **Laboratory**

- Worked closely with Information Systems to achieve regulatory compliance for documenting point-of-care testing.
- Collaborated with the Office of Alcohol and Other Drug Services to implement a program where students who participate in voluntary student drug testing can provide specimens at MIT Medical.
- Participated in student internship programs for clinical laboratory scientists (University of Massachusetts at Dartmouth) and medical laboratory technicians (Quincy College).
- Supported sexually transmitted infection clinics.

## Pharmacy

- Worked with the care management team to have pharmacists conduct medication reconciliation for patients being discharged from inpatient or rehabilitation in an effort to provide correct medications to the patient at all transition points within their care.
- Established chronic opioid-prescribing guidelines.
- Purchased a sterile compounding isolator for making infusions.
- Implemented multiple cost-saving formulary changes. One highlight was the approval of Inflectra to replace one of our most popular biological infusion products, Remicade. The change is estimated to save us more than \$60,000 per year.
- Continued to make special vaccines available to the high number of international travelers in the MIT community, including the new cholera vaccine and expanded access to yellow fever vaccine.
- Researched the implementation of computer systems and cash registers with more streamlined workflows to improve the patient experience.

In addition, we have outsourced our cardiology services and no longer have a general surgeon on staff. Surgery services take place at Mount Auburn Hospital.

## Community Wellness at MIT Medical

Community Wellness at MIT Medical provides services, programs, and resources that help support MIT community members in leading a healthy lifestyle. Alongside our campus partners, we work to promote an environment in which wellness is a core value. During FY2017:

- Wellness classes relocated to a newly renovated space in the basement. Community Wellness offers 25 wellness classes per week with several new offerings. Survey data reveal that 97% of respondents would recommend wellness classes to a friend, and 85% would be interested in enrolling in a future wellness class.
- The eight-week weight-management program, iDiet, enrolled 119 employee participants who lost a combined 1,407 pounds.
- MIT Language Conversation Exchange received the Institute's 2017 Bridge Builder Award and nearly quadrupled its membership.
- The Community Wellness team provided training to 528 participants, including graduate resident tutors, graduate resident advisors, REFS (Resources for Easing Friction and Stress), MedLinks, MIT clinicians, faculty, and administrative staff from across the Institute. Surveys found that 90% of staff participants said they felt better prepared to respond effectively, were more willing to respond to a student in distress, and knew better what to do when a student is at risk of hurting him/herself or others.
- MedLinks volunteers hosted and assisted more than 150 group meetings and events. The 155 MedLink undergraduates logged 2,415 interactions (an 18% increase over FY2016).

- Our 12-week team-based winter fitness challenge, getfit, reached 3,608 individuals who recorded approximately 10.8 million minutes of exercise. Getfit also launched a new, responsive website with enhanced features and functionality.

In FY2018, Community Wellness will see several changes, including the following:

- Beginning August 1, the Community Wellness team will report to the chief of student health. This new structure will help us to further align Community Wellness with clinical and population-based efforts, allowing us to take needed steps toward a total student- and community-health approach to care.
- Community Wellness will relocate to a newly renovated space on the third floor of Building E23.
- MedLinks plans to offer a spring semester training for new volunteers.
- Getfit plans to launch Step Your Way to 10K a Day in fall 2017—a 10-week program designed to help individuals become more active by walking 10,000 steps per day.

### **Performance Improvement, Patient Experience, and Educational Outreach**

In FY2017, as part of ongoing efforts to improve performance and enhance the patient experience, MIT Medical rolled out the aforementioned JUSST model. We also began a deep analysis into our electronic surveying of patients to identify and better address specific areas of concern for the MIT community.

Working with consultants, we created a patient journey map to identify nearly every possible interaction a patient might have with MIT Medical during an episode of care. With this map, we are working to identify areas for improvement.

Overall patient satisfaction scores are 90.8/100 possible points. This score has remained relatively flat for the past five years and provides a key opportunity for improvement in FY2018.

MIT Medical also continued its self-reporting system throughout FY2017 with 418 events reported across all levels of service. We reviewed each report, identified trends, and recommended actions.

Many changes are coming to MIT Medical in FY2018 and beyond. We are excited to work alongside the MIT community to explore what practices best meet our patients' needs. We look forward to sharing our progress with the MIT community throughout the year, and to reporting on our new strategic vision for the future of MIT Medical.

**Cecilia Stuopis, MD, MS, FACOG**  
**Medical Director**