MIT Medical

MIT Medical is a multispecialty group practice and 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 clinicians and other staff members provide clinical care, wellness programs, public health resources, 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 the provision of 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 the changing needs of the community we serve.

- **Empowering employees**: *Staff who feel supported will reach their highest potential.* Through our commitment to the personal growth, professional development, and overall well-being of our staff, we promote a culture that values its employees, embraces their ideas, fosters positive relationships, and ensures that all employees know they are essential to the success of MIT Medical.

- **Embracing individuality**: *Unique perspectives nurture learning and growth.* By actively seeking out diverse points of view and empowering every voice, MIT Medical fosters an environment where opportunities for creativity and collaboration thrive. We provide an open and welcoming atmosphere for all.

Foundation Year for MIT Medical's Strategic Plan

In FY2019, MIT Medical took on a series of 100 distinct projects to provide the necessary foundation for executing the multi-year strategic plan detailed in the FY2018 report. These projects were sorted into five distinct categories. Major projects in each category are as follows.

- Implement new clinical systems and supports: continue implementing the Cerner electronic medical record (EMR) system and implement the Cerner population-health module

- Transform key care delivery models: launch an online appointment system for Urgent Care and instill team-based care within the Primary Care Service

- Perform critical assessments and process improvements, establish baseline measures, and build internal support and capacity for analytics and reporting: implement the PolicyTech content management system and evaluate student health-care literacy

- Enhance employee engagement and development: conduct an employee engagement survey and launch the Leading and Managing MIT Medical's Future program

- Develop relationships to facilitate future partnerships: build a foundation for development efforts and take part in Ivy Plus Directors of Student Health meetings

At the close of the fiscal year, 83% of the projects had been completed, and another 12% were on track for FY2020. Below are highlights from each of the categories.

New Clinical Systems and Supports

Continued Cerner Implementation

As detailed in last year's report, we launched our new electronic medical record system, Cerner, in June 2018. As such, FY2019 focused on learning and adapting to the new system, which involved addressing technology and training issues and modifying workflows as needed. We also began the process of adding the Cerner EMR to other services throughout the building and implemented the system in our Radiology Service. In FY2020, we will introduce Cerner in our Laboratory Service.

We also made a concerted effort to encourage MIT Medical patients to create accounts on HealthELife, the Cerner patient portal. We reached more than 15,000 sign-ups within a year of launch. For context, lifetime sign-ups for Follow My Health, our previous patient portal, reached 24,851 after five years of operation.

Population Health

Population health management is about MIT Medical taking responsibility for managing the overall health and well-being of the MIT community. By using a population health approach to care delivery, we engage patients to take an active role in improving their health and well-being.

In FY2019, we began building the foundation for instituting population health approaches to our care delivery system. Once the software implementation is complete, the new system will, for example, be able to:

- Identify patients with an existing condition such as diabetes or hypertension

- Track specific care benchmarks (e.g., exam frequency) to ensure that patients are receiving all necessary care

- Track specific health outcomes (e.g., lab results) to determine whether care is effective

- Produce scorecards showing benchmarks and outcomes by specific provider or for the department as a whole

We will continue to integrate the new data-collection systems through FY2020, with the rollout beginning in our Primary Care, Obstetrics and Gynecology, and Pediatric services.

Key Care Delivery Models

Online Appointment System

We set out to improve the Urgent Care wait-time experience using the software-as-a-service application Clockwise. This industry-standard system allows us to communicate wait times in advance, thus setting accurate expectations and empowering patients to choose when they want to obtain their care. A patient can use the app to reserve a place online via the MIT Medical website. The system then texts updates and reminders to the patient's phone. Patients do not need to come into the clinic until their reserved time, which greatly reduces wait times, and they can wait where they want (at home, work, class, or otherwise not at the clinic). We also display estimated wait times on our website so that patients can plan accordingly.

Since launch, we have seen a nearly three-fold increase in online bookings and correspondingly shorter waits. Survey data show that patients are happy with the service, with an average 90% approval score from users.

Team-Based Care

In FY2019, we made our team-based pilot a permanent fixture within MIT Medical's Primary Care Service. This was an extension of the model already used in other services, including Urgent Care, Dermatology, Pediatrics, Obstetrics and Gynecology, and MIT Medical/Lexington.

In the new system, modeled after the patient-centered "medical home" care delivery system, each day begins with a morning huddle that includes front desk staff, medical assistants, and clinical providers. The team reviews the patients scheduled for that day, identifying their specific needs and collaborating to plan the day's work.

In FY2020, we will continue evaluating ways to make team-based care more efficient and effective with the goal of eventually expanding the care delivery model across all of Primary Care.

Critical Assessments and Process Improvements

PolicyTech

Because MIT Medical is subject to numerous health-care-specific regulations in addition to local and MIT policies, we knew we needed to improve the method for policy storage, distribution, and updating. In FY2019 we began implementing PolicyTech, a software-as-a-service content management system. With an FY2020 rollout, PolicyTech will provide

date-stamped workflows for writing, reviewing, and approving documents and tracking assignments, as well as automated reminders to ensure that employees review important documents on a regular basis. It also ensures a single master version of a document, eliminating version-control problems.

Health-Care Literacy

As highlighted in our vision statement, MIT Medical is committed to becoming a larger part of the Institute's educational mission. As part of cultivating a healthier MIT, we have the goal of establishing a teaching presence on campus around health, wellness, and health care for students. In FY2018, we began that process by assessing what our students already know about accessing health care and using their health insurance. In FY2019, we applied what we learned to developing marketing campaigns for the 2020 academic year. Deliverables included the following:

- New animated digital signage to provide information on key health insurance terms

- A new student guide to MIT Medical with step-by-step instructions on how to read a summary of benefits and a coverage document

- Campaigns highlighting confidentiality and privacy

- Patient portal promotions

- The relaunch of "Sexpertise," our sexual education column

- Campaigns promoting campus care provider sign-ups

Employee Engagement and Development

Employee Engagement Survey

MIT Medical surveyed its staff in FY2019 using third-party service Press Ganey. We received survey responses from 206 employees (77%). The survey, designed to provide a baseline from which we can measure progress, was built to identify areas of strength and areas of concern. Of note were our high engagement score (3.95 of a possible 5 points) and a 4.29 score indicating that staff are proud to tell people they work for MIT Medical. According to the survey, our staff members feel that MIT Medical conducts business in an ethical manner, cares about its patients, cares about employee safety, and provides excellent pay and benefits.

Areas for improvement include managing stress, maximizing resources (people, technology, time, money), and optimizing communication. The survey reinforced the need to give managers tools and resources to help our teams through times of change.

Leading and Managing MIT Medical's Future

Through the Press Ganey employee engagement survey and discussions with staff members, MIT Medical leaders realized that the department lacked the resources required to lead and manage necessary change. In response, senior leaders engaged in a six-month process to identify the competencies they and the organization's managers

need to display for MIT Medical to be successful. The result was a management-training course for all managers, including members of the executive leadership team. The 15-month course, Leading and Managing MIT Medical's Future, launched in early FY2019 and includes the following objectives:

- Establishing shared expectations for MIT Medical leadership capabilities and management discipline necessary to achieve our goals

- Building a toolkit that will enable us to lead high-performing teams

- Applying what we learn through the program to current challenges and opportunities

- Engaging the leadership team in shared problem solving on priority topics

- Increasing omni-directional communication throughout MIT Medical

- Strengthening MIT Medical's leadership network

Relationships Facilitating Future Partnerships

Development Efforts

In FY2019, we set out to establish a base of supporters for future donations. Most notable was a $240,000 donation to MIT Medical's Student Mental Health and Counseling Services to fund a new postdoctoral fellowship position. This new role will improve access to quality care for students and establish a pipeline for high-quality new staff hires. The first postdoc will be in place in early FY2021.

Ivy Plus Directors of Student Health Meetings

The MIT Medical vision statement places a high value on collaborating with others in our quest to redefine campus health. In FY2019, MIT Medical became an active participant in the Ivy Plus Directors of Student Health group. The group meets twice a year and includes clinical directors from Brown University, Columbia University, Cornell University, Dartmouth College, Duke University, Harvard University, New York University, Princeton University, Stanford University, University of Chicago, University of Pennsylvania, and Yale Univeristy.

Group discussions cover a wide range of topics including schedule templates, relationships between mental health and other student health services, medical leave processes, accommodation reviews, dealing with disease outbreaks on campuses, and more.

Featured Clinical Services

Student Mental Health and Counseling

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. This past year was particularly active, as we saw a 20% increase in utilization over FY2018.

Our access team/walk-in service continues to improve access for students, especially those with more urgent concerns, by providing same-day appointments. In addition, we continue to offer robust and nimble group programming for undergraduate and graduate students. Current groups include:

- Graduate Women

- Graduate Men

- Graduate Coed

- Dialectical Behavioral Therapy Skills

- Gender Support

- ADHD Skills

- Social Skills

- Undergraduates

- Thesis Group

- Make Peace with Food

- ADHD Skills, Graduate

- ADHD Skills, Undergraduate

- Grief Group

- Women of Color, Graduate

- Perfectionism Support

- First Year Students

- Asian American Women

In FY2019, the service focused on initiatives that position MIT to be a standard setter in collegiate mental health by pursuing accreditation in the collegiate mental health arena through the International Association of Counseling Services (we expect accreditation in FY2020) and creating a patient satisfaction survey (set to launch in FY2020) for the behavioral health setting.

We continue to engage actively with our student advisory committee, the Student Wellbeing Advisory Group (SWAG), in collaboration with the Division of Student Life and Student Health. With the support of SWAG, and after a thorough investigation as well as a final recommendation from the Sloan School of Management's Healthcare Laboratory (H-Lab), we set out to pilot a telehealth program. Our initial foray into telehealth will include a series of virtual workshops during late evenings and weekends, hours when the service is closed. The first series of workshops will include several sessions on each of the following topics: imposter syndrome, sleep, stress reduction, transition to graduate school, and adulting.

The collaboration between our Let's Chat walk-in program and the Office of Minority Education continues to be a success, with a 20% increase in utilization from AY2018 to AY2019. The program has served as a model for other pop-up programming in which we have held Let's Chat sessions at the Rainbow Lounge and the International Students Office (ISO). We are particularly proud of our community engagement, which included co-sponsoring the Institute-wide Hackathon for Inclusion and events with the Department of Athletics, Physical Education, and Recreation (DAPER).

In FY2019, we designed a new structure to transform the service's historically "flat" organizational chart. This structure included four new key roles: associate chief of specialty services, associate chief of operations, associate chief of psychiatry, and clinical coordinator/coordinator of access. Additional new roles include coordinator of clinical training, practice manager, and senior psychiatrist. We have also added three clinical team leaders to our senior leadership team. This group is responsible for clinical and administrative oversight of the service.

A major challenge in FY2019 was a severe shortage of local clinicians to whom we could refer students who wanted or needed to be seen by off-campus providers. Contributing factors included the following:

- A decrease in private-practice providers who accept insurance

- A university- and biotech-heavy environment where there is a high demand for services

- A shortage of clinicians willing to accept more acute care patients

- A national shortage of psychiatrists

Significant strategic efforts will be made in the upcoming year to pilot programs that incentivize community providers to accept psychotherapy referrals from MIT.

Looking ahead, we will continue to focus on our shift from a generalist to a specialty practice. This shift will include the creation of an interdisciplinary eating concerns team as well as the recruitment of additional clinicians specializing in trauma. The service will continue to focus on multicultural competency and complex suicide and threat assessments.

Finally, in FY2020, we plan to hire an outreach and community education coordinator. This position will allow us to participate more strategically in campus-wide prevention efforts, including work being done by Community Wellness at MIT Medical, the CARE Team, MindHandHeart, the Office of Graduate Education (OGE), and DAPER.

Community Wellness at MIT Medical

This past year, Community Wellness promoted a healthier, more connected MIT community through the growth of programs such as getfit@mit (with more than 3,800 people exercising more than 12 million minutes) and MedLinks (with peer health advocates providing nearly 2,800 hours of service), as well as increased health coaching and classes on healthy living. Also, Community Wellness partnered with departments across the campus and within MIT Medical to add new educational, clinical, and community health initiatives.

The Language Conversation Exchange program launched a new website in fall 2018. During the past year, 557 MIT community members registered on the site to find a conversation partner/native speaker with whom they could practice a language. In addition, we served 1,000 meals and snacks to our enthusiastic community of language learners and lovers at our bimonthly lunches and afternoon breaks, thanks to our team of graduate community fellows and volunteers and our sponsors (including ISO, OGE, the Institute Community and Equity Office, and the MIT Police).

Community Wellness piloted MIT Medical's first-ever acupuncture treatment clinic, which went live in February 2019. Three licensed acupuncturists provide 20 hours of service each week for MIT community members enrolled in student or affiliate extended insurance plans. Eligible patients are covered for 20 sessions per calendar year with a $10 per session copay.

Patient Visits

In FY2019, MIT Medical conducted 110,322 patient visits. The following tables details the breakdown of visits by service area.

Visits to MIT Medical by Major Service Area, Fiscal Year 2019

Major service area	Visits (#)
Primary care (includes MIT Medical/Lexington)	27,862
Student mental health and counseling services	18,104
Urgent care	16,689
Eye	7,021
Obstetrics and gynecology	6,210
Pediatrics	5,591
Dental	8,244
Other (allergy, dermatology, orthopedics, x-ray, etc.)	20,601
Total	**110,322**

Visits to MIT Medical of Other Service Area, Fiscal Year 2019

Other service area	Visits (#)
Allergy	2,686
Dermatology	3,968
Orthopedics	4,235
X-ray	2,255
Injection (not allergy)	2,612
Other (e.g., cardiology, endocrinology)	4,845
Total	**20,601**

The breakdown by patient demographics is shown below.

Visits to MIT Medical by Patient Type, Fiscal Year 2019

Patient type	Visits (#)	Outpatient	Dental
Students, affiliates, and family members	52,260	50,067	2,193
Faculty, staff, and family members	42,666	37,825	4,841
Retirees	8,824	8,319	505
Others	6,572	5,867	705
Total	**110,322**	**102,078**	**8,244**

Featured Administrative Services

Human Resources

In FY2019 there were 15 new hires, seven of whom were medical assistants. In total, there were 32 departures. Seven of these departures were retirements, and three were involuntary terminations. Of note, clinicians accounted for 25% of departures. While we hired no physicians in FY2019, we will replace many of these roles in early FY2020. FY2019 appointments and separations from service are listed below.

MIT Medical: Staff Appointments, Fiscal Year 2019

Name	Job title	Date of hire
Iman Moore	Medical Assistant	7/16/2018
Melissa Bourassa	Medical Assistant	7/23/2018
Christina A. Daveiga	Medical Technologist	8/20/2018
Kimchi Nguyen	Medical Assistant	9/10/2018
Erin Croft	Patient Services Representative	10/29/2018
Michael M. Miller	Computer Support Assistant	11/26/2018
Brian Schuetz	Chief of Staff	12/1/2018
David J. Benoit	Budget and Financial Analyst	2/11/2019
Sheila Sanchez	Administrative Assistant	3/29/2019
Keila Teixeira	Medical Assistant	4/1/2019
Marie Saint-Louis	Pharmacy Technician	4/8/2019
Tanya A. Miranda	Medical Assistant	4/16/2019
Diana Rawana	Medical Assistant	4/29/2019
Alexander Smith	Pharmacy Technician	4/29/2019
Kin Ly	Medical Assistant	6/17/2019

MIT Medical: Staff Separations from Service, Fiscal Year 2019

Name	Job title	Date of separation
Richard Brooks	Director of Operations	7/3/2018
Kassia Ware	Computer Support Assistant	7/4/2018
Heidy M. George	Senior Program Manager	7/12/2018
Amanda DeStefano	Clinical Social Worker	7/28/2018
Desiree A. Hayes	Patient Services Representative	8/1/2018
Rosario Torrecillas Romero	Administrative Assistant	8/11/2018
Diana Arroyo	Clinic Assistant	8/23/2018
Anthony Livingston	Senior Clinic Assistant	8/31/2018
Solomon A. Degefe	Senior Financial Analyst	10/1/2018
Diana Spedoske	Clinic Assistant	10/8/2018
Maly Keo	Medical Records Assistant	11/10/2018
Nakia Cockrane	Pharmacy Technician	11/22/2018
Rosa V. Tate-Diaz	Financial Assistant	12/21/2018
Wendy Martinez	Clinic Assistant	1/1/2019
Carol Bradlee	Director of Patient Relations	1/12/2019
Debora D. DiGiuseppe	Clinic Assistant	1/25/2019
Yolette G. Lecorps	Manager, Medical Records	2/1/2019
Ann M. Berkeley	Medical Technologist	2/5/2019
Michele A. Caulfield	Registered Nurse	2/22/2019
Lauren Rexford	Patient Services Representative	3/16/2019
Marilyn Barber	Allied Health Technician	3/30/2019
H. Carroll Eastman	Medical Doctor, Family Medicine	3/30/2019
Leila Carbunari	Registered Nurse	3/30/2019
Pamela J. Dimond	Patient Services Representative	4/18/2019
Jeanne Madden	Registered Nurse	4/20/2019
Allison Daly	Nurse Practitioner	4/24/2019
Cheryl Pastorius	Patient Services Representative	5/17/2019
Colleen Pinch	Nurse Practitioner	6/6/2019
Larisa Ioffe	Radiologic Technologist	6/6/2019
Barbara Lipohar Staples	Administrative Assistant	6/8/2019
Rozanne M. Puleo	Nurse Practitioner	6/13/2019
Ingrid Y. Henar	Pediatrician	6/29/2019

Finance

FY2019 saw a $1.533 million positive variance in our clinical services budget, due in large part to lower-than-budgeted pharmaceutical costs and unfilled positions that yielded a $667,000 positive variance in salaries and benefits. Expenses came in at 97% of budget, and our revenue met 100% of budget.

The MIT Student Extended Insurance Plan finished above the budget forecast, resulting in $2.4 million being transferred to the plan's emergency reserves. We partnered with the firm Oliver Wyman to provide independent actuarial services in pricing the plan with respect to building reserves.

MIT Health Plans

Enrollment in MIT student and affiliate health plans saw a 2% increase. This is most likely due to the fact that we have placed additional scrutiny on extended plan waiver requests to ensure that students who choose to waive MIT insurance have adequate health insurance coverage in the Cambridge area.

Health Plan Membership, Academic Years 2018 and 2019

Insurance plan	Enrollment as of June 30, 2018	Enrollment as of June 30, 2019
Affiliate Plan	656	597
Student Extended Insurance Plan	8,629	9,155
Student Medical Plan	14,300	14,987

Facilities

In FY2019, we continued to renovate restrooms throughout the building. Additionally, we upgraded aesthetics, including painting and replacing floors and ceilings in several common areas, offices, and exam rooms throughout the building.

We renovated our former administrative offices on the second floor to become a new Primary Care Service team-based care space and worked with MIT Facilities to implement significant renovations in two radiology exam rooms to prepare for the installation of new digital X-ray equipment.

We also began a complete overhaul of both elevators and will conclude that work in FY2020. Finally, we converted a former conference room/meeting space on the second floor into a call center to support Primary Care, and we plan to label all of our bathrooms across MIT Medical as all-gender.

Emergency Management

To enhance our response to medical emergencies, we installed new emergency pull cords in the restrooms on the second and fourth floors of the building, ensuring that they are in place in all clinical areas. We also conducted a successful building-evacuation drill as a component of a fire alarm response. We did not identify any significant findings or issues of concern.

In FY2020, 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. We also plan to take part in a live-action active shooter drill in which our role will be to provide medical support to first responders.

Performance Improvement, Patient Experience, and Educational Outreach

Our outside survey vendor, Press Ganey, measured our patient satisfaction score at 89.7 of a possible 100 points, a slight drop from the FY2018 score of 90.4. This score has declined slightly over the past two fiscal years, and identifying opportunities for improving the patient experience will be a prime focus of MIT Medical's FY2020 work.

MIT Medical also continued its self-reporting system throughout FY2019; 417 events were reported across all levels of service, a marginal decline from FY2018. We continue to review each of these reports, working to determine where process improvements can improve the quality and safety of care or the patient experience. In FY2019, key areas of work informed by the reporting review process included enhancements in the referral-tracking process, strengthened procedures for retrieving reports from external providers, and improving the patient experience in the Urgent Care service.

Concluding Remarks

Many more changes are coming to MIT Medical in FY2020 and beyond, and we are very excited to continue working alongside the MIT community as we explore ways to best meet our patients' needs. We look forward to sharing our progress with the community throughout the year and to reporting on our continued implementation of our strategic vision for the future of MIT Medical.

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