

MIT Medical

MIT Medical is a multispecialty group practice serving the Institute community and continuing a tradition of caring that spans more than 100 years. Currently, approximately 375 individuals at MIT Medical provide medical care, public health services, and health and wellness services for the 22,000-member community of MIT students, faculty, staff, retirees, and their families.

Several important transitions marked the FY2011 academic year. There were transitions in some of the ways that MIT Medical provides care, modifications in our physical plant and operations, and changes in the design of MIT-sponsored health insurance plans.

The declining utilization of overnight, on-site care services provided us with an opportunity to improve care and efficiency. We redeployed clinical resources and created the Community Care Center (CCC)—coordinating and enhancing care for many members of our community. After nearly a year of planning and preparations, MIT Medical's Inpatient Unit (IPU) closed on December 22, 2010. At the same time, we changed the hours of operation of our Urgent Care Service to provide 16 hours of on-site service daily, from 7:00 a.m. until 11:00 p.m.

Occupying the space that formerly housed the IPU and employing many former IPU staff members, the Community Care Center has begun to coordinate and provide care for MIT students as well as employees, family members, and retirees who receive their primary care at MIT Medical. The development of the CCC allowed expansion of our existing care management program and fills an important need in the provision of care for the MIT community.

In addition, we now are using a sophisticated telephone triage and advising service. Even when the department is not open for patient care, patients can speak with a triage clinician who may recommend actions that the patient can take at home, help the patient make a next-day appointment, or advise the patient to go to an emergency room. MIT Medical clinicians review each night's log of overnight service calls and contact the patient for follow-up when appropriate. Clinicians from the Adult Primary Care, Pediatrics, Obstetrics and Gynecology (OB/GYN), and Mental Health and Counseling services remain available and on call 24 hours a day, every day of the year.

In addition to the MIT traditional health plan, MIT now is offering employees a new Blue Cross Blue Shield (BCBS) health plan, MIT Choice. Subscribers to the MIT Choice plan have the option of selecting a primary care provider at MIT Medical or from among BCBS-participating clinicians in the community. Each covered family member can select the primary care provider of his or her choice. This allows some family members to receive care at MIT Medical and others to receive care at facilities closer to where they live, work, or attend school.

To meet the requirements of new federal legislation, we have instituted copayments for health plan members; the new copayments do not apply to students. Although the number of primary care visits has declined, our total number of care encounters—face to

face, by telephone, and, increasingly, via asynchronous online communication through our secure patient portal, Patient Online—is consistent with the transitions in health care delivery occurring both nationally and locally.

The successful getfit@mit program and a pilot wellness program at Lincoln Laboratory are providing a platform for creating a health and wellness enhancement program for the MIT community in the coming years.

Our electronic medical record system is being enhanced to meet federally defined “meaningful use” requirements. This should allow the department to receive federal funds based on our care of patients with Medicare coverage. Additionally, several major construction endeavors in our physical space were completed in FY2011 or are nearing completion. Along with improving the atmosphere and workflow, major infrastructure renovations have been conducted without interruptions in patient care.

As in FY2010, we continue to be guided by our five mission pillars:

1. Ensuring access to care
2. Maintaining clinical quality
3. Enhancing community wellness
4. Managing health care costs
5. Advancing diversity and inclusion

We have embarked on a strategic planning process that not only is helping us to envision new and better ways of fulfilling our mission, but also will lead us into the future as we continue striving to meet the medical and wellness needs of the MIT community.

Clinical Services

During FY2011, MIT Medical conducted nearly 125,000 visits at our Cambridge and Lexington campuses, including services for employees of Lincoln Laboratory, Draper Laboratory, and the Whitehead Institute. Approximately 6,000 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.

Visits to MIT Medical, FY2011

Patient population	Number of visits
Students, affiliates, and family	56,261
Faculty, staff, and family	51,478
Retirees and family	9,180
Others	8,065
Total	124,984

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, emergency treatment, and maintenance. Our team of dental professionals works to identify oral disease in order to improve dental health and overall general health.

The primary goal of the practice is to deliver the highest level of patient-centered care for students, faculty, staff, and their families to promote good oral health. Since dental care and medical care are coordinated in one system, patients are afforded the unique opportunity to receive integrated treatment on campus. With recent medical studies continuing to link dental care to overall health, we are pleased to offer such comprehensive services at MIT Medical.

Accomplishments

In FY2011, the major focus of improving operations and efficiency centered on continuing technological advancements through the installation of LED overhead-sensor patient lighting. In addition, the annual upgrade of our electronic dental software system enabled us to continue to improve our efficiency, diagnostic ability, and overall service production.

With the introduction of an additional prosthodontist (a crown and bridge specialist), we are now able to expedite the completion of complex treatment plans for our patients.

Direct patient care continued to be the priority of the Dental Service. Dentists continued to be active members of the community, supporting MIT's strategic initiatives in health promotion and wellness. Participation continued through preprofessional advising, the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) Work Group, the Tobacco Treatment Work Group, and the Health and Wellness Fair.

Initiatives

For FY2012, we plan to explore the option of introducing intra-oral cameras into our practice. This technological advancement will improve the care we offer by increasing our ability to educate patients as to treatment options, thereby increasing patient treatment plan acceptance and revenue generation.

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 even after expanding to accept additional Blue Cross Blue Shield patients. On average, routine exams are available with a two-week wait, while urgent care services are available daily.

In collaboration with MIT Medical's Primary Care Service, the Eye Service works with MIT Medical's Diabetes Management Workgroup in an effort to minimize vision loss in patients with diabetes. To that end, we regularly notify patients of the need for annual eye exams. Currently, 78 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 ninth year at MIT Medical.

With our confocal scanning laser ophthalmoscope—used for optic nerve evaluation and the management of glaucoma—we are able to see how eyes change over time. Now that the instrument has been in place for five years, our patients with glaucoma have undergone multiple exams. The powerful progression software is aiding in the diagnosis and treatment of this challenging population.

As technological advances continue to improve clinical care, the Eye Service is committed to offering our patients access to the most up-to-date diagnostic tools. We recently purchased the latest-generation optical coherence tomographer. Pioneered at MIT, optical coherence tomography is a noninvasive scan that provides retinal details that can guide care in a wide range of ocular pathologies. This truly remarkable device has revolutionized care in retinal disease.

MIT Optical recently celebrated its one-year anniversary in its new location in the Stratton Student Center. More visibly located on the basement level, the shop is 50 percent larger and is appointed with all new furnishings. The modernization of the Optical Shop allows for greater eyewear selection in a far more comfortable environment.

As part of our mission to be a full-service eye care center, the Eye Service operates a large contact lens practice. This year, as in previous years, we added several new materials and designs to our already-extensive inventory. Our ongoing expansion ensures that MIT Medical patients have access to the latest products as they become available.

Initiatives

Our major project for FY2012 will be the implementation of a fully electronic Eye Service medical record application designed to work seamlessly with the MIT Medical electronic medical record. The preparations will begin in October, with the tentative "go-live" date scheduled for mid-January.

As a group, we constantly monitor the rapidly changing landscape of detection and treatment of various eye diseases. When improvements become available, we will expand our practice to include whatever new techniques, knowledge, or equipment will best serve the MIT community.

Inpatient Unit to Community Care Center Transition—Kristine A. Ruzycski, MS, ANP-BC, Nursing Service Chief

Strategic Focus

The Inpatient Unit was a subacute medical-surgical unit that provided 24-hour nursing care, with a focus on the care of MIT students, health plan members, and retirees. Over the last several years, the number of IPU admissions had been consistently decreasing. At the same time, we experienced a steady increase in operational expenses to provide that care. In contrast, the number of visits by transient patients had steadily increased over these same years, as shown in the table below.

Inpatient Unit visit statistics, 2005–2009

	2005	2006	2007	2008	2009
Admissions	406	352	284	260	152
Transients	416	526	502	704	898

Note: Transient patients are ambulatory patients who require medical care for a few minutes to several hours for intermittent nursing care. This care includes intravenous hydration, antibiotic therapy, therapeutic phlebotomy, or special medication infusions.

From FY2010 to FY2012, MIT Medical was challenged with developing a thoughtful and creative approach to meet prescribed budget cuts. Planning centered around a review of each service and an analysis of each service's cost against its benefit, value, and utilization. The goal was to maintain as much integrity of our services as possible while not compromising patient care. We made the decision to transition our overnight inpatient and Urgent Care services to a care management model that would be based in the Community Care Center.

Accomplishments

IPU Transition

From October 10 to December 31, 2010, the IPU was phased out and a community care model of coordinated care by nurse care managers was phased in.

During this time, each patient who presented to MIT Medical with a medical problem that might have required an IPU admission in the past was instead evaluated for alternative types of care. The nurse care manager coordinated the care.

A professional nurse triage service was employed to answer patient calls from midnight to 7:00 a.m., seven nights a week. The service advised and directed patients on what to do if they called with a medical problem during the night. Transfer agreement arrangements were made with Mount Auburn Hospital for direct subacute admissions using its hospitalist service. The emergency room notified our nurse care managers of any identified MIT patients seen at the facility. All MIT Medical core services continued to maintain their 24-hour accessibility through regular clinic hours and through clinicians who were available after hours.

The transition time from October through December 2010 allowed us to:

- Communicate with the community about this new approach to after-hours care
- Train all nurse care managers for their new roles
- Develop systems and processes for direct hospital admissions
- Establish organized systems for nurse care managers to follow up on patient post-emergency room visits, hospital admissions, rehab or skilled nursing care facility discharges, complex Urgent Care visits, and all overnight patient calls to FONEMED, the professional nurse triage service we have contracted with
- Test and establish expectations with FONEMED and work out issues before shutting down overnight care
- Work out any bugs in the system that had been identified

Community Care Center

On January 1, 2011, the Community Care Center went live, and the IPU and Urgent Care overnight services stopped. Since that time, there has been an exponential increase in the number of patients who have had their care coordinated by one of the nurse care managers (see table below). Outpatient nursing day visits (formerly transient care) also saw an increase during the months when volume is usually higher across MIT Medical and students are on campus.

FONEMED calls from patients seeking medical advice between the hours of 12 am and 7 am have remained fairly constant:

Overnight patient calls for Obstetrics and Mental Health and Counseling have been transitioned from FONEMED to local answering services. Nursing triage was not deemed necessary as both of the service's on-call clinicians are to be paged when a patient calls to request medical advice in those areas.

MIT Community Care Center patient care statistics, January–June, 2011

	January	February	March	April	May	June
Patients whose care was coordinated by a nurse care manager*	199	245	271	278	252	209
Outpatient nursing day visits	19	17	49	71	59	32
Calls to FONEMED (12–7 am)	38	36	38	34	28	22

*These numbers represent unique patients. The decrease in numbers in May and June reflect students leaving campus due to summer vacation or graduation.

Nurse care managers have initiated “home visits” to some ill students living in campus housing.

In collaboration with Information Systems, we have developed a care coordination patient-tracking and documentation platform in the electronic medical record. Clinicians can access this platform to see the status of their patients.

We have expanded community relationships and enhanced communication with the dean for student life, Student Support Services, and dean for undergraduate education offices by involving all nurse care managers, on a rotating basis, in the Monday morning deans' meeting, which reviews student issues that occurred over the previous week and weekend.

Initiatives

In FY2012, we plan to:

- Develop clinical benchmarks to evaluate the effectiveness of the Community Care Center's nurse care managers' interventions, coordination of care, and the day outpatient program
- Initiate nurse care manager rounding for acute hospitalized students and MIT Medical patients and evaluate the process and value added
- Explore other clinical interventions and procedures that can be performed in the CCC by nurse care managers, bringing value to our patients and savings in terms of health plan dollars
- Develop a robust relationship with residential life staff and MedLinks so that we can act as liaisons to MIT Medical and as a clinical resource for education and communication on issues such as communicable disease outbreaks and influenza immunizations

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 Health Plan members and retirees.

The facility is designed as a family practice to offer comprehensive primary medical care to all age groups. Our staff includes a full-time family nurse practitioner/coordinator and a family physician. In addition, Frida Wosk, MD, a pediatrician with a subspecialty in developmental disorders, is on-site one-half day per week. Mental Health and Counseling Service providers are available every Thursday and Friday for employee assistance and referrals from the primary care providers. Twice a month, David Diamond, MD, provides additional primary care coverage as well as occupational health expertise.

Services provided include primary care visits, sick visits, and on-site emergency care for Lincoln Laboratory employees. On-site phlebotomy, point-of-care laboratory testing, EKG and Holter monitoring, and prescription drug pickup also are available. Located within a large research and development facility with approximately 2,500 employees,

the medical facility continues to focus on occupational health, employee screening, and work-related injury care.

Accomplishments

Before the major change in MIT-sponsored health plans initiated on January 1, clinicians from our facility attended the November Open Enrollment Fair to introduce themselves to employees, answer questions, and help clarify coverage issues. This continues to be a challenge as we all adjust to the new health plan changes. As a result of these changes, we have added many new primary care patients to our practice.

Our focus on health and wellness has remained a priority with the activities of Katherine Barlett, who works 24 hours a week as a health educator at Lincoln Laboratory, which funds her position. Initiatives coordinated by Katherine include an ongoing nursing mothers' support group, numerous health-oriented presentations and workshops, a one-day health screening event linked with an online health assessment, creation and maintenance of a web page dedicated to health and wellness, a video book club, interaction with employee committees regarding child-care issues and healthy cafeteria food options, and coordination with the Lincoln Laboratory Fitness Center on yoga classes and "fun runs." Katherine works closely with MIT Medical as well as the laboratory administration to identify priorities and develop programming. The one-day health-screening event revealed some interesting data on the lab population: 76 percent of those screened fell into the prehypertensive category, and 49 percent were overweight or obese. These numbers will be used to develop future initiatives as well as ongoing screening.

Continued outreach to the Lincoln Laboratory community to increase access to seasonal influenza vaccine resulted in the administration of more than 1,400 vaccinations. We held influenza clinics on the laboratory's main campus as well as in our building.

MIT Medical staff continued to be involved in health-related Lincoln Laboratory administrative committees, including the workplace violence task force and tabletop exercises regarding readiness and response in the case of significant events.

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

Initiatives

Based on an 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. A blood pressure kiosk, funded by the Professional and Community Enhancement Committee at Lincoln Laboratory, is awaiting final approval and will be installed this year.

A full-time nurse triage position has been funded and will be added beginning August 1, 2011. We have started the recruiting process for this position.

Medical Service—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.

Our primary strategic focus has been to continue to improve access to care, appropriateness of care, and the timeliness of appointments. With the closing of the Inpatient Unit, an effort was made to assure that patients would continue to receive the appropriate level of care for illnesses that could not be managed in the outpatient setting. Another goal was to continue expanding the implementation and utilization of the electronic medical record system and encrypted electronic communication with patients.

Accomplishments

Over the past year, we have seen continued improvement in the delivery efficiency of primary care. This resulted in decreased utilization of outpatient appointments (a 14.6 percent decrease from FY2009 to FY2010) but did not affect access to care as measured by waiting time for appointments or patient satisfaction. The improved efficiency was achieved through several interventions, including restructuring the protocol for follow-up of patients seen in Urgent Care, implementing nursing triage for allocation of same-day appointments, reducing no-show rates, and expanding care delivered by encrypted electronic communication.

The clinical dashboard implemented in 2007 has enabled the assessment of several indicators of clinical performance. Since 2007, we have seen steady improvement in colon cancer screening, prostate cancer screening, influenza immunization for patients over 65, and pneumococcal immunization. Performance rates exceed those of other medical groups used as benchmarks.

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

MIT Medical remains at the forefront of national and regional implementation and utilization of the electronic medical record, which incorporates all medical records, laboratory results, prescribing, encrypted email messaging, and appointment scheduling. Electronic prescribing is at 94.7 percent.

Over the past year, two new multidisciplinary working groups were established to further develop and enhance services to patients: the Transgender Care team and the Weight Management team.

Despite the dwindling availability of primary care physicians in the Boston area, we were able to successfully recruit a new primary care physician to replace one of our physicians who left MIT Medical to pursue a career in health information technology. Three nurse practitioners were hired to replace the three who had left, including two senior nurse practitioners who retired from MIT Medical after a combined 75 years of service. The continuing ability to successfully recruit experienced primary care providers helps to ensure the long-term viability and stability of care at MIT Medical for the future.

Initiatives

A primary focus for FY2012 will be to continue to provide easy and appropriate access to primary care while continuously monitoring the quality of care delivered. We will continue to improve utilization of resources by enhancing the efficiency of delivery of care and by reducing unnecessary or redundant services. Provision of care in the Medical Service will be more thoroughly integrated with the care provided in the Urgent Care Service.

We will continue to collaborate with other groups—including Community Wellness at MIT Medical and MIT's Emergency Operations Committee and Human Resources Department—to proactively promote wellness in the MIT community.

In addition, we will evaluate and enhance services offered to the international population at MIT and seek ways to further support the global initiatives of the Institute.

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. Therefore, we have developed 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.

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.

Accomplishments

In FY2011, we provided on-site specialty care in the following medical subspecialties: allergy, dermatology, pulmonary, cardiology, rheumatology, occupational and environmental medicine, endocrinology, sports medicine, infectious diseases, diabetes education, and neurology. We also continue to provide the following surgical subspecialties on-site: urology, ear/nose/throat, ophthalmology, and orthopedics.

Dr. Gregory Lipshutz joined our part-time neurologist consulting staff during the past fiscal year.

We moved all referrals to our electronic medical record system and now use a referral office within MIT Medical to facilitate scheduling in a more confidential manner and to follow up on all reports and results.

In FY2010, based on the low volume of studies needed by our practice, we elected to outsource our routine echocardiographic testing rather than invest in an expensive new machine.

Initiatives

We continue to monitor access to specialty care on a monthly basis, and we are developing community-based options with consultants as needed to ensure the best care for our patients. During FY2012, we hope to initiate a system of soliciting patient feedback on outside consultant referrals.

Mental Health and Counseling Service—Alan E. Siegel, EdD, Chief

Strategic Focus

The mission of the Mental Health and Counseling Service is to address the mental health and counseling needs of the entire MIT community, relieve emotional suffering, and enhance personal resilience. We work with people in the community to identify, understand, and solve problems. 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, active outreach to faculty and staff, 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 increase their knowledge of how to be helpful to other members of our community and direct them to appropriate care.

Accomplishments

During FY2011, we changed the name of our service from Mental Health to Mental Health and Counseling. This name change recognizes that we can offer help for a variety of problems and concerns—we are here to address not only serious mental health issues, but also any problems that complicate a person's personal or academic effectiveness. In addition to providing individual consultation and care, we have been actively engaged with those members of the community (parents included) who have concerns about their friends, students, family members, and colleagues. We continue to expand our outreach and participate in efforts to improve the mental health of the MIT community. This year, we began to rebuild after the absence of three clinical staff for personal and medical reasons. In fact, we were not fully staffed until the last quarter of the academic year, and at that point one full-time staff person went on family leave. Even with this staffing shortage, there were no delays for those seeking care and no reduction in our outreach and educational activities. Early in this academic year, Simon Lejeune, MD, was appointed as the associate chief of the service.

Access and Responsiveness of Care

In FY2011, service volumes for students increased substantially, despite staffing shortages. More than 18 percent of MIT students were seen in the Mental Health and Counseling Service last year. Each year since 2002, the number of students served has increased. Forty-five percent of student visits were with undergraduates, and 55 percent were with graduate students. The volume of MIT Health Plan member visits remains constant. We continue to have no waiting list for counseling consultations or psychopharmacology consultations. All members of the community seeking urgent clinical consultation were seen or contacted immediately through our walk-in or on-call mental health urgent care systems. This is a priority that we will maintain for the upcoming academic year. At key data points during the year, all Mental Health and Counseling clinicians had either met or exceeded expectations for clinical productivity.

Community Consultation and Education

Involvement with the larger MIT community remains a central focus of the service. Staff members are actively engaged in outreach and community education projects across the campus. These include training sessions for graduate resident tutors (GRTs) and resident advisors (RAs) that offer an introduction to mental health problems and solutions, as well as regular meetings with students, housemasters, GRTs, and RAs in assigned residence halls and fraternities, sororities, and independent living groups. We also provide stress management instruction for MIT staff and an open weekly stress reduction workshop for anyone in the community; engagement with “Active Minds,” a student mental health advocacy group on campus; breakfast/luncheon meetings with the faculty and administrative staff of various MIT schools and departments; participation in “When Support Gets Personal” training for staff and administrators; Human Resources “Brown Bag Luncheons”; and our successful alcohol and drug educational program for students in Senior House in anticipation of “Steer Roast” activities.

New Initiatives

Transgender Health Committee: The Transgender Health Committee was formed in the fall of 2010 in order to ensure quality and informed care for patients with various gender expressions and identities. Five clinicians from the Mental Health and Counseling Service participate as committee members, and two of these clinicians serve as co-chairs. The committee also includes representatives from Primary Care and Community Wellness. Committee members received training on providing health care in accordance with the internationally recognized World Professional Association for Transgender Health standards of care. As a result of this training and the ongoing clinical support provided by the committee, Mental Health and Counseling Service clinicians on the Transgender Health Committee are now able to write letters, on a case-by-case basis, in support of hormone therapy and gender reassignment surgery. They also can provide letters in support of changes in the designation of gender identity for the MIT Registrar’s Office and the Massachusetts Registry of Motor Vehicles.

Members of the committee met with the director of lesbian, gay, bisexual, and transgender services at MIT and with a representative from a student transgender task force in order to gather input about transgender health care needs and to inform the community of MIT Medical’s efforts to provide comprehensive medical and mental

health care to transgender clients. Committee members currently are involved in the process of revising the MIT Medical website to answer questions and provide clarification about transgender care at MIT Medical. The committee will provide training and education to other clinicians and support staff within MIT Medical in the near future.

Prescribing Standards Workgroup: One major new clinical initiative has been the formation of the Prescribing Standards Workgroup, which has developed uniform and best practice prescribing standards for all Mental Health and Counseling Service clinicians who prescribe psychiatric medications. This is a joint venture with clinicians in the Primary Care Service to work toward consistent prescribing practices for psychiatric medications.

Development of a New Risk Assessment Protocol: Risk of harm to oneself and others is a central concern of our clinicians in meeting with acutely distressed students, faculty, staff, and dependents. More than nine years ago, a risk assessment tool was developed for general use in the department. This year, we have initiated work on developing a more comprehensive, empirically based instrument that Mental Health and Counseling clinicians can use to help identify and follow persons at risk of harm.

Streamlined Communication and Collaboration with the Office of the Dean for Undergraduate Education, Division of Student Life, and Office of the Dean for Graduate Education (ODGE): With the restructuring of Student Support Services, changes in the mission and functions of DUE and DSL, and changes in the leadership of ODGE, we have worked together with the deans to enhance collaboration and improve communication. Our primary goal is to work together in quickly identifying students of concern and promptly engaging them in the most effective and most comprehensive care for their difficulties. This is a “safety net” program.

Continued Group Program Growth: The group program at the Mental Health and Counseling Service continues to diversify its offerings to the community. Groups include those designed to assist students who are having difficulty completing their dissertations as well as groups incorporating innovative mindfulness treatments.

Initiatives

The new initiatives described above will continue to be a focus for us in the coming year. In addition, with the closing of the Nightline Service, the Mental Health and Counseling Service has taken on the responsibility of considering whether or not a peer-to-peer service would benefit the students at MIT. We have convened a workgroup involving students, MIT Medical staff, and representatives of Student Support Services and DUE to consider options. It is likely that the Mental Health and Counseling Service will be responsible for this new student service if it proceeds.

Nursing Service—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,

the Nursing Service works in partnership with physicians and allied health professionals 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 the Community Care Center, the ambulatory setting, and local acute care hospitals. 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 and community outreach.

Accomplishments

Primary Care

NPs and PAs in Primary Care, 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 Primary Care, Pediatrics, and Family Medicine physicians. In FY2011, the Primary Care, Urgent Care, and Pediatrics advanced-practice clinicians provided a total of 19,979 patient visits, which is a one percent decrease from FY2010. The decrease is due to an Adult Primary Care nurse practitioner vacancy lasting four months, as well as the decision to not replace a 16-hour-per-week nurse practitioner in Primary Care who resigned in March 2011.

Specialty and Subspecialty Care

NPs, PCNSs, CNMs, and PAs provided consultation, specialty, and subspecialty assessments and care; group and individual counseling and therapy; special medical screening and surveillance; sports medicine services; and obstetrical and gynecologic procedures. Also, they provided delivery services and community outreach to patients in Dermatology, Occupational Health, Orthopedics, Mental Health and Counseling, and Obstetrics and Gynecology. CNMs delivered 84 babies, 43 percent of our total deliveries.

Colposcopy clinics were held two times per month, on average, in OB/GYN. A Primary Care nurse practitioner performed the majority of the colposcopies. During FY2011, the nurse practitioner performed 81 colposcopic procedures, which was a 12 percent increase over FY2009.

Clinical Precepting

During FY2011, NPs in Urgent Care, Primary Care, Pediatrics, OB/GYN, Orthopedics, and Dermatology precepted 10 advance practice nursing students (NPs and CNMs) from six different universities. These preceptorships are built on a strong collaboration between the nursing student and clinician instructor. We value these experiences in mentoring future practitioners and view this activity as a professional responsibility.

Minor Procedure Room

With the closing of the IPU, overall responsibility for the management of the minor procedure room, as well as the direct supervision of the minor procedure room staff nurse, was transferred to the infection control nurse coordinator. During FY2011, we completed 252 procedures, including surgical procedures, cardiac stress testing,

and pretest screenings, either assisted by or performed by the RN. In addition, the infection control nurse became involved in the coordination of care for and education of diabetic patients. In this role, she taught five patients how to use their glucometers to self-test their blood sugars, worked with eight patients on setting up continuous glucose monitoring equipment and downloading the results into their record, and made reminder calls to patients regarding such procedures as blood work, eye examinations, and meetings with the nutritionist.

Ambulatory Nursing

RNs provided nursing care to our patients in the ambulatory services of Primary Care, 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 8,075 scheduled patient visits during FY2011, representing a four percent increase over FY2010. In addition, they provided 4,000 to 4,500 unscheduled visits to patients who also needed a nursing visit incident to their visit with a primary care or specialty provider. Telephone triage is another major part of the role of these nurses, especially in Primary Care, Pediatrics, and Obstetrics and Gynecology. Sound clinical and timely responses to patients calling about a variety of medical ailments are essential in dealing with emergency situations, averting unnecessary medical visits, instructing patients in self-care, and assuring patients feel that their health needs have been met.

All Primary Care triage nurses are certified in anticoagulation therapy and continue to manage more than 200 patients enrolled in the anticoagulation program. This constitutes the annual monitoring of approximately 3,500 international normalized ratios (a measure of anticoagulation effectiveness obtained through a blood test) with nursing interventions on dosing adjustments, schedule compliance, and diet review, as well as a review of other medications that may affect anticoagulation. Of those patients who are on maintenance anticoagulation therapy, 85 percent, on average, are consistently within their therapeutic ranges.

Both the ambulatory nurses and the Community Care Center nurse care managers were part of the Nursing Service's effort to vaccinate the MIT community against influenza. In collaboration with other MIT departments and the administrative and support staff of MIT Medical, several community-based influenza vaccination clinics were held to ensure that everyone in the MIT community had an opportunity to receive the immunization. These clinics were held at different sites and at different times and days throughout the community for faculty, staff, students, retirees, and MIT Medical Health Plan patients. The annual student-only influenza vaccination clinic also was held at a convenient time and location for students. More than 12,000 individuals were vaccinated—the most people we have ever vaccinated in a season.

Initiatives

We will continue our public health outreach initiatives in relation to influenza vaccinations for the entire MIT community.

Other initiatives include further development of travel medicine and travel clinics that are based on times of most frequent visit demands, more travel health group education, and refinement of travel clinic visit types based on new and repeat patients.

The Nursing Clinical Education series aimed to enhance our nurses' knowledge of the evaluation and treatment of specific medical conditions patients present to primary care providers.

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

Strategic Focus

MIT Medical's Obstetrics and Gynecology Service is dedicated to providing care to women from late adolescence through their menopausal years. Working in collaboration with Primary Care, Surgery, the Mental Health and Counseling Service, 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. In addition, our team of clinicians provides surgical services and collaborates with other laparoscopic and gynecologic oncology specialists when indicated. Obstetrical care includes options for midwifery or physician care. We also collaborate with maternal fetal medicine specialists and reproductive endocrinologists at Mount Auburn Hospital, Beth Israel Hospital, Brigham and Women's Hospital, and Massachusetts General Hospital to provide high-risk obstetrical care and infertility services.

Accomplishments

During FY2011, the number of births among MIT Medical patients was higher than in previous years—208 deliveries (which included two sets of twins for a total of 210 births), compared to 196 births in FY2010 and 183 births in FY2009. The overall cesarean rate (both primary and repeat) was 20 percent.

Ana Rodriguez, a medical assistant in OB/GYN, received the Support Staff Excellence Award in May 2011 at the MIT Medical Annual Infinite Mile BBQ.

Training the next generation of health care providers always has been a major focus of the OB/GYN Service. We continued to instruct Harvard and Boston University medical students through active participation in labor at Mount Auburn Hospital. In addition, one of our clinicians precepted the Residents' Gyn Clinic at Brigham and Women's Hospital, and another served as a pre-med advisor at MIT. Our certified nurse midwives mentored a midwifery student at MIT Medical and at Mount Auburn Hospital.

Health promotion and patient safety are important focal points for us. One of our providers served on multiple committees both within and outside MIT, including the Tobacco Treatment Workgroup, the Weight Management team, and the Women's Health team. Within MIT Medical, we had representation on the Performance Improvement and Risk Management Committee, the Pharmacy Committee, the Laboratory Committee, and the Health Information Systems Committee. One of our providers served on the Quality Assurance Committee at Mount Auburn Hospital to help improve systems and promote high quality care for our patients who deliver at that hospital. Our certified nurse midwives facilitated the Postpartum Support Group and served on the Baby Friendly Committee at Mount Auburn Hospital.

The OB/GYN Service also was represented at the Health and Wellness Fair, which was part of MIT Student Orientation this past fall. We educated new female students and parents on how to access care at MIT Medical related to women's health issues, including breast exams, Gardasil vaccination (Gardasil is used to reduce the risk of contracting the human papillomavirus [HPV] and cervical cancer), contraception, and other topics related to health promotion.

Initiatives

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.

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

In addition to HPV, vaccinating pregnant women against influenza and H1N1 has been a priority. As in past years, we sent out an email early in the season and arranged for influenza vaccination clinics to help vaccinate all of our pregnant patients in a timely fashion. As a result, we had a 100 percent offer rate and a greater than 90 percent vaccination rate, with those not vaccinated being women who refused to participate. We will continue with these vaccinations for pregnant women as necessary.

Tdap (diphtheria, tetanus, and pertussis) vaccination for women during the postpartum period is also important. Over the past fiscal year, we worked with Mount Auburn Hospital to coordinate efforts to vaccinate all eligible women with Tdap in order to reduce the risk of pertussis in their newborns. This year, we are expanding our vaccination efforts by offering Tdap to our gynecologic patients as well. Since we now keep these vaccines in our area, we are able to administer them as needed during an office visit, enhancing convenience and efficiency for our patients.

One area in which we strive to improve is patient wait time in the exam room before seeing a provider. We already have started to implement some changes to decrease wait times, such as placing clocks in each exam room. We plan to monitor this issue through our Press Ganey patient satisfaction surveys.

Occupational and Environmental Medicine Service and Employee Health Services—David V. Diamond, MD, Chief, and 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 illnesses 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 during FY2011 was improvement in managing work-related illnesses and injuries to reduce disability and lost work time.

Accomplishments

We developed and deployed an updated work-related illness or injury form to facilitate communication among MIT Medical, EHS, and Human Resources.

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

Initiatives

During the upcoming fiscal year, we will continue to develop the operations of the Community Care Center in regard to care of employees 24 hours a day, seven days a week, with attention to the off shifts since overnight on-site services were eliminated in December 2010.

We also will review with EHS all of our ongoing medical surveillance programs and will further streamline procedures, focusing on our hearing conservation program.

In addition, we will coordinate with EHS, DAPER (Department of Athletics, Physical Education, and Recreation), and Community Wellness at MIT Medical in a new campus-wide community health initiative, looking for opportunities to reduce health risks at work resulting from personal health behaviors. Three pilot programs planned for FY2012 are directed toward more than 1,500 DSL, Facilities, and MIT Medical employees.

Pediatrics Service—Jocelyn O. Joseph, MD, Chief

Strategic Focus

The Pediatrics Service team at MIT Medical provides health care for the children of staff and faculty, graduate student families, postdoctoral scholars, and visiting scholars. We offer families a caring and welcoming environment. Our goal is to honor cultural differences and respect diverse types of families while delivering outstanding pediatric health care.

Accomplishments

Our pediatrics-trained nurse practitioners are available from 10 am to 6 pm on holidays and weekends, with a pediatrician on call for consultation. This not only helps to reduce emergency room utilization, but also helps to smooth out demand at the beginning and end of the Pediatrics workweek by having skilled pediatric providers available on weekends and holidays. Of note, we are no longer collaborating with Harvard University Health Services (HUHS) because our MIT community was not utilizing the pediatric care available to them at HUHS on the weekends.

A Pediatrics phone service is available to give advice from 5 pm to 8 am on weekdays and around the clock on weekends.

Our “Meet Pediatrics” group meeting every other month continues to be successful. The program is informal and interactive, giving new and 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. During the event, parents ask questions, tour our facility, and get to meet most of the Pediatrics providers while we distribute vaccine and baby care information translated into several languages.

To meet new federal guidelines on supporting breast-feeding practices in the workplace, we continue to be involved in developing regional breast-feeding and pumping rooms across campus. This year, under the strong recommendation of nurse practitioner Pat Bartels, FNP-BC, MIT Medical created a designated breast-feeding room on the fourth floor of our building. This room has been greatly appreciated and used by many moms and babies. Having a room to breast-feed outside of Pediatrics allows for better patient flow since most moms want to feed their babies after visits. Our efforts to support working mothers with continued breast-feeding are being recognized across the campus.

Pat Bartels is the health care consultant to the MIT Day Camp and to the Technology Children’s Centers and summer teen science programs on campus.

In the greater Boston and Cambridge area, we provided health care talks to children and teenagers. We also served as mentors and preceptors for high school, graduate nursing, college, and Harvard Medical School students. In addition, we served as resources for MIT and other college students interested in health care and for MIT colleagues interested in health care research.

We celebrated MIT150 on April 30, 2011, by distributing pedometers to the community during the MIT150 Under the Dome open house and by encouraging families to take the MIT Medical “Walk It Challenge.” It was a day of fun and exercise for all those who participated. The practice manager, Phyl Winn, was on-site with its truck to promote dairy, a good source of vitamin D and calcium. Our “5-2-1 Jump Up and Go” lifestyle program continues to be a resource for our families. This program recommends these daily requirements: 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. Research and performance improvements are ongoing. We continue to make a difference in reducing childhood obesity within the MIT community.

Frida Wosk, MD, a board-certified pediatrician with special training in developmental disorders, continues to serve our MIT community well. We have increased the utilization of her behavioral/developmental skills, and both MIT Medical providers and patients are benefiting from her expertise. She is seeing more families who are concerned about their children's social, emotional, developmental, and academic well-being. In addition, she continues to serve as a liaison between Pediatrics Service providers and the Cambridge Hospital psychiatric fellow who sees MIT families in Pediatrics once a week.

Initiatives

For FY2012, our goals include:

- Helping parents understand how to seek pediatric care and advice after 5 pm, seven days a week.
- Continuing our outreach efforts to expectant parents with our “Meet Pediatrics” events.
- Continuing to communicate the benefits of the “5-2-1 Jump Up and Go” lifestyle program, which promotes healthy eating habits in support of our wellness efforts. In addition, we will continue to work collaboratively with various members of the MIT community to improve patient education and care through increased outreach programming.
- Working collaboratively this fall with the Massachusetts Department of Public Health, as well as with the Work, Family, and Life and Spouses and Partners groups, to present workshops on parental stress and shaken baby syndrome. We plan to offer these workshops, aimed at coaching parents on strategies in responding to infant crying and fussiness, on a recurring basis.
- Working with a cross-disciplinary MIT Medical team to help address adult obesity.
- Continuing to work on patient flow and system 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 Medical offers our patients access to all types of surgery, both elective and emergent. Elective minor surgeries requiring only local anesthesia are usually performed in our well-equipped minor operating suite. More complex operations are performed at Mount Auburn Hospital or Massachusetts General Hospital.

Accomplishments

In FY2011, more than 1,000 Urgent Care patients were cared for in the Surgical Service.

The volume of major surgical cases remained constant, while the case mix included laparoscopic procedures, intestinal resections, breast cancer surgery, hernia repairs, and emergency appendectomies. In FY2011, the Surgical Service performed 51 major and 44

minor surgical procedures. The Urology Service performed more than 100 cystoscopies, 13 vasectomies, and 21 other procedures in our minor operating suite.

In FY2011, Dr. Geoghegan held clinics five days a week, ensuring excellent follow-up and continuity of care for surgical patients. The reduced size of the service described in last year's report has been successfully managed, due largely to this increased clinic coverage. As a result, the volume of cases has remained constant, and communication between the Surgery Service and Urgent Care has improved. Dr. Geoghegan continues to attend conferences and meetings to keep current with new developments in breast cancer management.

Initiatives

We look forward to another year of providing excellent care for our patients.

Urgent Care Service—Howard M. Heller, MD, MPH, Acting Medical Coordinator, and Janis Puibello, FNP-BC, Nursing Coordinator

Strategic Focus

The Urgent Care Service provides access to medical care for the MIT community from 7:00 a.m. to 11:00 p.m. daily, including weekends and holidays. Services are offered on a walk-in basis for students, individuals covered by the MIT Health Plan or MIT Choice Plan, retirees, and employees seeking care for occupational injuries. There were 15,160 patient visits to the Urgent Care Service in FY2011.

Accomplishments

During the past year, the After Hours Service, which previously provided care from 7:30 p.m. to 7:00 a.m. on weeknights and 24 hours a day on weekends and holidays, was fully integrated with the daytime Urgent Care Service. The delivery of Urgent Care services at night was modified so that on-site care is no longer available from 11:00 p.m. to 7:00 a.m. Patients continue to have access to telephone consultations with a clinician during the night, who advises them either to seek care at a local emergency room or to wait until the Urgent Care Service reopens at 7:00 a.m.

The restructuring of operating hours for the Urgent Care Service resulted in modifying the staffing pattern of several contracted physicians who had previously worked overnight. Several new physicians who preferred working shorter rather than overnight shifts were hired. Patients who had contacted MIT Medical overnight received close follow-up to be certain that they received appropriate care the next day and that the quality of care was not compromised by the lack of on-site urgent care at MIT Medical. After nine months of experience, we find that the transition has worked smoothly and that high-quality urgent care continues to be delivered to our patients daily.

Urgent Care has added more nurse practitioners with pediatric training to work on weekends in order to strengthen our pediatric weekend services. Triage nurses also have been added to weekend and holiday staffing.

MIT emergency medical service personnel, the Dean on Call network, and MIT Medical's Mental Health and Counseling Service work closely with the Urgent Care

Service when students are referred to MIT Medical for care and when continuity through community health settings is necessary. Urgent Care staff provided medical support for special events that occurred on campus, such as graduation and the MIT150 Under the Dome open house.

Initiatives

Our primary goal is to continue to provide high-quality urgent care services and convenient medical care for members of the MIT community. We will strive toward efficient delivery of care by continuing to reassess workflow and waiting times. In addition, we will continue to assess quality of care and fully integrate the care delivered in the Urgent Care Service with primary care services.

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 this past year were improving the quality of the data within our systems, enhancing the training offerings to our staff, increasing the depth of clinical and financial reporting, and increasing awareness of privacy and security best practices.

Accomplishments

Through a collaborative effort among IS, Health Plans, and the MIT Human Resources staff, we made many changes and enhancements to patient eligibility and access workflows. We also implemented an interface to exchange data electronically between MIT Medical and Human Resources for employee enrollment data. Training sessions were conducted for the many staff members affected by these changes in workflows.

In January 2011, MIT Medical implemented copayment collection in the high-volume areas of Primary Care, Urgent Care, and Obstetrics and Gynecology. The copayment go-live was uneventful due to the collaborative effort among Finance, IS, and staff in MIT Medical's clinical areas, which contributed to ensuring a smooth workflow for affected patients.

In FY2010, the decision was made to make OC11, an off-site, MIT-sponsored data center in downtown Boston, the primary site for MIT Medical's 40 primary servers. The relocation process was flawless, with no downtime for any of the department's applications or users.

Medical Records and the Mental Health and Counseling Service worked collaboratively to ensure that there is a centralized patient request process for correspondence. This change improves many areas of correspondence, encouraging a more convenient and efficient patient experience while ensuring that regulations and policies are addressed consistently throughout MIT Medical.

IS and Medical Records worked with MIT's legal staff to enhance and create many security- and privacy-related policies and procedures. A full-time information systems security officer was hired in FY2011.

IS and the clinical departments implemented TeleVox, a patient appointment reminder tool. Approximately 22,000 reminder calls are processed annually for patients in Dental, Primary Care, Medical Specialties, and Obstetrics and Gynecology.

Initiatives

Many of the strategic initiatives and goals of IS and Medical Records are ongoing and involve work that will lead to process and developmental improvements. As we look ahead to FY2012, we aim to:

- Continue to develop more electronic workflows. An initiative that will go live in FY2012 involves recording patient charges at the time of the visit versus the present workflow, which involves manually keying in patient charges from an encounter form. This electronic charge posting will lead to more accurate coding of patient encounters, patient encounters will be immediately documented for billing, and the potential for lost encounter forms will be eliminated.
- Upgrade our electronic medical software in July 2012, which will position MIT Medical to take advantage of the federal government's American Recovery and Reinvestment Act (both financially and in terms of business processes) as prudently as possible over the next five years. After the upgrade, go-live training will be conducted and workflows will be enhanced to ensure that data collection standards are met.
- Roll out education and awareness training on privacy and security regulations and workflows as it relates to the many diverse regulations that are relevant to MIT Medical. This will be a collaborative effort with the department's privacy officers, the new full-time security officer, Human Resources, Information Systems, Performance Improvement, and managers in the clinical clusters.

Operations—Deborah Friscino, Director

Strategic Focus

Operations is dedicated to supporting the strategic and operational initiatives of MIT Medical. This year, transitions in our overnight service provided opportunities for us to look at a number of ways we might enhance patient care while implementing various budget cuts.

Accomplishments

In FY2011, realizing that the resources normally allocated to the overnight hours might be better utilized if redeployed, MIT Medical closed its Inpatient Unit and opened the Community Care Center. The CCC is staffed by nurses on weekdays from 7:00 a.m. to 7:00 p.m. to provide care to patients needing treatment beyond an office visit. Urgent Care remains open for walk-in care from 7:00 a.m. to 11:00 p.m. daily. As a result of the

change, services worked together to ensure that appropriate access to care is available while this building is closed. We worked with others throughout MIT to ensure that phones and signage were appropriately placed outside the building, with MIT Police ready to respond to reported emergencies. Nursing and answering services provide phone coverage for patients, with the ability to contact MIT clinicians if necessary. This model of care has worked well over the past six months.

Because we no longer provide 24-hour on-site care, we are working with the Massachusetts Department of Public Health to change our license from a hospital to a clinic. We have completed the application process and are awaiting final approval from the state. When that is completed, we also will transition our JCAHO accreditation from an inpatient facility to one providing ambulatory care. Throughout the process, MIT Medical will remain continuously licensed and accredited.

Patient privacy continues to be at the forefront of everyone's mind. We recently implemented the TeleVox automated appointment reminder system so that front desk staff are not making calls and discussing upcoming appointments from open waiting areas. A new referral office, located in a private area on the third floor, is now fully staffed and responsible for processing requests for care outside of MIT Medical and for coordinating follow-up documentation for clinical records. Patients and clinicians have responded positively to the increased privacy.

Concerns for patient confidentiality are an important component of ongoing renovations in the Surgical Specialties/Laboratory/Radiology Department as well. Members of Information Systems and each service have worked to design more private ways to communicate testing needs, while the architectural design team is working to provide as much distance as possible between waiting areas and the front desk. We look forward to opening the new space in the fall. To accommodate these upgrades and still provide services, the clinical laboratory has moved across the street to a temporary location while phlebotomy remains in E23. Thanks to support from others at MIT, appropriate lab space was made available and the service was moved without any interruption in care or delays in completing tests.

At the same time, the department continued its normal functions. The Radiology Service received its annual relicensure of the mammography unit from the Massachusetts Department of Public Health and the US Food and Drug Administration. Recently, we hired an expert in the field of mammography to review our program. We are pleased to report that the quality of exams performed here was found to be excellent. The service also completed the implementation of back-up systems, so there is now full storage redundancy for all radiologic exams.

The Diversity and Inclusion program within MIT Medical has been established and is positively impacting the department. To evaluate its effectiveness, MIT Medical employees were recently resurveyed to assess their perceptions regarding inclusive and respectful behavior as well as cultural sensitivity with respect to both employees and patient care. While results have not been completely interpreted, the initial review suggests that positive changes in the work environment and in relationships have

occurred since the program was initiated. Over 93 percent of respondents say they are proud to be an employee of MIT Medical, and similar numbers say that they understand the benefits of working in a diverse and inclusive environment.

The group also is ready to review health care disparity issues, as systems now allow us to record information in ways that support analysis. Our goal is to better assess the needs of diverse patient populations to make sure that we are best addressing care needs for the MIT community. For example, into what languages should written documents be translated? Are we able to provide culturally sensitive nutritional information? Over the next year, patients likely will be asked to provide background information about preferred language and their race or ethnicity to allow us to better serve their needs.

Initiatives

Leaders here anticipate many staff transitions over the next 10 years as more than half of our employees are 50 years of age or older. We have started to discuss and evaluate the skills and positions that will be needed for MIT Medical to meet the community's needs in the future. What will health care and associated technology look like in 2020?

We have started restructuring some services to create “lead” positions, which provide opportunities for staff to develop leadership skills and assume increasing amounts of responsibility. Managers have discussed key leadership skills and have identified ways to provide successful learning opportunities for staff at all levels. There is a conscious shift from evaluating current performance to identifying the potential for building key skills among employees.

The combined effort of both activities should prepare us well for future transitions.

Emergency Preparedness—David V. Diamond, MD, Associate Medical Director; Deborah Friscino, Director of Operations; and 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 security and 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

In August 2010, the Operations Group participated in a tabletop drill involving a tornado warning and a temporary loss of essential services. The scenario allowed the group to utilize and improve our shelter-in-place plan.

In the fall of 2010 and the winter of 2011, MIT Medical played a key role in efforts to minimize the effects of seasonal influenza on campus. We worked collaboratively with

the Emergency Operations Center (EOC) in offering numerous influenza shot clinics, which resulted in the department providing more than 12,000 influenza vaccinations to students, faculty, staff, and MIT Health Plan members.

In November and December, we worked closely with MIT's Security and Emergency Management Office (SEMO) to complete a comprehensive security assessment of our building. We then proceeded with SEMO's recommendations, which included the installation of additional card readers and enhanced building perimeter security to compensate for the closing of the Inpatient Unit as well as a change in our hours of operation.

On January 25, 2011, we participated with EOC in an "active shooter" tabletop drill designed to ensure preparedness for an event on campus involving an immediate threat to life or safety.

Throughout the early months of 2011, we worked closely with EOC in contingency planning activities associated with various MIT150 events, including MIT's Under the Dome open house, which drew more than 20,000 visitors to the campus on April 30, 2011.

During the first quarter of 2011, the Environment of Care Committee led an effort to revise our Emergency Management program, making significant changes to reflect a conversion from JCAHO's hospital accreditation standards to ambulatory care standards.

Throughout the year, we continued to conduct and critique medical emergency drills to identify opportunities for improving the effectiveness of our preparation and response activities.

In June 2011, we participated in the MIT commencement exercises through our representation on EOC and through our provision of medical support required for the event.

In accordance with JCAHO requirements, we critiqued two emergency response activities during the year. These involved a loss of building cooling in September 2010 and a severe weather event in December 2010, which resulted in the facility closing.

Throughout the year, we participated in community-wide emergency preparedness efforts with the Cambridge-area Hospital Operations Group—a multiagency group of representatives from local hospitals, colleges, and universities—and with various city agencies, including the Cambridge Department of Public Health.

In June 2011, we were represented on EOC when it convened in response to a suspicious device emergency situation that resulted in campus-wide communications and extensive media coverage.

Initiatives

Over the next fiscal year, we will continue to serve in a leadership and support role within EOC. We will participate in EOC drills and actual responses and will remain active with the Hospital Operations Group.

In addition, we will continue to work with SEMO in assessing and improving the security of our building.

During the first quarter of FY2012, the Environment of Care Committee will conduct a hazard vulnerability analysis to guide us in selecting the activities that will best prepare us for responding to emergency situations that are most likely to adversely affect our operations.

In the fall of 2011 and the winter of 2012, we will once again lead the Institute's efforts to minimize the effects of seasonal influenza on campus.

Marketing and Communications—Annette Jacobs, Manager

Strategic Focus

The Marketing and Communications team provides a strong support function for MIT Medical and the Institute in many areas of medical information, community health, and health education. We provide the campus and Lincoln Laboratory communities and other communities we serve (Draper Laboratory, Whitehead Institute for Biomedical Research, and Broad Institute) with timely materials on our clinical services and public health initiatives, community health and wellness, the MIT Health Plan, and the various clinical and administrative entities within MIT Medical. Our efforts enhance MIT Medical's internal and external communications through websites, social media, brochures, letters, videos, posters, and other written and graphic materials.

During FY2011, the team engaged in a strategic planning process that yielded a mission statement for our group:

The activities of this team are driven and shaped by the current and long-term needs and aspirations of those we serve—individuals and groups within MIT Medical. We support the marketing and communications activities of these groups and individuals, building consistency of message, tone, and style across the organization and ensuring that all communications support a positive image of MIT Medical.

Accomplishments

In the fall of 2010, MIT announced significant changes in the health plan benefits it would offer employees beginning in January 2011. The Marketing and Communications team was instrumental in explaining what those changes would mean heading into the open enrollment period, when employees could make benefits changes for 2011. This involved shifting our historical emphasis from marketing the MIT health plans to marketing MIT Medical as a place where all employees with MIT-based health insurance can receive at least some of their health care, regardless of the specific insurance plan.

The centerpiece of this effort was the booklet *Caring for Our Community*, which we mailed to all MIT employees before open enrollment, as well as the companion website section, "You are here. And so are we." Part of this marketing effort also involved publicizing several services that became available to all employees, even those with non-MIT health insurance.

Our team played a major role in introducing patients to a new service, the Community Care Center, which supports patients by coordinating and following up on their care. In addition, the team publicized important new procedures for accessing medical care during late-night and overnight hours.

We also supported our women's health services through a vigorous campaign to encourage all women on campus 40 years and older to receive annual mammograms at our facility and by creating an online heart [health calculator](#) for Women's Heart Health Month.

As part of our ongoing strategic planning, the team closely examined how we do our work for various clients within MIT Medical. As a result, we created a new section on MIT Medical's intranet that includes an online work request form and a post-project evaluation process, as well as a calendar of upcoming events. These tools are aimed at helping staff throughout the department think about their specific communications needs and deadlines, as well as helping our team organize and prioritize our work. To further coordinate our complex workflow, the team also has started using a web-based project management system to systematically track all of our projects.

We completed several other important web-based projects this year, including a fully redesigned [getfit@mit](#) website. Collaborating with Performance Improvement and Risk Management Committee staff within MIT Medical, we overhauled the policies section of our intranet to make it easier for staff to locate policies for a given area or activity within the department. We also have been working with Finance and Health Plans staff to develop data that will result in a simple chart for each medical service page on our public website to show which services are covered for MIT Medical's various patient populations.

Other important accomplishments included:

- Publicizing a new policy that requires MIT traditional plan and MIT Choice plan members to make copayments at the time of service for most MIT Medical visits
- Launching a comment/question form on our public website and ensuring that each query receives a timely response
- Taking over the design and purchasing processes for forms used throughout the department (a function formerly handled by Information Systems)
- Improving departmental efficiency by using online forms on our intranet to gather information on outside professional activities, reward and recognition nominations, safety fair sign-ups, and influenza shot declinations
- Publicizing the community-wide launch of the renamed Community Wellness at MIT Medical
- Creating a slide show to publicize the department during MIT150 events
- Holding "Lunch & Learn" classes to help MIT Medical staff get more from their computer applications and to introduce them to social media applications

- Redesigning MIT Medical’s logo to include a tag line and revising the mission statement and values

Initiatives

Major initiatives for FY2012 include:

- Creating a new public website to reflect the department’s evolving priorities and to offer additional interactive features
- Launching an expansion of the getfit@mit website that will allow users to record exercise minutes year round
- Writing and publishing a set of editorial and design guidelines that our group as well as others in MIT Medical can consult when planning communications projects
- Creating an intranet page that provides MIT Medical employees with information on how to reorder forms or request new forms; this also will serve as a record of orders and updates
- Creating a system for members of the department to periodically review every page of our public website to ensure continued accuracy
- Creating a form on our public website to invite patients to share their experiences at MIT Medical for use in future marketing projects
- Continuing our annual communications efforts in influenza vaccination and prevention
- Reaching out to areas of the department that historically have not used our services

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, budgeting and fiscal management, health plan administration, purchasing, and the organization’s capital management.

Accomplishments

FY2011 was a year of much change, challenge, and success for Finance. Most notably, Finance staff shepherded the department through a third year of budget reductions and introduced visit-based copayments. Fee-for-service revenue was enhanced through process improvements and by leveraging new technology implemented during the previous year. As always, staff continued to modify the employee and student health plans to meet member needs.

MIT Employee Health Plan Restructuring

Much of the past year was spent collaborating with MIT Human Resources in restructuring the employee health plan offerings. The introduction of a new plan, MIT Choice, had significant implications for MIT Medical in terms of systems, operational workflows, reporting, and financing. It also required extensive training, both of MIT Medical staff and of employees and family members who selected MIT Choice.

MIT Choice allows enrollees to select a primary care provider (PCP) at MIT Medical or outside within the Blue Cross Blue Shield network. A copayment differential was designed to incent employees to choose an MIT Medical PCP. Because enrollees can switch to an MIT Medical PCP at any time, it is essential to have all employees with MIT insurance preregistered with MIT Medical and to incorporate their insurance information into our systems. Loading that information for employees and their covered family members into MIT Medical systems was a complex and extensive project.

Although MIT Choice is administered by MIT Human Resources, it has a significant impact on MIT Medical, from enrollment and registration staff maintaining patient information to Claims and Member Services staff answering benefit questions and submitting referrals. In addition, Human Resources leveraged MIT Medical's favorable contracts with two outpatient diagnostic imaging centers by expanding the use of these sites to MIT Choice members. Centralizing the processing of these claims was ideal, but it increased the amount of work for MIT Medical Claims and Member Services staff.

The Patient Protection and Affordable Care Act and the Health Care and Education Reconciliation Act of 2010, also known as the "health care reform bill," were signed into law in 2010. Finance staff, in collaboration with industry experts, spent considerable time analyzing the bills' numerous provisions, identifying the implications, and developing strategies to address those implications. Our work also entailed comparing our plans to those of our peers and following the various interpretations and clarifications in the laws that impact health care at MIT. As a result, MIT Medical developed a two-year strategy for student health plans with the goal of complying with the laws while implementing methods of cost control. One example of a cost-control measure incorporated into the planning is to steer students who are using out-of-network mental health providers to lower-cost in-network providers.

Expansion of Copayment Collections

In January 2010, MIT Medical introduced \$10 specialty service visit copayments to the traditional and flexible health plans as a strategy to address the mandates of the federal mental health parity requirements. Since that time, and as referenced in last year's report, clarification of the mental health parity guidelines has prompted the department to expand the copayment collection process to all clinical services offering patient visits. The guidelines now state that mental health benefit services must be the same as those of any primary care services. As such, the copayments were expanded as of January 2011 to encompass all of the primary care services within the department, including Adult Primary Care, Pediatrics, and Urgent Care, all of which had previously been excluded from copayment collection. The copayments are applicable to visits by traditional health plan members and MIT Choice plan members. Students remain exempt from the copayment process.

The expansion of the copayment collections required department-wide training and education of clinical and support staff as well as a reinvigorated informational campaign for MIT Medical patients. Overlaying the expansion program were the dictates of health care reform, which required that there be no copayment or cost sharing for preventive services. The definition of preventive services had to be finalized and then incorporated into system support for visit scheduling and visit charge adjudication.

Billing and Registration Activities

FY2011 saw a continuation of coding training for providers that addressed changed guidelines and health care reform provisions related to coding. A certified coder used her expertise to design and deliver a training program focused on provider medical coding education that included federal compliance guidelines and demonstrated ways for providers to most efficiently incorporate coding into their daily medical records preparation. Reference tools also were provided.

Billing office staff fully implemented Electronic Task Manager (ETM), allowing them to better organize and resolve outstanding billing issues. ETM incorporates SQL queries and tables from our practice management system and formats the data into web-based working files. For the first time, staff members have a tool that enables them to review the entire billing process, from the appointment to the payment of the claim. ETM also allowed the coding specialist to provide more detailed feedback to the providers on their coding based on information received from payors and available on ETM. The full implementation of ETM resulted in a reduction of rebilled claims, which in turn reduced average days in accounts receivable. In addition, reimbursement was enhanced through the higher likelihood that correct codes are used more frequently.

Reporting Activities

MIT Medical relies on complex data from several sources to develop information that is critical to informing decisions and monitoring finance and operations. One of the major sources of data is a database that contains claims information for tens of thousands of individuals over several years. A significant accomplishment this past year was the migration of those data from an Access database to a FileMaker database. Because FileMaker has much more capacity, the data can be stored in one database as opposed to the several databases needed with Access. The centralized data source not only enables analysts to perform their work more efficiently and with lower error rates, but also allows for easier database maintenance. Another benefit is that analysts can remotely access the FileMaker database, which was not possible with Access.

This transition involved substantial work and spanned several months. The analyst trained on database development and then created a database with the numerous tables, relationships, layouts, and scripts required for optimal performance and data generation. After this foundation was built, the data were pulled from Access, downloaded, and then tested for accuracy. Finally, other MIT analysts were trained on how to use the database.

Initiatives

Looking ahead, we anticipate additional challenges related to monitoring federal and state health care reform, refining the support functions underlying the new employee plans, continuously improving the fee-for-service revenue cycle, streamlining reports, and contributing to the creation of powerful new reporting tools.

As both federal and state health care reform efforts continue to evolve, we will monitor the implications for student and employee health plans. Along with the reform-driven benefit changes made in 2011, any refinements or appeals in current legislation will potentially require additional benefit changes. As always, we will continue to modify plans in a way that meets legal requirements while mitigating cost increases.

Although the new employee plan infrastructure is working well, especially from the patient's perspective, we will continue to work with MIT Human Resources to streamline the enrollment process, resolve discrepancies, and automate PCP selection and data maintenance for MIT Choice members.

The MIT Medical fee-for-service revenue cycle will be significantly improved with the implementation of TouchWorks Charge and the hiring of full- and part-time certified medical coders. TouchWorks Charge will automate physician coding and the data entry of patient visit information into the practice management system, shortening the time from the date of service to the submission of claims to the insurance company as well as reducing days in accounts receivable. Another advantage is the elimination of paper encounter forms, which in turn reduces the risk of patient privacy breaches and ensures a more efficient method for providers and other staff to make changes before submitting bills. The implementation and ongoing operation of TouchWorks Charge will be supported by hiring a new full-time coder to replace one who left the department in FY2011 and filling a new half-time position that was approved during the budget cycle.

After a careful review of patient concerns and the quality of customer service, MIT Medical is expanding and decentralizing its patient registration function. (Registration involves collecting and entering demographic and insurance data into the MIT Medical practice management system that supports the provision of clinical care and billing.) Because of resource constraints and operational issues, registration was limited to one person located on the second floor. In FY2012, an increase in resources (the addition of one full-time equivalent position to the existing one FTE position) will allow us to offer registration services in a more convenient location, near the first-floor entrance to the facility. Patients will then be able to access this service as soon as they enter the building, reducing the need to travel to several different areas of the building to complete the registration process.

MIT Medical is looking forward to participating in a data collection and analysis project led by MIT Human Resources that involves collaborating with other schools to create a database of health information that will yield rich information on cost and utilization. In FY2012, we will design a method for submitting our data that is consistent with the overall data housed in the database.

Performance Improvement and Risk Management—Ruth Fishbein, Director

Strategic Focus

In support of MIT Medical's goal to deliver accessible, high-quality, culturally sensitive, and 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

Performance improvement activities focus on interdisciplinary, department-wide population health management—both disease and wellness management—including diabetes, eating disorders, tobacco treatment, weight management, women's health, referral management, and transgender care.

An interdisciplinary team leads the department's efforts in caring for patients with diabetes. Patient education and care management services have been expanded for high-risk patients—those patients whose diabetes is not in good control—and include outreach, follow-up, and support. Continuous monitoring of patients' blood sugar levels is now available, and lab test system enhancements have improved patient compliance with a test that is critical to monitoring kidney functioning. Bimonthly interdisciplinary clinical case reviews are used to develop care plans for patients with challenging clinical and psychosocial issues.

Six patient education sessions, including one at Lexington Laboratory, were offered to diabetic patients on a range of topics, such as exercise, nutrition, and reducing medical complications associated with diabetes. The department's Weight Management team conducted a clinical provider survey to assess attitudes and provider needs in serving this population group. The team is working on using the electronic medical record to identify the population (baseline data) and establishing a patient resource page on MIT Medical's website.

The Women's Health team continued to work on assuring timely and appropriate clinical access for our female patients. They revised the appointment protocol, and appropriate staff members were trained on the updated protocol. Women's Health sponsored two campus-wide events: a mammography reminder event in celebration of National Breast Cancer Awareness Month and a women's heart health event during Heart Health Month.

Tobacco treatment services have been expanded to include access to the Commonwealth of Massachusetts' QuitWorks program, as well as individual coaching and education services through Community Wellness at MIT Medical. QuitWorks services include patient access to telephone outreach and support as well as medication. MIT Medical providers receive feedback on the status of patients whom they have referred, and the MIT Medical tobacco treatment specialist receives aggregate (deidentified) data reports for the department.

Of special note is our continued system development for management of patients referred for care and treatment to specialists outside of MIT Medical. A dedicated referral office tracks referrals to assure that patients make and keep appointments and that consultant reports are received and reviewed by the referring clinician. This system is a strategic component of our effectiveness in coordinating care for our patients.

MIT Medical is committed to improving the culture of safety in the department—acknowledging that our work has inherent risks, committing to taking actions to reduce risks and improve safety, creating an organizational environment where it is safe for staff to report errors, and encouraging collaboration and teamwork to find solutions to patient safety problems.

All staff members were retrained on reporting any unanticipated events (incidents), with a particular focus on lowering reporting barriers. Continuing efforts in support of a culture of safety are now integrated with the department's Building Inclusion and Diversity program. These efforts are focusing on improved teamwork and communication.

An interdisciplinary team composed of staff from the Health Plans office, business office, Information Systems, front desk, MIT Human Resources, and GE/IDX (our practice management vendor) developed and implemented a project plan to update MIT Medical demographic and insurance information on all MIT employees and covered dependents.

The interface rollout reconciled differences in names, dates of birth, and gender among the MIT, MIT Medical, and Blue Cross Blue Shield of Massachusetts systems by updating our GE/IDX records to match the information sent to us by MIT's Payroll and Benefits offices. Not only was the project rollout successful, but it also corrected problems with the initial interface in December 2010.

The Performance Improvement and Risk Management Committee has been working to improve the value and effectiveness of MIT Medical's performance improvement activities. Results from this initiative include a quarterly report card to update the status of achievements in performance improvement goals and objectives. The committee is assuming a stronger leadership role in championing department-wide performance improvement activities. In addition, the department determined that it would seek JCAHO ambulatory accreditation. Our preparation for the survey includes practice sessions with staff ("mock tracers"), electronic information and reminders, and building rounds.

Initiatives

Our initiatives for FY2012 include:

- Expanding our analytic capacity to support activities such as improvements in clinical data analysis and reporting to track individual patient and population outcomes
- Working with Performance Improvement and Risk Management Committee members and Marketing and Communications staff to more effectively

communicate performance improvement and risk management activities to the department and to the MIT community, soliciting input from staff, engaging more staff in activities, and establishing vehicles for patient involvement in these efforts

- Continuing to prepare for the JCAHO accreditation survey expected in the fall of 2011
- Working with the Women’s Health team on implementing a system to increase compliance with completion of the HPV immunization series for women ages 18 to 26
- Working with the Community Care Center to develop process and outcome measures to determine the effectiveness of the department’s new care coordination/care management services.

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

Strategic Focus

Community Wellness at MIT Medical makes a unique contribution to the health of virtually all parts of the MIT community. We not only guide individuals in learning about and pursuing healthier lifestyles but also work with groups to build community and create environments where making healthier choices is easier.

In addition, we strategically tailor our core content to be easily utilized by students, faculty, staff, and others living and working in MIT’s fast-paced, high-achieving culture. A healthier campus supports our highest achievements, improves our lives, and has the potential to minimize the human and financial burden of chronic illness over time.

With the knowledge that chronic illnesses account for over 80 percent of health care resources and that more than half of all diseases are associated with potentially preventable health risks, we are addressing the following key wellness priorities identified by the US Department of Health and Human Services and the National Institutes of Health:

- Physical activity
- Good nutrition and weight management
- Tobacco treatment
- Adequate sleep
- Stress management
- Sexual health
- Social connectedness/healthy relationships
- Violence prevention

Because we are a small team with a large mandate that serves roughly the population of a suburban city or town, our strategic focus includes constant attention to innovation. We support MIT Medical's pillars of access, quality, community wellness, and diversity.

Accomplishments

Nutrition and Fitness

We are the wellness advisors for the first house dining plan in campus history; our role is to consult on nutrition literacy and prevention of eating disorders.

We co-developed a sports nutrition social media site with DAPER, providing 1,000 student athletes (as well as the entire MIT campus community) with information about how to set nutrition goals and make effective health behavior changes.

More than 270 female students participated in a wellness survey on healthy body image. Student comments on the survey included "I am so glad someone is addressing this issue—more should be done to raise awareness" and "Thanks for doing this! This is so important." Based on the results, we will engage students in focus groups in fall 2011 and deploy programs on eating and body image awareness in spring 2012. We continue to serve as part of the Eating Concerns team at MIT Medical and co-lead a support group with 20 sessions per year on "Making Peace with Food and Body Image."

In FY2011, participation in *getfit@mit*—our 12-week web-mediated, team-based winter fitness challenge—increased by 476 teams (10 percent). Responses to a survey gathering comments on the program included "I like to know that exercise helps my team," "I wish there was an android app so I could enter minutes on my phone," and "When I see a *getfit* T-shirt on campus (from any year), I feel a sense of community."

MedLinks Peer-Advocacy Program Improvements

Greg Baker, who had previously served as an intern, is now coordinating MedLinks. Under his leadership, students recorded 70 percent more peer interactions this spring semester than they had last spring. In addition, they provided 1,500 finals breakfasts and had twice as many applicants for open positions as the 2010 training class. On average, there were eight MedLinks students in each dorm.

Expanding Our Graduate Student Support Outreach

We have enhanced and expanded our outreach to graduate students in the past year. Regular graduate student programs include involvement in the monthly Graduate Women's Lunch, for which we provide wellness content delivery, and monthly Graduate Moms' Groups; stress reduction breaks during the Graduate Student Council's quarterly Dissertation Bootcamps; on-site programming in graduate residences, including weekly *Spouses&Partners@MIT* programs and sexual violence workshops; workshops for graduate resident tutors, graduate student leaders in the REFS (Resources for Easing Friction and Stress) program, Graduate Women at MIT, and graduate students taking part in the ODGE Power Lunch series; and consultation to ODGE and graduate administrators. We also worked closely with REFS to create brief online videos about some of our services that can be accessed by the graduate community.

Sexual Violence

In collaboration with the Office of Undergraduate Advising and Academic Programming, we implemented our first-ever mandatory online sexual violence training tool for incoming freshmen. Along with a 99 percent completion rate, we received student feedback indicating that the tool was useful. We offered training to offices and groups including the MIT Police, the judicial board, fraternities and sororities, GRTs, RAs, resident associate advisors, REFs program participants, the Committee on Student Life, and housemasters.

Health Coaching

During FY2011, three staff members became certified health/wellness coaches and piloted health coaching for patients seeking health behavior change for weight management, fitness and nutrition, smoking cessation, stress reduction, and healthy sleep habits. The health-coaching model addresses key behaviors that affect quality of life, creativity, productivity, and health care costs.

Technology and Media

Our wellness downloads web page, which includes relaxation and sleep tips, guided meditation MP3s, and health-related posters, attracted 3,000 page views during the academic year and is seen as a model for other college campuses.

Tobacco Policy and Treatment

Community Wellness at MIT Medical has led the effort to establish a tobacco-free zone within 25 feet of Building E23. Our goals in establishing this zone are to promote healthy behaviors among members of the MIT community and to provide a safe and healthy environment for our employees, patients, and visitors. This new designation will establish MIT Medical as a leader on the MIT campus in raising awareness about the dangers of secondhand smoke exposure and the negative impacts of tobacco use.

Community Wellness at MIT Medical instituted a partnership with QuitWorks, a program of the Massachusetts Department of Public Health that provides free, telephone-based tobacco treatment counseling and free nicotine patches to residents of Massachusetts. The ability to make referrals to QuitWorks using our electronic medical records system will help further ensure that all MIT Medical patients who smoke are advised to quit and referred for treatment, in accordance with the surgeon general's clinical practice guidelines for treating tobacco use and dependence.

The Community Wellness Tobacco Treatment Service provided one-on-one tobacco treatment counseling to more than 25 members of the MIT community and conducted targeted quit smoking outreach activities with Facilities staff, graduate students, Lincoln Laboratory employees, and getfit@mit participants.

Ramping Up Workplace Wellness Programming

We completed a pilot project focusing on employee health and wellness at Lincoln Laboratory. The pilot included three components: a health interest survey; on-site testing of cholesterol, blood pressure, and other biometric indicators; and promotion of an online personal health assessment. As an incentive, the program held a raffle for three iPads. About seven percent of the employees took part, and results showed

employee concerns about stress and a higher-than-expected rate of hypertension and prehypertension blood pressure readings. Under the leadership of the Lincoln Laboratory Community Wellness program manager—and in collaboration with MIT Medical/Lexington, the Lexington Laboratory Fitness Center, and MIT Human Resources—we have instituted new programs and services to address these issues. These include walking programs, enhanced participation in *getfit@mit*, a new wellness web portal, enthusiastic support from the Lincoln Laboratory Director’s Office, and a review of current dining options. Program evaluation has been positive, as highlighted by the following comment: “Thank you for offering this at the lab. My husband hasn’t been to the doctor in 10-plus years, and you saved his life. He is now on blood pressure medicine. He is changing his diet and starting an exercise program.”

In the spring of 2011, we began the process of adapting the Lincoln Laboratory success to the Cambridge campus. Two departments were chosen to participate: the Division of Student Life and the Department of Facilities.

Initiatives

Upcoming initiatives include the following:

- Design and implement a campus-wide employee health and wellness program
 - Pilot a mindfulness-based stress reduction program for employees
 - Pilot a health coaching program providing four to six weeks of individual or group coaching for people interested in improving one or more aspects of personal wellness
 - Expand *getfit@mit* to allow participants to enter exercise minutes year round
 - Pilot an Android app designed by a startup of Media Laboratory alums that will provide real-time health indicator feedback to users
 - Advocate for the reenvisioning of a peer-to-peer, anonymous support program
 - Implement a research project (approved by the Committee on the Use of Humans as Experimental Subjects) to look at how survivors of sexual assault, intimate partner violence, and stalking utilize MIT’s available services
 - Conduct an MIT-wide audit to assess how our mandated Clery numbers (sexual assault statistics) are gathered and to recommend improvements to close any gaps in service
 - Launch a 24-hour hotline that will be manned by our three victim advocates to help people in crisis and to answer any questions and concerns on issues of sexual violence

FY2011 Appointments, Transfers, Separations from Service, and Promotions

Medical and Administrative Staff Appointments

Terrance McNatt	Senior Programmer Analyst	8/1/10
Rheinila Fernandes	Psychiatrist	8/24/10
Kelley Adams	Health Educator	9/27/10
Duane de Four	Program Manager	10/1/10
Adriane Kilar	Dentist	11/1/10
Luanne Off	Nurse Practitioner	12/1/10
Jessica Senesi	Nurse Practitioner	3/28/11
Daniel Debowy	Psychiatrist	4/1/11
Roy Wattanasin	IT Consultant III	4/11/11
Paulette Polk-Scanlan	Pharmacist	6/6/11
David Podradchik	Pharmacist	6/27/11

Transfers

Adele Smith	Physical Therapist	6/30/11
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Separations from Service

Kristine Girard	Associate Chief of Mental Health	7/1/10
Gretchen Anjomi	Dentist	8/3/10
Julie Banda	Program Manager	8/7/10
Alison Grice	Medical Systems Manager	9/1/10
Christine Stella	Nurse Practitioner	9/4/10
Carol Cormier	Registered Nurse	10/2/10
Bina Patel	Psychiatrist	10/19/10
Lorraine Toher	Nurse Practitioner	1/1/11
Ann Boppe	Registered Nurse	1/1/11
Pamela Ruprecht	Registered Nurse	1/1/11
Margaret Oakland	Internist	1/2/11
Nadia Foureau	Registered Nurse	1/2/11
Eileen Medeiros	Registered Nurse	1/2/11
David Shein	Internist	3/18/11
Kathleen Taylor	Pharmacist	6/11/11

Promotions

Georgene Bloomfield	Chief Pharmacist	7/1/10
	Associate Chief of Mental Health	
Simon Lejeune		7/1/10
Sylvia Mateega	Lead Pharmacist	9/1/10
Hossein Monzavi	Lead Pharmacist	9/1/10
Elizabeth Carbone	Program Manager	12/1/10
Kim Carroll	Lead RN Care Manager	1/1/11

William M. Kettyle, MD
Medical Director

Annette Jacobs
Executive Director