

MIT Medical

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

MIT Medical's strategic focus areas are as follows:

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

In FY2016, in preparation for several upcoming leadership transitions and to provide a foundation for future work, MIT Medical set out to define its core values. These were determined through a series of employee focus groups and reflect how staff and clinicians view their work and responsibilities to the MIT community and to each other. These values can be summed up as putting patients first, working together, and striving to be our best.



Patients first: Our patients are at the center of everything we do. Every job at MIT Medical contributes to providing accessible, high-quality care. We take the time to listen and respond compassionately to the needs of our patients at every point in their MIT Medical experience.

Working together: We are all caregivers. Each of us plays an important role within the patient-care team. We value each person's contribution, and we treat each other with fairness, kindness, and respect.

Striving to be our best: Excellence is our goal. We embrace MIT's cultural values of continuous learning, innovating, and problem solving as we work to improve the services we provide. We are flexible and nimble in responding to the changing needs of the community we serve.

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

In FY2016, MIT Medical conducted 118,782 patient visits. Of those, 5,825 occurred at MIT Medical's Lincoln Laboratory facility in Lexington, Massachusetts. MIT Medical's Dental Service conducted 10,539 appointments. The patient breakdown of all FY2016 clinical appointments can be found in Chart 1.

Patient Population	FY2016
Students, Affiliates and Family	59,189
Faculty, Staff and Family	48,809
Retirees	9,327
Others	1,457
Total	118,782

Operations

This past year was primarily a year of transition. Former Medical Director William Kettle retired; Cecilia Stuopis '90 became the new medical director. Searches were started for a new executive director and a new associate medical director/chief of Mental Health and Counseling.

In FY2017, MIT Medical will review its model of care, moving toward:

- More fully integrated team-based care;
- Evaluation of systems for virtual visits;
- Evaluation of a new electronic medical record system and patient portal software;
- Expansion of onsite radiology services to include diagnostic mammography and ultrasound
- Centralized registration and check-in;
- Improving the patient experience with a data-driven approach that includes survey data, interviews with patients and staff, research into best practices, and focus groups with a wide range of MIT Medical employees and patients;
- Improved signage within the building; and

- Reviewing all job descriptions to identify critical functions as we plan for system redesigns and potential turnover.

Facilities

Building renovations were made in the Eye Service area and were begun in the common space basement area. Changes to the common space, to be completed in FY2017, will create a large space for group meetings and other MIT Medical staff events.

A start was made on building the physical infrastructure to move the MIT Medical phone systems to a voice over internet protocol system. Construction for the project will continue through FY2017.

Human Resources

In FY2016, clinical staffing remained relatively stable. Appointments, transfers, and separations from service are listed below.

Medical And Administrative Staff Appointments

Sejal Patel	Psychologist	8/17/15
Christine Boie	Clinical Nurse Specialist	8/26/16
Jeanne Madden	Registered Nurse	9/1/15
Yvette Valderrama	Registered Nurse	9/21/15
Jason Dextraze	Dental Hygienist	9/21/15
Rebekah Kilman	Psychologist	10/14/15
Lynn McClellan	Registered Nurse	10/15/15
Diane Curtin	Registered Nurse	10/19/15
Faith Bennett	Resource and Referral Coordinator	10/21/15
Jennifer O'Brien	Psychologist	11/9/15
Lauren Palladino	Registered Nurse	12/2/15
Cecilia Stuoipis	Medical Director	12/29/15
Ann Adelsberger	Web and Media Producer	1/11/16
Kate Daly	Licensed Social Worker	2/1/16
Evelyn Lo	Clinical Nurse Specialist	4/25/16
Elias Laham	Manager, Billing and Registration	6/6/16
Brendan Rafferty	Assistant Administrative Coordinator	6/20/16

Separations from Service

Sara Fuschetto	Administrator of Enrollment	8/21/15
Elizabeth Kelleher	Financial and Administrative Operations	10/7/15
Ken Gagne	Web Producer	10/16/15
Laurie Zelas	Clinical Nurse Specialist	1/4/16
Jessica Barton	Licensed Social Worker	1/8/16
Leslie Patton	Administrator, Claims and Member Services	1/31/16
Stephanie Johnson	Manager, Billing and Registration	4/15/16
Sara Neville	Pediatrician	4/22/16
Claudia Guillen	Registered Nurse	4/30/16
Paul Kantrowitz	Gastroenterologist	6/21/16
Paulette Polk-Scanlon	Pharmacist	6/30/16

Information Systems and Medical Records

In FY2016, MIT Medical upgraded its systems to accommodate the most recent version of the International Statistical Classification of Diseases and Related Health Problems. This federally mandated change allows better documentation of patient visits, allowing for more accurate patient billing. The appointment-reminder call service was expanded to include text-based reminders delivered to mobile devices.

The renewal date for MIT Medical's electronic medical record system and patient portal software will occur in FY2017. MIT Medical plans to evaluate new vendors for these systems.

Marketing and Communications

In FY2016, MIT Medical's marketing and communications team redesigned and relaunched websites for [MIT Spouses and Partners Connect](#) and the [MedLinks Program](#). The team also created multiple Mental Health and Counseling campaigns and built a web-based intake form for Mental Health and Counseling patients. Approximately 850 patients used the form between September and June.

This past year, MIT Medical received an award for Best Overall Internet Site at the 2015 eHealthcare Leadership Awards. The team responsible for the website earned the 2016 MIT Excellence Award for Serving the Client. The marketing and communications team also earned the Top Printed Piece Design award from the New England Society for Healthcare Communications for MIT Medical's 2015 flu clinic poster.

In FY2017, planned outreach efforts include enlarging MIT Medical's social media presence through podcasts, the "Ask Lucy" advice column, promotion of newsworthy healthcare topics, and social media advertisements. The aim is to develop a series of web videos to help patients navigate MIT Medical's services and to launch a new website focused on Human Resources to help employee recruitment efforts.

Finance

FY2016 saw a \$2 million positive variance in the clinical services budget. Of that sum, approximately 65% percent was because of unspent dollars that had been meant for salaries. The MIT Traditional Health Plan had a budgeted surplus of \$7.3 million, but finished \$335,000 short, resulting in \$7 million being returned to the employee benefit pool. The MIT Student Extended Insurance Plan was budgeted to return \$79,000 to reserves. The actual amount was \$50,000.

Mental Health and Counseling Service

The Mental Health and Counseling Service continues to serve the entire Institute community to promote emotional and personal growth, relieve emotional suffering, and expand and enhance personal resilience.

In FY2016, the service:

- Developed and enhanced student-led peer-support entities, including:

- Peer2Peer, an online chat service launched in late February 2016. As of June 30, 2016, there were 31 peer listeners and 148 conversations on the site.
- Peer Ears, which consists of 15 trained student volunteers representing five living groups, one sorority, and one independent living group.
- Refined the use of instruments used to screen all patients seen at the service for depression and suicidal thoughts.
- Created drop-in hours for informal consultations four afternoons a week in Building 8. With space donated by the Department of Physics, the Let's Chat program began in September 2015 and had 88 unique visits in FY2016; 67% of those visitors were new to Mental Health and Counseling, and 35 individuals were referred for intakes.
- Placed an added focus on incorporating a diversity of skills and experiences to help the service better meet the needs of the entire MIT community.
 - Working in consultation with representatives from the Black Students' Union and Black Graduate Student Association, MIT Medical actively pursued new clinicians in primary care and mental health and counseling, with one primary care provider beginning work in early FY2017.
 - Responding to conversations with the Black Students' Union and the Black Graduate Student Association, Mental Health and Counseling employed Stephanie Pinder-Amaker, College Mental Health Program director at McLean Hospital, to lead a series of conversations for undergraduate and graduate students that focused on the needs and concerns of students who are members of underrepresented minority groups.

For FY2017, planned initiatives include:

- Development and implementation of a new triage, intake, and walk-in system, tentatively called Access +, that is intended to improve access for students, especially those experiencing more urgent concerns.
- Development and implementation of new programming at Senior House and other student residences in collaboration with the Vice President for Student Life.
- Facilitation of a smooth transition with the onboarding of the new associate medical director/chief of mental health and counseling.
- Further development of adding Mental Health and Counseling staff to primary care clusters.

Primary and Urgent Care

In FY2016, MIT Medical began a redesign of its primary care practice with the development of a team-based model of a care delivery system. The group also embarked on the Right Care initiative, which is intended to restructure Urgent Care staffing to allow for more consistent availability and delivery of services. In striving to provide the right care, in the right place, at the right time, and by the right person, MIT Medical appointed a resource nurse. The goal was to increase walk-in access to primary care services, decrease urgent care wait times, and make follow-up phone calls to patients to

check that recovery is going as expected. Since the program began in January 2016, 976 patients were seen; 68% were directed to appointments in primary care.

Other initiatives included:

- **Mobile health coaching**—In February 2016, MIT Medical offered its patients with hypertension the opportunity to connect with a health coach and to set goals to lower their blood pressure. By the end of the pilot, 91% of the 120 participants had reached their target blood pressure. The program will continue in FY2017.
- **Team-based care**—MIT Medical is developing the role of the cluster nurse to provide support to teams of doctors and nurse practitioners. The new role will triage telephone calls, assess walk-in patients, deliver clinical care, and provide patient education, all in an effort to expedite care. In FY2017, the healthcare team in primary care clusters will expand to include clinicians from the Mental Health and Counseling Service, medical assistants, health coaches, pharmacists, and others.
- **Population health**—MIT Medical created a working group to review how care for older adults is delivered. Resulting actions included:
 - Assessing how to identify patients who are potentially at risk;
 - Developing protocols for interventions, ranging from check-in phone calls, to house calls, family conference calls, and face-to-face care-coordination visits;
 - Partnering with the Quimby Center for Geriatric Care at Mount Auburn Hospital; and
 - Working with the MIT AgeLab to understand how technology can support the aging process.

In FY2017, changes in nursing staffing are planned to provide more robust coverage until 8 pm and to offer patients more comprehensive urgent care services.

Community Wellness at MIT Medical

Community Wellness at MIT Medical contributes to the health of everyone in the MIT community by helping individuals learn about and pursue healthier lifestyles. During FY2016, Community Wellness conducted events aimed at increasing nutrition and fitness, sponsored a peer advocacy program, and supported campus health and wellness generally through a number of projects.

Nutrition and Fitness

- The number of participants in `getfit@mit`, a 12-week team-based winter fitness challenge, reached 3,770 individuals.
- Lincoln Laboratory hosted special `getfit@mit` events and a specialized weight-loss program. In total, 50 people lost 341 pounds.
- We launched a 12-week program designed to help individuals become more active by walking 10,000 steps per day. We had 482 participants and gave away 200 pedometers.

MedLinks Peer-Advocacy Program

- Our 161 student volunteers devoted more than 2,500 hours in service.
- Fraternity, sorority, and independent living group program membership tripled.
- We conducted 2,049 reported interactions, hosted 54 residential events, and contributed to 28 community events.

Campus Health and Wellness

- We held suicide awareness trainings for 120 participants.
- Through a Mind+Hand+Heart Innovation Fund grant, we certified 14 new campus facilitators in the Notice and Respond workshops on students in distress. We anticipate training 600 community members in FY2017.
- Wellness downloads—including sleep tips and mindfulness meditation MP3s—generated 56,373 unique page views.
- Our free drop-in meditation and stress reduction sessions, Meditation for Your Wellbeing, attracted 30 monthly participants.
- A pilot project to meditate daily using a mindfulness app drew 60 participants.
- Some 60 monthly participants attended our Hack Your Mind speaker series on the intersection of mindfulness, technology, and wellbeing.
- We delivered department-based mindfulness programming to 108 members of the MIT community.
- MIT Spouses and Partners Connect supported 700 families and held more than 400 events where families and spouses met each other and built support networks.
- We conducted 330 coaching interactions with 55 patients, helping them to achieve their health and wellness goals and adopt sustainable lifestyle changes.

Violence Prevention and Response

The Violence Prevention and Response team conducted a first-ever sexually transmitted disease clinic through which 69 patients received testing and consultation. Future clinics will take place in FY2017. The team will transition from MIT Medical to the Division of Student Life in FY2017.

Mind+Hand+Heart

In September 2015, Chancellor Cynthia Barnhart and then-Medical Director William Kettle launched the Mind+Hand+Heart Initiative. The program is built to align with the Jed Foundation Campus Program's framework and objectives and consists of programming designed to tap into the campus's community spirit and innovative problem-solving skills to enhance mental health and overall wellbeing at MIT.

FY2016 programming for Mind+Hand+Heart included:

- Establishing an Innovation Fund to seed diverse and sustainable wellness projects;
- Undertaking outreach to departments, laboratories, centers, and residences to create tailored approaches to promoting the Mind+Hand+Heart goals on the local level;
- Distributing 3,000 prescription pill deactivation envelopes to reduce the availability of unused medications in student residences;
- Creating Random Acts of Kindness Week, during which hundreds of people and many departments created events designed to reduce isolation and promote reaching out, making connections, and building community; and
- Co-sponsoring a Wellness Fair in fall 2015.

Community Wellness plans for FY2017 include:

- Providing intentional “in-reach” to better serve MIT Medical patients with Community Wellness offerings,
- Conducting a strategic planning process for the MedLinks program,
- Redesigning the getfit@mit website,
- Providing intercultural awareness and skill-building training within MIT Medical and with other campus stakeholders,
- Continuing to identify opportunities for employee risk assessment and health promotion within current resource allocations, and
- Increasing clinician referrals to health and wellness coaching by 25%.

Performance Improvement, Patient Experience, and Educational Outreach

As part of an ongoing effort to improve performance and enhance the patient experience, in FY2016, MIT Medical offered electronic surveys to all patients, gathering approximately 5,000 surveys between January and June 2016. More than 1,000 comments a month were reviewed and delivered to the service chiefs, clinical coordinators, and administrative coordinators. The highest priority topics to address were determined to be providing more information about appointment delays and helping to find opportunities for the staff to work together.

For FY2017, plans are in place to share results within MIT Medical and with the MIT community on a regular basis.

MIT Medical also continued its self-reporting system throughout FY2016. In total, 414 events were reported across all levels of service. MIT Medical staff reviewed all reports, identified trends, and recommended actions, and developed a rapid cycle improvement process to increase the efficiency of after-event reviews. The rapid cycle improvement process was applied six times during the fiscal year, resulting in 19 recommendations

related to communication enhancements, handoff improvements, workflow changes, and policy revisions.

MIT Medical took on 11 different interns in the primary care service in Cambridge and Lexington. These medical school and nursing school students each worked 8 to 16 hours a week.

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