



# Opening Lines



This issue of Generally Speaking reminds us that the Division of General Internal Medicine is not only large as measured by our number of members, it is also large as measured by the geographic distance over which we work. While a substantial number

of our members work on the main MGH campus, the majority of members actually work off the campus, including at primary care practices across the City of Boston and Waltham, and health centers across the greater Boston area. In particular, this issue highlights our work in Waltham at MGH West Medical Group and Primary Care Associates, two of our fantastic primary care practices. Recently, our boarders were extended dramatically further with the launching of a novel fellowship in Rural Health. Led by Katrina Armstrong and Matt Tobey, the fellowship has already accepted its inaugural class of two fellows, who will each spend a substantial amount of their time

providing care within the Indian Health Service in Rosebud, South Dakota. Our expanding boarders create a challenge for our Division to maintain a sense of community. Efforts such as this quarterly newsletter, streaming of our Friday conferences, and new DGIM-wide on boarding programs all exist to help tie us together and maintain alignment with our core values and strategic goals. Another key way in which we aim to provide value for our members is by strengthening our efforts to provide support for individual career development for all physician and staff members of the Division. In that regard, this issue highlights the important work being done by the recently launched coaching program, which complements the work of our career conferences and a new mentorship program within hospital medicine. No single program or action will tie us all together, but our collective actions and interactions, as highlighted in this issue, make us far greater than the sum of our parts. Enjoy!

## New Fellowship takes DGIM far from Home

In remote Rosebud, South Dakota, almost 2,000 miles from MGH, the Rural Health Leadership (RHL) Fellowship will aim to improve health outcomes in one of our nation's most disadvantaged communities. Headed by Program Director Katrina Armstrong, MD, MSCE, and Associate Program Director Matt Tobey, MD, MPH, the RHL fellowship is part of a collaborative effort between the DGIM and DOM to address the often neglected issue of healthcare in rural communities like Rosebud. Concordantly, the RHL fellowship seeks to develop skillful physician leaders in rural and community health. The inaugural cohort is set to begin the fellowship on July 1, 2016.

The distinguishing characteristic of the RHL fellowship is its clinical component. RHL fellows will conduct the bulk of their clinical work at an Indian Health Service (IHS) site in Rosebud. The

IHS facility in Rosebud is the only IHS medical facility on the Rosebud Indian Reservation, which is comparable in size to Rhode Island. Medical care in the area is profoundly impacted by economic and health disparities.

Rosebud and the surrounding area are home to one of the poorest communities in the United States. The U.S. Census Bureau estimates Todd County, South Dakota, which lies entirely within the Rosebud Indian Reservation, to be the third poorest county in the U.S., with a per capita income of \$10,575. Unemployment is an astonishing 83%, which, unsurprisingly, is among the highest in the nation. The economic strife endured on an individual level is augmented by financial struggles at the systems-level. Per-capita health expenditures are roughly one-third of the U.S. average. The disparity of resources manifests itself in numerous ways which inhibit the care of IHS patients.

Further complicating medical care in Rosebud are the substantial health disparities present in the region. Health outcomes are bleak and life expectancies are well below the national average. In terms of premature age-adjusted mortality, Todd County ranks 7<sup>th</sup> worst in the United States. Many problems which are endemic on reservations across the U.S. not only exist in the Rosebud area, but are



*Traditional cultural events have made a resurgence within the Rosebud Community in the last 20 years*

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# DGIM Spotlight: Primary Care Practices of Mass General West

Mass General West has been a part of Massachusetts General Hospital's fabric for over two decades, but what goes on out in these western reaches is sometimes a mystery to people at the main hospital. This is understandable given the variable makeup of occupants over the years; #40 and #52 Second Ave. in Waltham were home to several private businesses in addition to MGH practices in the past. Last year, MGH took ownership of the joint buildings. MG West is now a thriving, vibrant campus boasting two primary care practices acting as anchors—Mass General West Medical Group and Primary Care Associates—along with radiology, ophthalmology, day-surgery, obstetrics and gynecology, medical specialties including the Cancer Center, orthopedics, physical therapy, a pharmacy and a new outpatient laboratory. We, as well as our patients, think we have a sweet spot offering tremendous convenience and easy access combined with outstanding care and direct access to MGH.

Mass General West Medical Group, the granddaddy practice-in place since 1998, is comprised of both internal medicine and pediatrics. Dr. Leslie Vensel is medical director of both. The internists: Drs. Christina Gelev (IM Unit Chief), Devasena Balasubramaniam, Tom Fry, and Dan Gaposchkin, and Margot Holman, NP, all work full time seeing patients. No doubt this helped in the high level award of 98 points received toward Level 3 NCQA Medical Home recognition in 2015. The pediatricians: Drs. Vicky McEvoy (Pedi Unit Chief), Peter Greenspan, Beth McCabe, Steve Nishiyama, Lynn Wachs, and Jonathan Winickoff, will be applying for Level 3 NCQA Medical Home next year. The pediatricians are dedicated clinicians and have a flourishing practice, beloved by families in the surrounding communities.

Primary Care Associates is the newer group at MG West, but even they have been in place since 2012. Dr. Sunu Yeh is medical director and the providers are Drs. Titilayo Alabi, Eileen Hession, Shilpa Kumar, Allison McDonough, Joanna Schwartz and Christopher Trancynger, as well as NP Roxanne Guerriero. Primary Care Associates achieved Level 3 NCQA Medical Home status in 2014. While the practice has grown at a remarkable rate, a few of the providers are still accepting new patients. Dr. McDonough has partnered with MGH Cancer Care and is offering a survivorship program focused on the special primary care needs of oncology patients.

What is in a name? Well, sometimes confusion! This is a great opportunity to clarify that MG West is a center with many different practices. Mass General West Medical Group

has a name that sounds a lot like the whole center, but is a great primary care practice of internists and pediatricians. Primary Care Associates is the newer primary care practice but, as is often the case with younger siblings, has grown to be bigger. Both practices are comprised of MGH clinicians who want to provide care to our local communities, and share the patient care and teaching mission of the hospital. The two practices cross-cover on weekends and often combine resources such as noon speakers, iCMP manager, nutrition, and collabora-

tive care programs. MG West truly is a wonderful place!



**TOP: MG West Adult Medicine Team:** (from left) Drs. Thomas Fry, Daniel Gaposchkin, Devasena Balasubramaniam, Christina Gelev, Leslie Vensel and Nurse Practitioner Margot Holman.



**LEFT: Providers of Primary Care Associates** (from left): Drs. Joanna Schwartz, Titilayo Alabi, Sunu Yeh, Christopher Trancynger, Eileen Hession. Not pictured: Shilpa Kumar, MD; Allison McDonough, MD and Roxanne Guerriero, NP.

## HMU Shines at 2016 SHM Annual Meeting

The DGIM's Hospital Medicine Unit (HMU) was well-represented at the Society of Hospital Medicine's (SHM) annual meeting earlier this month in San Diego. SHM's annual meeting is the largest gathering of hospitalists, with over 4,000 attending the conference.

HMU Chief Melissa Mattison, MD, was the course director for SHM 2016 and gave the welcoming speech. Two HMU members were recipients of SHM's prestigious Awards of Excellence. This is quite an honor, as it is

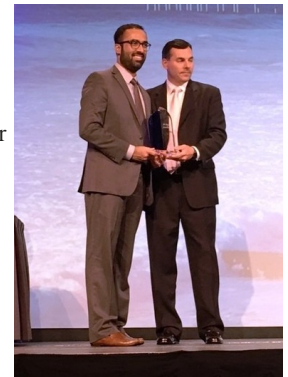


**Dr. Alberto Puig**

rare for one institution to have two winners in the same year. Bijay Acharya, MBBS, received the SHM Award for Excellence in Humanitarian Service. Alberto Puig, MD, PhD, received the SHM Award for Excellence in Teaching.

Drs. Denisa Gace, Shaun Yang, Warren Chuang, Emily

Hughes, and Kathleen Finn presented their ongoing research at the SHM Poster Symposium. Numerous faculty taught sessions and workshops including Drs. Cindy Cooper, Kathleen Finn, Doug Wright, Alberto Puig, and Jocelyn Carter.



**Dr. Bijay Acharya**

The HMU hospitalists were joined by Sara Joyce, MSN, and Noam Shabani, MS, PAS, making this the first year that Nurse Practitioners and Physician Assistants from the division attended SHM's annual meeting.

In addition, the meeting was an opportunity to reunite with many MGH alumni including Daniel Hunt, Christian Dankers, Uzma Khan, Poushali Bhattacharjee, Stephanie Sherman and Zaven Sargsyan. In 2018, Kathleen Finn will be the SHM annual meeting course director.

# New Fellowship takes DGIM far from Home

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considerably more disparate than is the norm. Mortality rates related to alcohol, suicide and diabetes are alarmingly high. The community struggles as well with a high prevalence of depression, which can color the experience of living on the reservation.

In the face of these immense obstacles, the RHL fellowship nears the start of its inaugural cohort with the exciting opportunity to make impactful improvements in the care of the Rosebud Sioux Tribe. "One of the first goals of this program is to connect the resources of MGH to the Rosebud Sioux Tribe" said Dr. Tobey. The specifics of how the fellowship looks to improve care can't truly be known until the program is up and running in South Dakota. Nevertheless, there are certainly areas of focus that have been identified as likely problems to tackle. In particular, Dr. Tobey noted that "The current class of fellows has a strong interest in pain management and substance use disorders."

Fellows will conduct clinical shifts at the IHS facility in two-week blocks. For the duration of the fellowship, fellows will be on-site two out of every eight weeks and will log a total of 12-14 weeks a year of service in Rosebud. These rotations will be supplemented by clinical work at MGH, in large part at its partner community health centers.

In addition to the clinical component, major aspects of the RHL Fellowship include an MPH from the Harvard T.H. Chan School of Public Health and a curriculum that involves participation in various established programs such as the Kraft Center's leadership curriculum and the MGH Disparities Solutions Center's HealthCare Disparities Fellowship.

"The fellows will gain skills in rural health, in leadership, and in connecting the resources of academic health centers with the areas of



The plains of rural Rosebud, SD

our country that experience the worst health disparities. The fellowship is designed to help fellows start on innovative careers that may help address the challenges of poor rural communities, which are areas historically underserved by teaching centers." said Dr. Tobey.

The RHL fellowship was born out of a relationship fostered by the MGH Global Primary Care residency track, the Harvard University Native American Program, and the IHS. Rosebud was selected as the fellowship site because it is one of the IHS's most beleaguered sites. Though it is quite far from MGH, the especially challenging circumstances in Rosebud make it an ideal location for fellows to treat one of our nation's most underprivileged communities and develop strategies that will have far reaching impacts on rural health.

"The counties with the worst health outcomes in the United States area lie in the Deep South and on American Indian / Alaskan Native land. However, significant rural health disparities are pervasive and frequent, for example even in New England." said Dr. Tobey. "Learning ways for academic health centers like MGH to partner effectively with challenged rural communities may pay dividends for communities throughout the nation."

## News and Notes

Gina Kruse, MD, MPH, and Julie Levison, MD, MPhil, MPH, were both recipients of 2016 Claflin Distinguished Scholar Awards. The Claflin Awards provide research funding for women in junior faculty roles. Dr. Kruse's project is titled "A Text Messaging Program to Help Smokers Quit: The GetReady2Quit Program." Dr. Levison's project is titled "An intervention to Overcome Obstacles to Retention in HIV Care for Hispanic Immigrants."



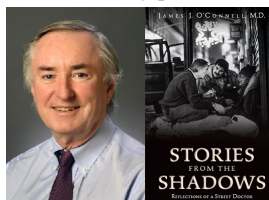
In February, DGIM Writer-in-Residence Suzanne Koven, MD, published a perspective piece in NEJM. Titled "The Doctor's New Dilemma", the piece explores how time constraints, and subsequent burnout, impact primary care physicians. You can [read the article at NEJM.com](#).



Leigh Simmons, MD, Medical Director of the Health Decision Sciences Center, was selected as a participant in the 2016 HMS Leadership Development for Physicians and Scientists course. The course, which will be held March 30 - April 1, aims to "build on participants' knowledge base and skills to enhance their professional development as administrative leaders in academic medicine."



Jim O'Connell, MD, President of Boston Health Care for the Homeless, was the subject of a feature article in the Winter 2016 edition Harvard Magazine. [The article](#) gives an in-depth look at the 30 years of care Dr. O'Connell has provided for Boston's homeless. Additionally, Dr. O'Connell recently published a memoir, "[Stories from the Shadows: Reflections of a Street Doctor](#)". "Stories from the Shadows" is a collection of stories chronicling Dr. O'Connell's experiences practicing medicine in the streets and was [re-viewed in a recent edition of Harvard Medicine](#).



Julie Levison, was interviewed by the National Hispanic Science Network for their quarterly Newsletter, *El Faro*. In [the interview \(found on page 2\)](#), Dr. Levison discusses career planning and development, and mentoring.



Emily Hughes, MD, and Kristen Livesey, MD, both of the HMU, and Suzette Demarais, of IMA, were recipients of 2016 Patient Safety Stars awarded by the MGH Center for Quality and Safety.

## Coffee and Convo

Our DGIM Faculty and Staff Career and Professional Development team invited our DGIM Nurse Practitioner (NP)/Physician Assistant (PA) colleagues to a "Coffee and Conversation" session with our DGIM Chief, Dr. Josh Metlay earlier this month. Productive discussions centered around opportunities for improvement in communication, collaboration, and culture, as well as NP/PA career and professional development. The group of attendees mostly represented our 'on campus' practices, and with future meetings we'll reach out to get NP/PA representation from the 'off campus' practices and the hospital medicine program.



# Pages: Notes from the DGIM Writer in Residence

Kerri Palamara-McGrath  
Guest Columnist

## Coaching Vs. Mentoring

*Thinking about building a more fulfilling career, acquiring new skills, taking on greater professional responsibilities? You probably need some help to accomplish these goals, but do you need a mentor--or a coach? Kerri Palamara McGrath, MD, Director, Primary Care Training Program and Director, MGH Professional Development Coaching Program explains the difference.— Suzanne Koven, MD*

A mentor is a person who takes responsibility for helping someone with less experience to develop knowledge and skills. A mentor provides inspiration by sharing stories, advice, and wisdom. Mentors often help set short and long term goals for their mentee's development. A mentorship relationship can fall short due to limited time, a poor match, poor follow-up, or feeling, as a mentee, like you aren't getting anywhere. Because mentees are often in the same field as their mentors, mentees may not "show their cards" openly due to fear that this will reflect poorly upon them. Issues such as personal life challenges, low self-confidence, and work-related struggles may not be addressed.

Coaching can provide a meaningful com-

plement to mentoring. The goal of coaching is to help professionals develop, function and grow to the best of their abilities. Through coaching, "coachees" prioritize what THEY want to work on, rather than the goals set for them by others. The coach then guides the coachee through self-exploration of that goal, identifying strengths, and how to use those strengths to overcome barriers. The coaching process is driven by the coachee, focusing on baby-steps toward goals and how they can hold themselves accountable for achieving those baby-steps. Another important component of positive psychology coaching is to recognize achievements and process the actions taken that led to those achievements.

It doesn't take much to weave coaching into mentoring. Step 1: Start with the goal, rather than the reality. Ask the mentee to envision what a perfect year might look like, and where they are now in relation to that vision. Listen with presence, reflect on what your mentee is saying, and challenge assump-

tions they may be making about themselves, their situation, or their goals. Step 2: Help your mentee build confidence and motivation by emphasizing the strengths you hear reflected in their stories. If they are struggling with confidence or how to move forward, remind them of those strengths. Step 3: Create accountability! If they had to do one thing between now and the next time you meet, what would it be? Have them commit to baby steps toward achieving their goals.

Interested in learning more? Email [Kerri Palamara-McGrath](mailto:Kerri.Palamara-McGrath@partners.org) or [Mary McNaughton Collins](mailto:Mary.McNaughtonCollins@partners.org) about the DGIM Faculty Coaching Program!



Would you like to share a story from your DGIM experience here, or have a private consultation about a manuscript or about writing in general? Contact me at [skoven@mgh.harvard.edu](mailto:skoven@mgh.harvard.edu)

## Dealing with Stress the SMART Way

Through the support of the Department of Medicine and the Swartz Initiative, DGIM members, Darshan Mehta and Michelle Dossett, recently completed the first pilot program: Stress Management and Resiliency Training Program (SMART Program). This 8-week program was based upon the well-known evidence-based patient programs conducted at the Benson-Henry Institute, but was adapted to healthcare providers. They taught a variety of different meditation and related techniques for eliciting the relaxation response and incorporated social support, cognitive skills training, and positive psychology. The SMART Program focused on developing skills to reduce the stress response and enhance resiliency. In addition to learning self-care skills, the program allowed for introductory training for clinicians interested in delivering the SMART Program independently. The sessions took place on Wednesday afternoons between November and February, with 15-20 providers in the DOM attending many of these sessions.

For several of our DGIM members, the



Recent SMART Program session

program was a wonderful respite for collegiality; and, at the same time, it truly provided an authentic opportunity of skills-building that was relevant for self-care and clinical care.

Suzanne Koven, MD, a primary care doctor in Bulfinch Medical Group, found that the sessions were especially helpful. She said: "SMART gives us the tools we need to stay centered on what's important in our work: our relationships with patients, colleagues, and ourselves. My BMG colleague Leah Giunta NP, who also took the course, and I started reminding each other to breathe as we moved through the hall from one exam room to the next! It may sound funny, but it really made a difference in deepening our bond as colleagues and in making the day more enjoyable."

For Darshan and Michelle, the program provided a wonderful space to get to know fellow colleagues, and be in service of the Department of Medicine and MGH-at-large. It was particularly amazing to see the willingness of colleagues to engage and participate in all aspects of this work, and to see how transformative this experience was.



From left: Darshan Mehta, Hasan Bazari, Michelle Dossett

### MGH DIVISION OF GENERAL INTERNAL MEDICINE



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Submit news, story ideas and feedback to [DGIM Generally Speaking](#) at any of the following:

#### Editor

Shelli Mahan  
617-724-4726

[SMMahan@Partners.org](mailto:SMMahan@Partners.org)

#### Assistant Editor

Tim Gomperts  
617-724-4709

[TGompertsJR@Partners.org](mailto:TGompertsJR@Partners.org)

#### Contributing Editor

Dr. Mary McNaughton-Collins  
617-724-3205

[MMcNaughtoncollins@Partners.org](mailto:MMcNaughtoncollins@Partners.org)

#### MAIL

50 Staniford St.  
9th Floor  
Boston, MA 02114