



Opening Lines



This issue of our quarterly newsletter marks the start of a new academic year that promises many great challenges and opportunities, including the introduction of a dramatically reorganized curriculum for HMS students and the arrival of eCare. As this issue highlights, we are well prepared to achieve great success during the coming year, with outstanding team members, both new and old. In particular, our hospital medicine program will be welcoming a new Chief this summer to continue strengthening our work across our clinical, teaching and research missions. Our Division faculty members had significant visibility at the

major general medicine meetings this year of the Society of Hospital Medicine and the Society of General Internal Medicine, delivering major talks and receiving national awards. In addition, we have continued to strengthen ties across our administrative staff and share best practices at a recent retreat. We are also continuing our series of highlighting practices and providers across our unit with a visit to North End Waterfront Health. And our focus on faculty and staff development has been accelerated with our DGIM writer in residence program. Clearly, the strength of our Division is in our members and it is great to celebrate their accomplishments. Enjoy!

-Josh Metlay

Mattison Named Chief of Hospital Medicine Unit

We are delighted to share the news that Melissa Mattison, MD has accepted the position as Chief of the Hospital Medicine Unit at MGH. Dr. Mattison will fill the role held by Dan Hunt, who recently left MGH to lead the hospital medicine program at Emory. Melissa is the ideal person to carry on the great work started by Dan in building a world-class hospital medicine program at MGH.

Dr. Mattison received her undergraduate degree from Wellesley College, followed by her medical degree from Tufts University School of Medicine. She completed her internship, residency and chief residency at Beth Israel Deaconess Medical Center followed by a clinical and research fellowship in geriatrics through the Harvard Division on Aging. She has been on the staff of BIDMC since 2004, taking on an increasing number of leadership



Dr. Melissa Mattison

roles on the inpatient services. Currently, she is the Associate Chief of the Section of Hospital Medicine, Associate Chief of the Beth Israel Deaconess Hospital Medicine Network, and the Co-Director of the

Acute Geriatric Unit, within the Department of Medicine.

Dr. Mattison has developed and implemented several highly regarded programs that address the care needs of hospitalized seniors. In particular, she has led the development of a novel care transitions program for older adults that addresses the unique challenges during transitions across the outpatient, inpatient and post-acute care settings. She has also led innovation teams that have designed new care processes and IT systems that improve care for older adults in hospital and long term care settings. She has published and lectured widely on these topics. She is also an outstanding teacher and has developed new curriculum for teaching geriatric medicine to trainees during inpatient rotations. She has been nationally recognized for this work. Last year, she received the Award for Clinical Excellence from the Society of Hospital Medicine and she will be Chair of the Society of Hospital Medicine national meeting next year.

We are extremely fortunate to have Dr. Mattison assume the leadership of our hospital medicine program. The unit now includes 75 hospitalists and provides the majority of attending level care for the general medicine inpatients at MGH.

Dr. Mattison will be arriving at MGH July 1 and we look forward to welcoming her this summer.

DGIM Spotlight: North End Waterfront Health

For 44 years, North End Waterfront (NEW) Health's mission has been to serve the uninsured, low-income and most vulnerable residents of the North End and surrounding communities. As an independent federally qualified health center, NEW Health receives federal grant funding to provide care regardless of an individual's ability to pay or insurance. This status also enables them to offer specialty programs such as dental and vision care that are not available at the other MGH licensed health centers. However, their close affiliation with MGH means that NEW Health is fully integrated in the MGH/Partners network.

When the Affordable Care Act in 2011 provided for billions of dollars in new federal resources for community health centers, NEW

Health applied so that federal funds could be brought into Charlestown and Chelsea. The Boston Public Health Commission approached them about taking over its struggling health center at the Charlestown High School 2 years ago. Today, the center is providing much needed primary and behavioral health services to the more than 900 students who attend school there. The city also donated a used mobile van, which was converted into a state of the art dental van. Next month, it will be permanently parked at MGH Chelsea, where it will provide dental services to patients, including the huge underserved population seen there. Because of NEW Health's independent status, it is able to bill the state's health safety net pool for those low-income patients without dental insurance.



NEW Health PCMH Team Leaders (L to R): Martha McLoughlin MD, Elizabeth Turnock MD, Michelle Ricupero NP, Paul Ketrow MD, Diane Rich MD, John Foster MD, Diane Valko NP, Darlene Ramos MD, Rebecca Patel MD, Meghan Curran NP

NEW Health has also applied for a federal grant to open a satellite health center in the public housing development of Charlestown. The new site, scheduled to open later this year, will provide primary care, behavioral health, dental and vision services. These services will include a collaborative effort with Charlestown Health Center to provide Charlestown patients with priority dental and vision appointments. In addition, NEW Health will also offer BMC Health Net and Network Health insurance plans for the many residents covered by those plans which are not accepted at MGH/Partners facilities. The center's multi-lingual, multi-cultural outreach workers have signed up countless uninsured residents to health insurance.

As a Level 3 NCQA and Joint Commission accredited patient centered medical home, NEW Health has recently gone through a major renovation to provide care in a more efficient fashion. A much larger dental department was created and a patient friendly check in/out was designed. With a grant from the state, NEW Health was also able to create an integrated primary care/behavioral health model for all our patients. Said Jim Luisi, CEO, "As the health care market undergoes tremendous change, we try to keep our focus on our mission and search for new ways and venues to help the underserved of our communities."

Administrator's Retreat

On Monday, March 30, the DGIM held its first DGIM Administrator's Retreat. The retreat, held in the Simches Conference Center, was facilitated by Sally Iles, Associate VP of Medicine and Primary Care, Shelli Mahan, Administrative Director, DGIM and Mark Kelley, MD, Director, DOM Faculty Leadership Initiatives.

The retreat brought together administrators from the clinical, educational, research and administrative areas of the DGIM. Its principal purpose was to understand key challenges for administrative leaders in the Division and begin to identify ways to address them. Additionally, it gave administrators the chance to get to know one another better. Take a moment to look at recommendations from the retreat below.



Sally Iles addresses the group

We will discuss these recommendations with physician and other leaders in the Division soon, and agree on next steps.

Administrative Recommendations

More clearly define and communicate an inspirational vision for DGIM, and its relationship to initiatives in / among Primary Care, Hospital Medicine, and Geriatric Medicine Units.

Enhance capacity within DGIM to lead / manage transformational change.

Build teams (workforce), with required skills and enthusiasm.

Special Thanks to DGIM PCTLs

As part of the DGIM strategic initiative to improve faculty career satisfaction, Mary McNaughton Collins, MD, Director, and her team in the DGIM Faculty and Staff Career and Professional Development group, recently met with the DGIM's Primary Care Team Leaders (PCTL) to present findings from an assessment of two years of career conference meetings. The data presented outlined the concerns of faculty within the division, serving as an impetus to discuss ways to approach and improve these problems. The Primary Care Team Leaders have held hundreds of career conferences and the results of the data show that having these meetings

helps physicians to plan for their future and their overall well-being. The DGIM leadership appreciate and applaud the work that these leaders have done and will continue to do to help enhance the growth of our DGIM faculty both personally and professionally. Thank you Primary Care Team Leaders!!

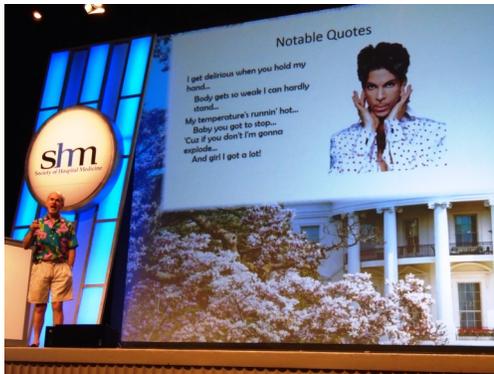


DGIM Primary Care Team Leaders

DGIM Hospitalists take part in HM15

Hospital Medicine 2015 (HM 15), the annual meeting of the Society for Hospital Medicine, was recently held in Washington DC. The conference is the largest national gathering of hospitalists with over 3,000 attendees meeting to learn, teach, network and have fun!

Every year, our physicians are invited to speak about their teaching, research and quality improvement at Massachusetts General Hospital. We were especially honored this year when Drs. Kathleen Finn and Jeff



Dr. Greenwald finds a way to work Prince into his presentation

Greenwald were asked to present "Updates in Medicine" at the conference. Due to its obvious importance, this is one of the most well-attended talk in the entire conference. It is also quite often one of the most entertaining presentations of the conference.

Kathleen and Jeff's "Updates" talk certainly did not disappoint, surpassing the high expectations associated with this annual presentation. They reviewed salient articles

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DGIM Members Honored at SGIM

The stellar work being done within the DGIM was on display at the SGIM 2015 Annual Meeting as Nancy Rigotti, MD, and the Continuous Care Initiative, which is headed by DGIM Physician Ryan Thompson, MD, were both recognized with awards.

Dr. Rigotti received the John M. Eisenberg National Award for Career Achievement in Research at the 2015 SGIM Annual meeting.

The award, named in honor of the late John M. Eisenberg, recognizes a



Dr. Rigotti during her acceptance speech senior SGIM member whose innovative research has changed the way we care for patients, conduct research, or educate students.

Among other roles, Dr. Rigotti is Associate Chief of the DGIM and the Founder and Director of the Tobacco Treatment and Research Center (TRTC) at MGH. Through her work with the TRTC, Dr. Rigotti has become a world renowned expert in the field of tobacco use and treatment. Dr. Rigotti's research spans a wide range of topics related to tobacco use and treatment and has made significant contributions on both the clinical and public health levels.

Dr. Rigotti joins Dr. Danny Singer as the second DGIM Faculty member to win the prestigious Eisenberg award.

The MGPO Continuous Care Initiative (CCI) received the Quality and Practice Innovation Award. The award recognizes innovations that improve care through safety, effectiveness, patient-centeredness, timeliness, efficiency, and equality. The CCI's Continuity Visit Program especially stood out. Through the program, physicians are automatically informed of their patient's admission, encouraged to make a continuity visit during an admission, and receive a small reimbursement. These visits are having an impact on continuity – more patients are seeing doctors they know and trust when admitted to the hospital. The program has been well received by MGPO physicians, with 97 percent reporting their continuity visit as useful to their patient and 96 percent reporting personal satisfaction from making a continuity visit.

As Medical Director of CCI, Dr. Thompson represented CCI at the SGIM award ceremony, but he is quick to point out the award is not his. Rather, the award represents the continued progress of CCI, all of which is made possible by the hard work of all involved.

News & Notes

Dr. Cynthia Cooper, a member of the Hospital Medicine Group, received the HMS faculty award for Best Clinical Instructor at Massachusetts General Hospital on May 28th. Dr. Cooper was nominated and selected for this award by members of the HMS class of 2015.



On April 1st, the **staff of Ellison 12** were among the honorees at the annual MGH Service Excellence Awards ceremony. The Ellison 12 staff were awarded for having the most improved score in the "quiet at night" category. This award is of particular note because it was determined on the basis of ratings from patients and their families, and, as such, is truly representative of the outstanding care delivered to patients on Ellison 12.



Members of the Ellison 12 Staff at the Service Excellence Awards



Dr. Lipi Roy's photoessay, "Capturing Humanity in Homelessness: a Photoessay", will be on display at the Massachusetts State House during the month of June. A reception honoring the photoessay was held at the State House on June 10. Dr. Roy's photoessay was supported by the Winickoff Scholars program.



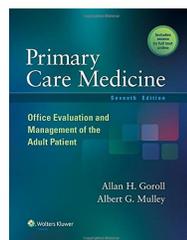
Mass. State Representatives Angelo Puppolo and Jeffery Sanchez presented Dr. Roy with a State House Certificate



Dr. Allan Goroll, Dr. Meghan Keifer, and Dr. Curtis Chong were each involved with recent publication of books which serve as important information resources nationally. *Pocket Primary Care*, authored by Dr. Keifer and Dr. Chong as part of the MGH residency program, is a "pocket-sized loose-leaf resource that offers the most current, evidence-based approaches to delivering quality care in the outpatient setting." Dr. Goroll, DGIM professor of medicine in the IMA, and former DGIM Chief Dr. Al Mulley recently published their 7th edition of *Primary Care Medicine*, which, when first published in 1981, helped define the knowledge base of primary care internal medicine and continues to be the field's leading reference text. Both books are available [Primary Care Medicine](#) on Amazon.



[Pocket Primary Care](#)



[Primary Care Medicine](#)



Dr. Travis Baggett, has been chosen as an inaugural recipient of the Department of Medicine Transformative Scholar Program Grant. Funds from the Transformative Scholar Grant will allow Dr. Baggett to expand an NIH funded trial he is currently conducting which is focused on addressing tobacco use among the homeless.

Pages: Notes from the DGIM Writer in Residence



Suzanne Koven

First Impressions

"They were new patients to me, all I had was the name, Olson."

So begins "The Use of Force," a vignette published by physician-writer William Carlos Williams in 1938. Though he called this tale about a doctor's visit to a poor family's home during a diphtheria epidemic fiction, in writing it Williams clearly drew from his own experience as an obstetrician and pediatrician in Rutherford, New Jersey.

Decades removed (usually) from house calls and diphtheria epidemics, clinicians today still find the story relevant. In a recent discussion with one of our primary care teams as part of the DGIM Writer in Residence Program, I asked whether we--as Williams did with "Olson"--sometimes form impressions about our patients based on the slimmest data: a name, an age, a gender, a diagnosis, a chief complaint. Every head in the room nodded.

First impressions are useful in medicine. Probably the most important thing new nurses and doctors learn is to develop intuition about whether patients are in immediate danger. Malcolm Gladwell, the author of *Blink: The Power of Thinking Without Thinking*, argues

that intuitions or first impressions aren't just "feelings" but brief, subconscious bursts of deductive reasoning.

Sometimes, though, first impressions lead us astray. A request for an interpreter, a birthdate from early in the last century, a medication list that includes narcotics or psychiatric drugs, a problem list featuring fibromyalgia and chronic fatigue syndrome, or even single words like "dizziness" can set off our inner alarm bells. We're certain that frustration, failure, and an out-of-control schedule await us--even before opening the exam room door. Certain, and often wrong. At least I am.

Years ago I saw a new patient whose "data" set off none of the alarms I've mentioned. He was a healthy college freshman* who just needed a school form filled out. He'd brought his pediatric immunization records, which were clipped to his chart. *Piece of cake.* I thought.

When I entered the room, though, the alarms started clanging. The young man's mother was sitting on a chair, and her body language--and then her language--indicated that she had no intention of leaving. She wasn't buying my usual line: "Since Billy is over eighteen now, it's important that he have a private relationship with his adult primary care doctor." Nothing doing. Mama was staying put.

I tried another gambit: "How about if Billy and I talk and then call you back in to answer any questions you might have, if it's okay with Billy?" Nope. Billy's mom told me that she needed to stay with him for the whole visit and that Billy--who was sitting on the exam table dangling his newly hairy legs and looking very uncomfortable--was entirely comfortable with this arrangement.

"Are you okay with this, Billy?" I asked. He grunted "Uh huh," and I proceeded.

Throughout the visit I pictured, with dread, how my relationship with my new patient--and his mother--would unfold. The endless phone calls. The repeated reminders about HIPAA. The seething resentment of a son whose mother would not let him grow up.

When we were done, Billy's mom asked if she could speak with me alone.

Uh oh, here it comes, starting already, I thought.

"I know I must seem a little pushy," she told me. "But, you see, I'm a single mom, and Billy is my only child and I've been very ill. I may not make it. I just wanted to be sure he's all set with a PCP. He'll manage on his own from now on--he'll have to."

My apprehension melted into compassion. Knowing someone's story, and not just their data, will do that to you.

And though I continued to see Billy regularly, I never heard from Billy's mom again.

**Patient details changed to protect confidentiality*



Speaking of first impressions...in the first four months of the DGIM Writer in Residence Program I've had the pleasure of meeting with several teams to discuss readings related to medicine and with individuals interested in incorporating writing into their medical careers. I've been delighted, but not surprised, to learn that our division is full of astute and sensitive readers, writers, and storytellers.

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

Read "The Use of Force" here: <http://web.stanford.edu/dept/HPS/force.html>

DGIM Hospitalists at HM15

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from the past year and provided the audience with key learning points.

They also managed to keep it light, teaching those who live outside New England about the Snowpocalypse of 2015. Additionally, we learned that Jeff may be a fan of Prince. The presentation by Drs. Finn and Greenwald demonstrated to the audience why they were chosen to give "Updates:" they are world-class clinicians and educators who also happen to be really funny.

HM 15 was also an opportunity to showcase the research being done by our hospitalists here at MGH. Drs. Nina Mani, Bijay

Acharya, and Warren

Chuang were asked to present their work at the Scientific Poster Sessions. Dr. Mani used a

case-study to illustrate the importance of biomarkers in the diagnosis of Pulmonary Embolism. Drs. Acharya and Chuang presented their work on using email alerts to dramatically increase prenoon discharges.



Dr. Gace, Left and Dr. Mahmood

MGH DIVISION OF GENERAL INTERNAL MEDICINE



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