

# EHHOP East Harlem Health *Outreach Partnership*

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2014 Annual Report



## Table of Contents

Mission Statement	3
Directors' Statement	4
Health of East Harlem	5
Overview of EHHOP Clinic Structure	6
Year in Review	7
EHHOP Vital Statistics	8
Financial Highlights	9
Updates in Patient Care	10-18
Updates in Student Education	19-22
Updates in Research & Scholarly Activity	23-24
Future Directions	25
Steering Committee	26
Faculty Guidance	27
Acknowledgments	28



## **Mission of The East Harlem Health Outreach Partnership**

Lack of access to affordable health care affects a large proportion of the East Harlem community. Since its creation in 2004, the East Harlem Health Outreach Partnership (EHHOP) has been committed to providing high quality primary and preventive health care at no cost to uninsured residents of East Harlem. It is our mission to offer our patients confidential, compassionate care in a safe and respectful environment. We aim to establish collaborative relationships with our patients. By emphasizing shared goals between patient and provider, EHHOP encourages patients to participate actively in their own physical and emotional well-being. We work with many partners within the Sinai Health System, East Harlem community, and greater New York City area to help us achieve these patient-centered goals. As medical students, we are committed to serving our patients' healthcare needs in a comprehensive and holistic way, as well as to expanding our own knowledge, skills, and ability to practice patient-centered medicine.



## **A Message From EHHOP's Medical & Program Directors, Dr. David C. Thomas and Dr. Yasmin S. Meah**

2014 marks our first year in the second decade of EHHOP's evolution. This was a year of prolific growth particularly in expanding interdisciplinary services and improving cross-communication between providers of various professions. Quality improvement efforts focused on increasing the cross-talk of social workers, nurses, nutritionists, physicians and medical students through a number of innovations that utilized new and existing platforms on electronic medical records and our EHHapp. In addition, interprofessionalism was augmented through interdisciplinary teaching rounds, joint office and home visits, and team huddles which highlighted the roles of each profession in improving the care for the sickest in our clinic. Patients made substantial contributions through the Patient Advisory Group which has continued to direct new innovations, improve existing services and transform the clinic to meet the challenges of caring for a highly vulnerable population while still providing a high-quality educational experience for medical and nursing students. Four new social workers were recruited to our team; they come from various venues across the hospital from home-based care, to the emergency room, to the preventable admissions program. Consequently, these social workers have brought incredible insights and talents to the EHHOP clinic thus expanding our advocacy efforts exponentially. Grants from the Mount Sinai Auxiliary Board, the Brick Church, and the Atran Foundation and the guidance of the EHHOP Advisory Board were crucial to expanding and improving our interdisciplinary services.

Our clinic has faced substantial challenges and growing pains in the first year of the Affordable Care Act's insurance expansion. Our students became highly skilled in assessing eligible patients for insurance and navigating patients' graduation from the EHHOP program to their new medical homes. The transition for many of these patients was not smooth and several patients left the EHHOP clinic with significant regrets-- testimony to the high-quality care and attention EHHOP students provide to the underserved in our community. As we continue down this path of medical coverage expansion, there will continue to be ethical and logistical quandaries that will challenge our students to think of the right steps when navigating high-risk persons to insurance. The advocacy our students have shown has been awe-inspiring-- a model for all clinics that harbor a high number of newly insured persons. Our students have grown more adept at understanding the healthcare system, matching patients with the most appropriate clinics and ensuring quality follow-up for the sickest in our clinic. They are committed to transitioning patients responsibly and ensuring that the most vulnerable don't fall through the cracks when they leave EHHOP's doors. EHHOP students understand that the acquisition of insurance is not tantamount to achieving high-quality affordable care.

We look to 2015 with continued hopes of success not just in the growth of our clinical and educational programs but in our reputation nationally as an advocate for student-run free clinics across the country. As Medicaid expansion has not been uniform, we see EHHOP as a national leader in offering student-run free clinics the tools to launch and grow, particularly in regions of the country in which there remains unacceptably high numbers of the uninsured. EHHOP will aim to replicate its programs, teach best practices and encourage student leaders across the country to care for the nation's poorest and sickest with the highest quality care possible.

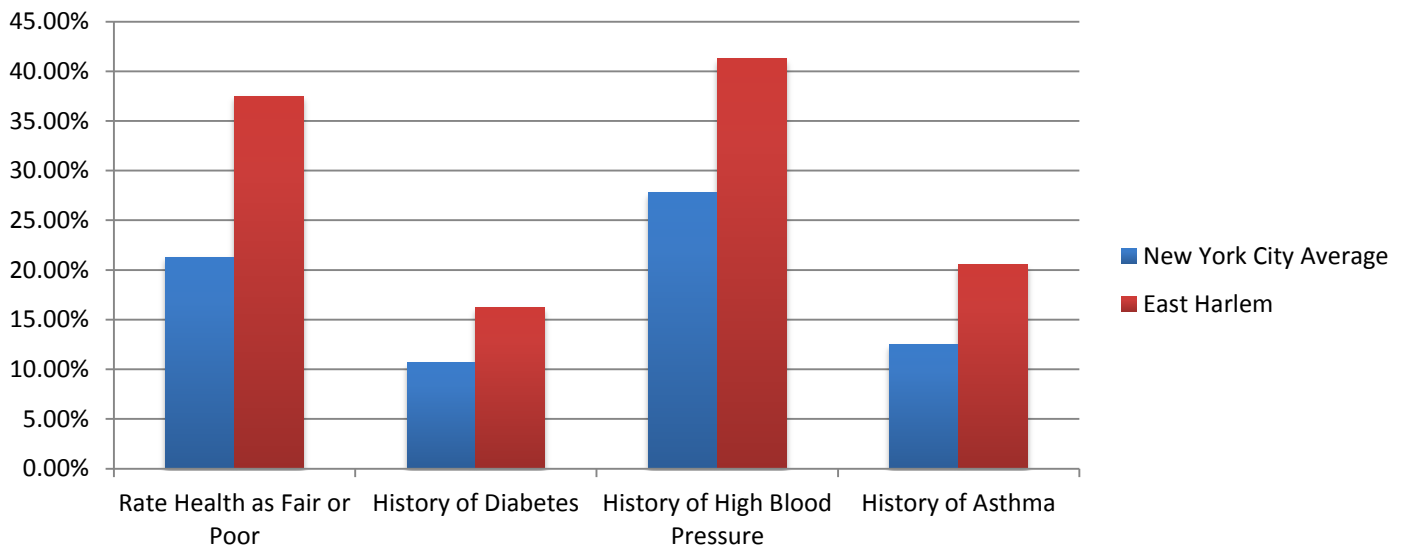


## Health of East Harlem

According to the most recent NYC Department of Health and Mental Hygiene Community Health Survey from 2012, East Harlem residents continue to experience challenges in accessing care and have poorer perceptions of personal health status and greater morbidity from chronic illness than the rest of Manhattan. In terms of access to care, nearly a quarter (24.9%) of East Harlem residents surveyed had no insurance, compared to 20% in New York City as a whole, and one fifth of East Harlem residents did not have a primary care doctor.

East Harlem residents reported worse self-perception of overall health. Thirty-seven percent of East Harlem residents reported that their health was fair or poor, in contrast to 21.3% of New York City residents as a whole. More East Harlem residents suffered from chronic illnesses such as diabetes, high blood pressure, obesity, and asthma than residents of surrounding neighborhoods. Finally, East Harlem residents faced significant barriers to obtaining preventative screening. For example, in 2012, 37.4% of East Harlem residents surveyed reported that they had not received appropriate screening for colon cancer, compared with only 22% of residents in the nearby Upper East Side.

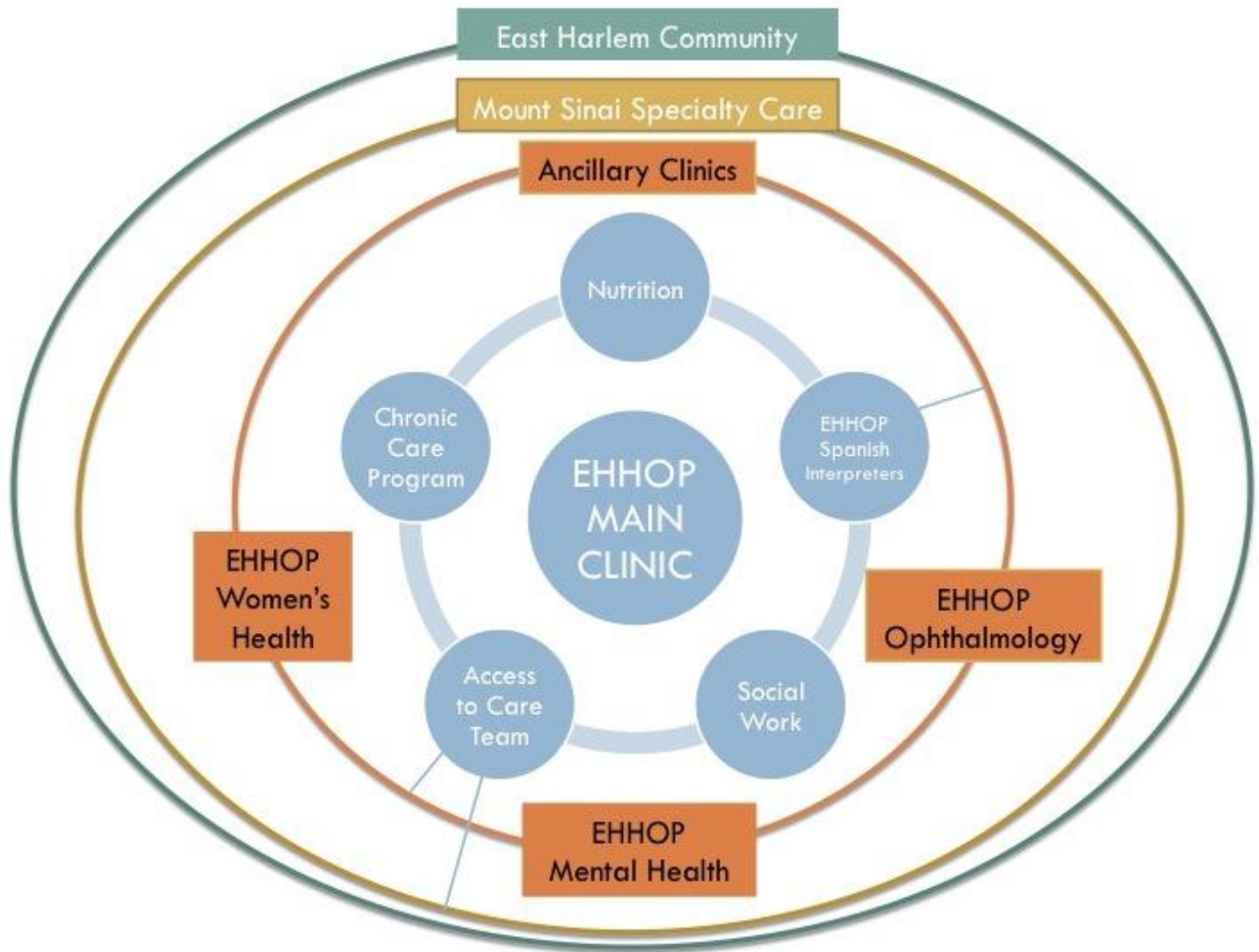
**Chronic Illness Morbidity: East Harlem vs. New York City Average**



Source: 2012 NYC Department of Health and Mental Hygiene Community Health Survey



## Overview of EHHOP Clinic Structure



### Key Terms

Teaching Senior – a select group of 4<sup>th</sup> year medical students who volunteer in EHHOP’s Main and Ancillary Clinics and oversee the clinical care of all of the patients for a given clinic day

Senior Clinician – 3<sup>rd</sup> or 4<sup>th</sup> year medical students who volunteer to see 1-2 patients on a given clinic day at EHHOP’s Main or Ancillary Clinics

Junior Clinician – 1<sup>st</sup> or 2<sup>nd</sup> year medical students who shadow Senior Clinicians during patient visits in EHHOP’s Main and Ancillary Clinics and participate in select parts of the patient history and physical exam



## Year in Review

Over the past year, EHHOP has had significant accomplishments in the domains of patient care, education, research, clinic sustainability, and organization building. These accomplishments have furthered our goal of creating a sustainable, patient centered medical home.

### 2014 Accomplishments at a Glance

- Patient Care:
  - Expansion of social work team size and scope to increase integration of patient care and encourage meaningful use of social work services
  - Initiation of “lifestyle workshop” patient education series to assist patients in behavioral change for better health
  - Creation of Primary Care Providers program to ensure clinic coverage and increase census of patients receiving longitudinal care from a single provider
  
- Education & Research:
  - Creation of Physician Scientist Track to support clinical growth of MD/PhD students during their research years
  - Expansion of Chronic Care Curriculum to entire student body to expand the reach of EHHOP’s educational opportunities
  - Establishment of Topic of the Month Lecture series for pre-clinical students focused on skills critical to sensitive care of the underserved
  - Acceptance of a record number of abstracts to the Society for Student Run Free Clinics Annual Meeting, resulting in oral presentations, poster presentations, workshops and panel participation
  
- Clinic Sustainability & Organization Building:
  - Achievement of record high in clinic revenue, thanks to EHHOP’s 10-year Anniversary Gala
  - Generation of a five-year strategic plan for EHHOP’s development, to provide consistency in fundraising and development focuses across student leadership teams



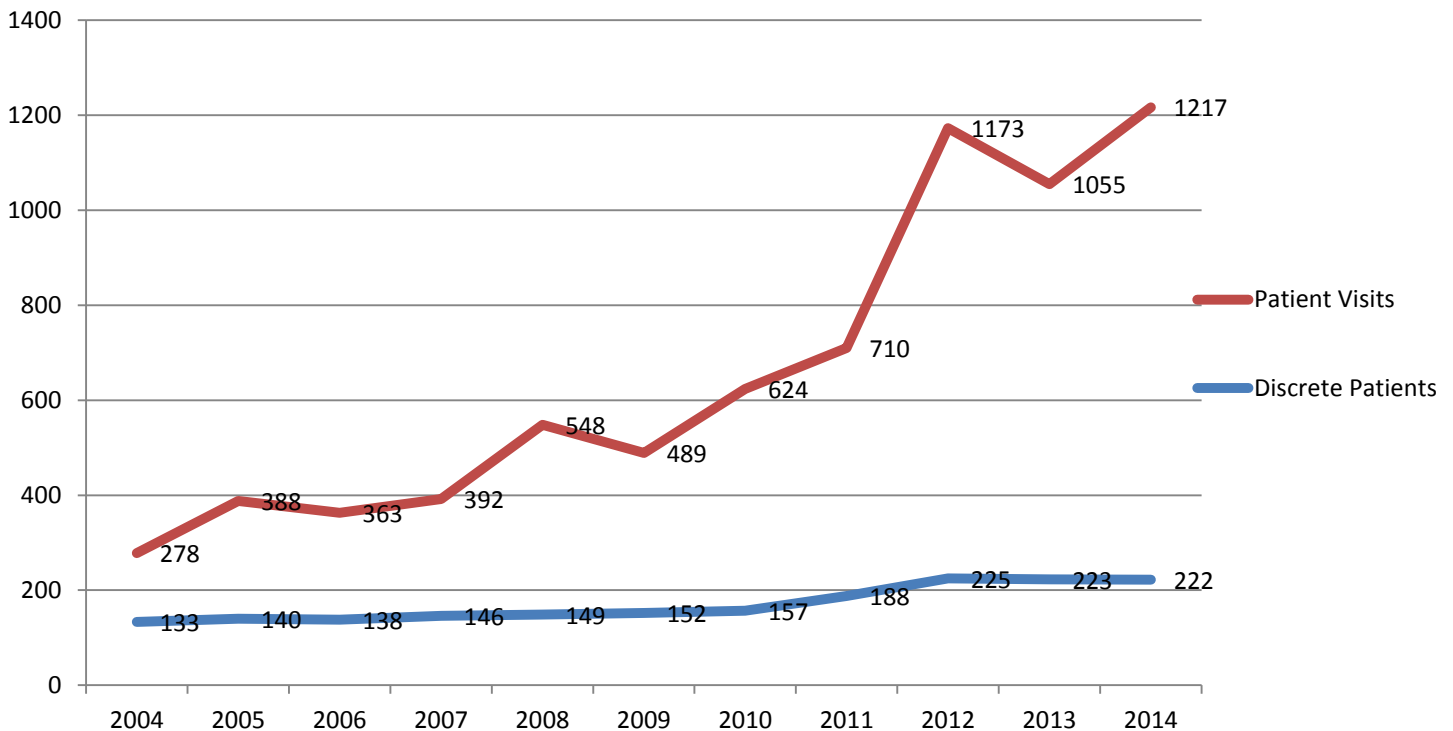
## EHHOP Vital Statistics

In 2014, EHHOP provided over 1,200 clinic visits to 222 individual patients. This included 146 social work visits, 46 nutrition consultations, and 21 nursing visits. Thanks to persistent community outreach, EHHOP continued to reach many new patients in 2014, with 40 new patients presenting to the main medical clinic, 19 new patients to the mental health clinic, and 12 new patients to the women’s health clinic. As a result of the Affordable Care Act, 35 EHHOP patients received insurance this year and were transitioned to new providers in the community.

The most common diagnoses at each encounter were health maintenance, diabetes, depression, high blood pressure, and high cholesterol. These health problems have consistently been the most common EHHOP diagnoses for the past ten years.

Many of the patients we treated in 2014 were young, working, Latino immigrants living below the poverty line. A small subset of EHHOP patients were also American-born citizens who did not receive health benefits through their employers and missed the enrollment period for public insurance or felt that the insurance plans offered through the New York State Insurance Exchange were unaffordable.

### EHHOP Patient Visits 2004-2014







## Financial Highlights

In 2014, EHHOP raised \$132,091 in revenue and had \$89,629 in expenditures. These are the highest revenue and expenditure figures in the history of EHHOP. In large part, the increase in revenue was due to the fundraising success of the 10-year Anniversary Gala. Rising expenditures were largely attributable to increasing pharmacy costs (\$56,335 in 2014, up from 36,874 in 2013). EHHOP is actively investigating options for reduction of formulary and operating costs where possible (e.g. by switching to a less expensive online telephone service).

<b>EHHOP Revenue: 2014</b>	
Atran Foundation Grant	\$24,920.00
Fast-a-thon	\$7,257.42
10-year Anniversary Gala	\$85,785.35
Amazon donations	\$172.04
Other grants and individual donations	\$13,955.89
<b>TOTAL REVENUE, 2014</b>	<b>\$132,090.70</b>

<b>EHHOP Expenditures: 2014</b>	
Pharmacy	\$56,334.87
Social Work	\$10,072.97
10-year Anniversary Gala	\$18,888.40
HIV Testing	\$1,627.50
General operations, supplies, misc.	\$2,705.23
<b>TOTAL EXPENSES, 2014</b>	<b>\$89,628.97</b>

As in past years, EHHOP received a great deal of support from the Icahn School of Medicine at Mount Sinai and the Mount Sinai Hospital in 2014. The School of Medicine donates administrative personnel and accounting/financial services. Mount Sinai Hospital's Internal Medicine Associates, Ophthalmology, OB/GYN, Clinical Laboratory, Pathology, and Radiology departments donate clinical space, supplies, laboratory, and radiologic services. In addition, numerous Mount Sinai physicians offer care to EHHOP patients at reduced or no cost. This support is crucial in keeping EHHOP's operating costs at a sustainable level.



## Updates in Patient Care

In EHHOP's continuing efforts to become a patient centered medical home, many of the clinic's innovations in 2014 focused on: bolstering the presence of ancillary and specialty services within our clinic setting; improving integration of and communication between those services, and; providing longitudinal care for patients through the appointment of a primary care provider. These initiatives not only improve the quality of EHHOP's patient care, they provide increased exposure for students to the principles of interdisciplinary care and to the rewards of longitudinal patient care.



### Chronic Care Program

Patients with complex, chronic medical needs are enrolled in EHHOP's Chronic Care program. This program matches a team of one third year student clinician and one fourth year student mentor with 1-3 patients. The students care for these patients longitudinally, seeing them in clinic 2-6 times per year, following patients over the phone, and coordinating specialty referrals. The benefits of such close follow up and longitudinal care are clear. Patients enrolled in this program experience improved outcomes in the management of their chronic illnesses, e.g improved glycemic control among diabetic patients, as a result not only of improved specialty care coordination but also as a result of their increased likelihood to present for care with a provider with whom they are familiar. The program also provides an important educational opportunity for participating students who receive tailored mentorship and education in the provision of longitudinal care for the underserved in a primary care setting. In 2014, 18 third year medical students, mentored by 12 fourth year students, provided longitudinal management to a total of 57 patients.



## Updates in Patient Care, *Continued*

### Primary Care Providers Program

In recognition of the patient care and student education successes of the Chronic Care Program, and to bolster student volunteerism, 2014 saw the establishment of the Primary Care Providers program. EHHOP occasionally has trouble-- particularly during transitions between academic years-- staffing EHHOP with student clinicians. The Primary Care Providers program gives participating students priority as volunteers in exchange for a guarantee of at least five days of volunteerism over the course of the year-- and also offers the possibility of building a longitudinal patient panel with mentorship from a senior student. In its inaugural year, 34 students signed up for the program, and seven students were able to build a panel of patients for whom they cared longitudinally. Additionally, since the inception of the program, EHHOP has had more requests from student clinician volunteers than it is able to accommodate.

### Physician-Scientist Track

MD/PhD students complete three to four years of dedicated research between the second and third years of their medical training. They represent a large, traditionally underutilized pool of potential student volunteers. Aside from the few students per year participating in the Chronic Care program, MD/PhD students have been reticent to volunteer after time away from the clinical setting.



In recognition of EHHOP's need for consistent volunteerism and this untapped resource, the Physician Scientist Track was established in 2014 as a means of bringing MD/PhD students into clinic as senior clinicians while providing them didactic and in-clinic support to increase their level of comfort. Each new Physician Scientist Track (PST) clinician was paired with an experienced MD/PhD "co-senior" guide for his or her first clinic day as a clinician in clinic to assist with their integration into clinic flow. All PST students also participated in physical exam practice sessions with faculty and Chronic Care didactics to refresh their clinical skills. Additionally, an at-home study syllabus consisting of selected readings and questions was provided. In its inaugural year, the PST recruited 19 MD/PhD students who served as Senior Clinicians a total of 54 times over the first eight months of the program.



## Updates in Patient Care, *Continued*

### Medical Clinic

EHHOP’s main medical clinic continues to be the hub of clinical activity at EHHOP, providing new patient evaluations, comprehensive and focused follow up visits and laboratory testing to 222 patients. This past year, the medical clinic delivered care at 732 patient encounters. Visits focused not only on the management of urgent and chronic illness, a portion of each visit is also dedicated to preventative health care including screening tests and discussion of lifestyle changes that patients can make to improve their overall health. Furthermore, ancillary services such as nursing care, social work and nutrition (see dedicated sections for details) find their home within the main medical clinic.

Medical Clinic Patient Encounters	
Return Visits	386
Quick Visits	163
New Visits	40
Walk-In Visits	12
Labs-only Visits	131
<b>Total Visits: Medical Clinic</b>	<b>732</b>

Ancillary Clinics and Services Patient Encounters	
Mental Health Clinic Visits	150
Ophthalmology Clinic Visits	57
Women’s Health Clinic Visits	38
Social Work Visits	146
Nursing Visits	21
Nutrition Visits	46
ACT-only Visits	27
<b>Total Visits: Ancillary Clinics and Services</b>	<b>485</b>



## Updates in Patient Care, *Continued*

### Cardiology Clinic

In its first full year of operation, the EHHOP Cardiology Clinic provided outstanding patient care in 24 encounters across nine clinic days. Eighteen new patients were referred to the clinic and six patients were seen for follow-up visits. Patients were followed for the management of a wide range of cardiovascular diseases including hypertension, arrhythmia, coronary artery disease, and congestive heart failure. Patients were seen by student clinicians under the guidance of two Mount Sinai Cardiology Fellows: Dr. Brandon Wiley and Dr. Deena Goldwater. The clinic provided comprehensive cardiovascular exams including ECG testing and bedside echocardiography. The cardiology fellows worked with EHHOP leadership to establish protocols for referring patients for cardiac stress testing at reduced cost. Additionally, the cardiology fellows worked with EHHOP Teaching Seniors and Chronic Care seniors to develop cardiology didactics focused on ECG reading and primary care management of hypertension and hyperlipidemia.

### Women's Health Clinic

Under the guidance of Dr. Jacobs and the newly appointed Dr. Nentin, EHHOP's Women's Health Clinic continued to provide high quality women's health care for patients in 2014, with consistent monthly clinics. This year, the clinic saw 12 new patients and had 28 return visits. While student volunteerism was robust in 2014 through a new recruitment method; physician recruitment suffered somewhat as a result of changes in incentives provided for volunteers by Mount Sinai's OB/GYN department.



Innovations in the Women's Health Clinic focused on expansion of patient capacity and collaboration with the main medical clinic to ensure that primary care women's health issues were appropriately integrated into regular visits. The clinic expanded its capacity for patients from four to five per session by allowing for focused visits with Teaching Seniors for issues such as IUD string checks or results consultations. This not only increased patient capacity, but also ensured that full visits were unrushed and therefore maximally educational for student clinicians. Women's Health Clinic leadership worked with Drs. Chen and Leipzig to establish a protocol for pelvic exams conducted in the main medical clinic, which requires that all routine pap smears be done at main clinic to underline the importance of integration of women's health into overall primary care at main clinic.



## Updates in Patient Care, *Continued*

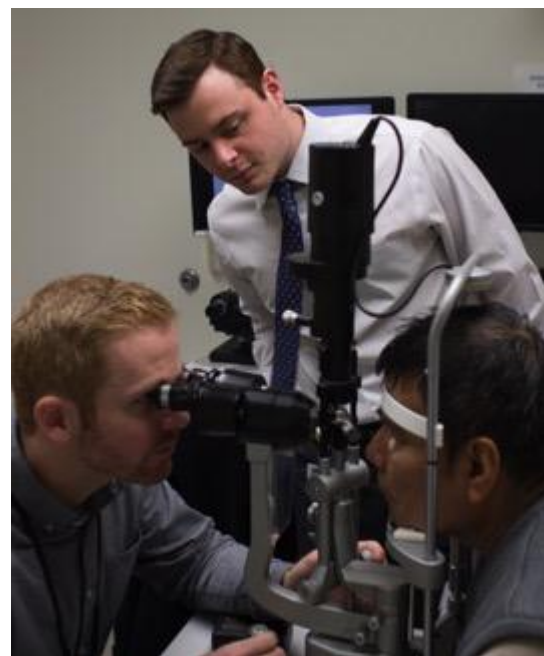
### Mental Health Clinic

Under the guidance of Dr. Craig Katz, the Mental Health clinic continued to provide high quality, longitudinal mental health care for EHHOP patients in 2014, holding 2-3 clinic days per month. The clinic continues to grow; 2014 saw 19 new patient referrals to mental health and 131 return appointments, providing evaluations, medication management, and supportive psychotherapy for a variety of conditions including anxiety, depression, and post-traumatic stress disorder.

Innovations in clinic focused on improved integration of mental health services with patients' other healthcare providers and inclusion of more student clinicians from different stages in their clinical education. In keeping with this year's focus on improved integration of care, Mental Health clinicians focused on communication with other arms of EHHOP including the medical clinic, social work, and the Access to Care Team. The team of Senior Clinicians, each of whom carried their own patient panel, included both fourth year medical students, and for the first time this year, third year medical students, MD/PhD students, as well as first and second year medical students who observed interactions to learn about patient interviews, note-writing, patient presentations, and sign-outs. Finally, clinic leadership initiated monthly clinical meetings under Dr. Katz's supervision to discuss clinical topics and difficult cases in order to further education and improvements in patient care.

### Ophthalmology Clinic

Under the guidance of Drs. Tamiesha Frempong, Albert Wu and Brian Do, EHHOP's Ophthalmology clinic continued to provide important screening exams for diabetic and hypertensive retinopathy, evaluations of urgent ophthalmic complaints, and refractive services in 2014. The clinic saw 40 new patients and 17 follow-up patients. Innovations this year focused on recruiting additional supervising clinicians to allow for continued management of advanced ocular diseases at reduced expense. EHHOPhtho's clinical team included, for the first time, several Mount Sinai ophthalmology residents, who provided additional teaching in both disease diagnosis and technical skills. The clinic continued to partner with New Eyes for the Needy to provide free eyeglasses to EHHOP patients.





## Updates in Patient Care, *Continued*

### Social Work

This year EHHOP was thrilled to bring on four additional social workers for a total of five social workers rotating through EHHOP on a weekly basis. The expansion of the social work team aligns with this year's overarching goal of expanding our interdisciplinary services at EHHOP and building a team-based care delivery model. The social workers' selection and training reflected this focus as well.

In addition to evincing commitment to EHHOP's mission of serving the underserved, all social workers expressed an interest in educating EHHOP's student volunteers on the role of social work in the primary care setting and in working with them to design and implement clinical innovations focused on improved interdisciplinary communication and care. As part of their



training, new hires underwent, a webinar-based orientation session, a full clinic day with direct supervision from experienced EHHOP social workers, and a clinic day working in pairs alongside another new social worker. A month after their training, EHHOP leadership orchestrated an person Q&A with an experienced social worker and EHHOP clinical leadership to build rapport and reinforce lines of communication toward supporting the interdisciplinary interests with which these new social workers were hired. These new hires and additional training time were made possible by a generous grant from the Auxiliary Board at the Icahn School of Medicine at Mount Sinai.

In addition to selecting for and training social workers with an interdisciplinary focus, EHHOP has also changed the daily schedule of Social Work at clinic to protect interdisciplinary communication and rapport. With the aim of fostering teamwork and improving communication, social workers now arrive at clinic in time to participate in morning rounds with Teaching Seniors, Senior Clinicians, and Access to Care Team members. During this time, each patient is discussed at length with the entire interdisciplinary team. Following morning rounds, social workers have four scheduled patients, but are also encouraged to see patients urgently in the event of cancellations or down time. Finally, social workers have been encouraged to spend any "free" time in the preceptor room where students present patient cases to supervising physicians, so that they can provide social work-specific insights on the case in real time.



## Updates in Patient Care, *Continued*

### **Nutrition**

EHHOP's nutritionist, Kelly Hogan, provided 46 individual patient consultations over the past year. She has also participated in multiple educational outreach initiatives in an effort to reach more of EHHOP's patient population, including a new discussion-based wellness group known as Lifestyle Workshops. A highly successful first session focused on general nutrition tips and portion sizes; the seven patients who attended found the workshops extremely helpful and were able to get questions about their diet answered in a group discussion format. These workshops will now take place every two months at EHHOP.

Additionally, as part of this year's effort to expand educational opportunities and improve inclusion of multiple disciplines in patient care, Junior Clinicians (1<sup>st</sup> and 2<sup>nd</sup> year medical students) were trained to teach basic nutrition to patients using a standardized lesson. The lesson's script was developed by EHHOP's Quality Improvement Council and involved reviewing the NYC Department of Health's "My Plate Planner" and assisting patients in setting nutritional goals. EHHOP's nutritionist partnered with Janelle Santos, a 2<sup>nd</sup> year medical student, to deliver hands-on group training session that instructed Junior Clinicians about how to talk to patients about nutrition in an effective and culturally sensitive way. Thirty-three junior clinicians were able to complete the nutrition lesson with 56 patients. These scripts are now available for all junior clinicians to use during the clinic day. This will allow these lessons to be disseminated to a larger number of patients and will give more 1<sup>st</sup> and 2<sup>nd</sup> year medical students valuable experience teaching and counseling their patients.

Future goals for nutrition at EHHOP include tracking patient progress in achieving their nutrition goals as well as developing and giving out nutrition brochures to patients. One second year student has already developed a brochure on culturally-appropriate tips on how to cut back on portion sizes.

### **Nursing Care**

For the second year running, EHHOP has been able to provide nursing care by partnering with the New York University College of Nursing. Each clinic day, MD/PhD and MD students were joined by a nursing student who independently saw 1-3 patients. The inclusion of nursing care in EHHOP's services allows for close patient follow up in focused nursing care visits for issues such as insulin titration. Additionally, the presence of nursing in the clinic expands student exposure to interdisciplinary care and ensures that EHHOP provides education in care for the underserved not only for MD students, but for students from other disciplines and other institutions.

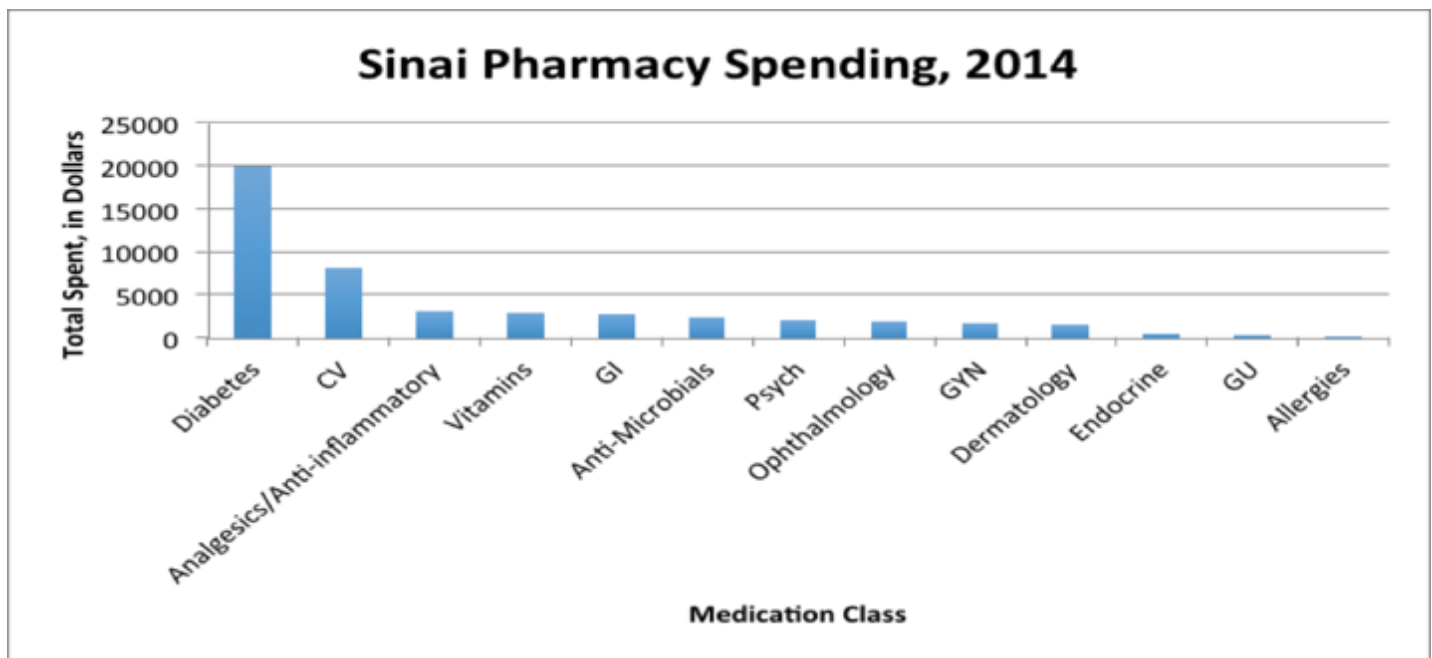




## Updates in Patient Care, *Continued*

### Pharmacy

To contain expenditures while providing high quality care, our student-pharmacy team employs a three-pronged approach: partnering with Mount Sinai Hospital pharmacists to save costs on prescribed drugs and maintain a formulary where drug costs are available at point-of-care; using Patient Drug Assistance Programs (PDAPs) to procure expensive, off-formulary medications; and targeting cost-reduction of commonly prescribed diabetic testing supplies (glucose meters, blood glucose test strips, lancets, and insulin syringes). Last year, to reduce costs, EHHOP contacted a diabetic care supply wholesale company that provided testing supplies at a discount. However, this partnership was short-lived due to fluctuations in pricing and employee turnover at the wholesaler. This year, EHHOP partnered with *Medline*, a Mount Sinai Hospital-approved medical supply vendor which has improved reliability and quality control. Diabetes care supplies continue to represent one of EHHOP’s largest expenditures. From July 2012 to May 2013, EHHOP paid a local pharmacy \$7463 for diabetic testing supplies —approximately 20% of EHHOP’s total pharmacy spending that year. With Medline as our vendor this year, we are projecting the cost of diabetic testing supplies to be approximately \$3600, a 51% reduction in spending.



EHHOP prescription expenditures in 2014 totaled \$51,284 for medications obtained via the Mount Sinai Hospital Pharmacy. The majority of pharmacy spending is on medications for diabetes, cardiovascular disease, and anti-inflammatories, reflecting our status as a primary care clinic serving patients with chronic illnesses. The pharmacy team also managed 27 PDAPs this year, up from 21 in 2013. Finally, EHHOP’s pharmacy goals for 2015 include improving clinician adherence to EHHOP’s formulary and reducing scripts written for unaffordable over-the-counter medications.



## Updates in Patient Care, *Continued*

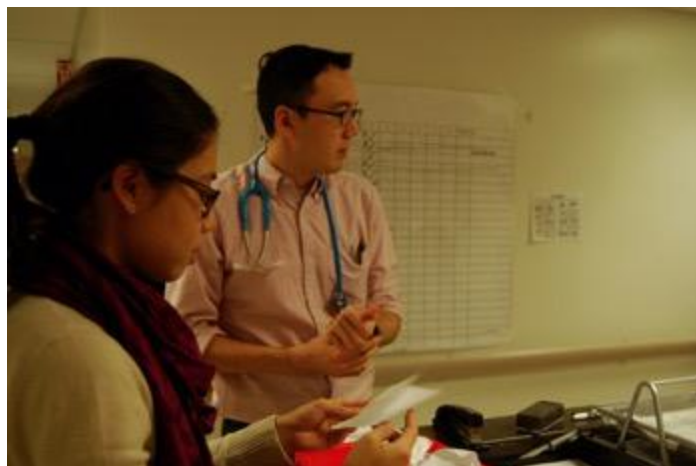
### Access to Care Team

EHHOP's Access to Care Team (ACT) is a group of first and second year medical students who help connect patients to resources and referrals that cannot be provided at EHHOP. Several changes have been made to the ACT weekly processes this year in an effort to improve patient care. For example, ACT implemented a "Fast Track" to respond to urgent patient issues in order to ensure that those needs were being handled in a timely manner after clinic. ACT also made improvements to the pre-clinic guide – a summary and triaging of all of the patient issues for each clinic day – again, to ensure that ACT members did not miss the opportunity to speak to patients. Finally, ACT implemented monthly check-ins for ACT Case Managers to share their experiences and troubleshoot problems.

ACT also worked to strengthen existing community and hospital partnerships, as well as create new collaborations. EHHOP now has new institutions to which they may refer patients for free asymptomatic colonoscopies, physical therapy, Hepatitis C Virus therapy, radiation oncology, oral surgery, and cardiac holter monitoring. Additionally ACT negotiated a discount rate for EHHOP patients in need of MRI and CT scans. To maintain and manage EHHOP's relationship with these new referral locations, ACT created a Community Referrals Manager position.

Due to the Affordable Care Act, the number of EHHOP patients who were eligible for insurance expanded this year. The Access to Care Team created a new protocol for patients who acquired insurance and needed to transition their care out of EHHOP. ACT organized an insurance enrollment day in the clinic that was staffed by NY State Insurance Navigators. To date, 35 patients have been enrolled in insurance and transitioned from EHHOP's care.

Finally, ACT made several changes to its training for first year medical students in 2014. ACT improved on past training sessions and supplemented new information on hospital policy changes due to the Affordable Care Act. ACT leadership also paired first year ACT trainees with second year ACT Case Managers to allow for personalized mentorship and a seamless transition of patient caseloads.





## Updates in Student Education

Innovations in student education this year focused on increasing the accessibility of EHHOP's unique educational opportunities in primary care patient management, care for the underserved, and advocacy. The expansion of the Chronic Care curriculum to the entire Icahn School of Medicine at Mount Sinai student body, the initiation of a "Topic of the Month" series targeted specifically toward pre-clinical students, and the development of the InFocus curriculum by EHHOP leaders assured that even students not regularly present in clinic acquire some of the basic skills for the management of chronic illness and patient advocacy. Additionally, the first ever Primary Care Clinical Skills Night served as an important opportunity for collaboration between student groups promoting careers in primary care.

### Social Work Educational Initiatives

As social work has become a greater presence during the clinic day, EHHOP leadership has also worked to increase social work's presence in EHHOP's educational activities. To be comfortable working in interdisciplinary teams, students must understand what social workers do and how valuable they are to effective patient care. To this end, social work has participated in Senior Clinician training and Chronic Care didactics to provide the social work perspective on common primary care topics. Starting later this year, social work will also participate in running EHHOP's morning didactics which have historically been led exclusively by Teaching Seniors.





## Updates in Student Education, *Continued*

### Physician Scientist Track Curriculum

MD/PhD students complete 3-4 years of laboratory research between the second and third years of their clinical training. Perhaps unsurprisingly given this long absence, upon returning to clinic they underperform relative to their peers and report feeling underprepared. EHHOP's Chronic Care program, which typically had the participation of a few MD/PhD students, was not an optimal educational experience for MD/PhD students because these students saw a limited number of diagnoses, and did not receive any additional mentorship or training to address their unique needs.

The Physician Scientist Track (PST) was established with the goal of maintaining and building clinical knowledge continuously during the PhD years. Each PST student committed to 8 clinic days as a Senior Clinician, seeing patients from the general EHHOP population with diverse complaints. To limit anxiety during their first clinic day, new PST clinicians were paired with experienced MD/PhD Co-Seniors.

To supplement clinical knowledge, PST students were asked to complete a detailed at-home syllabus consisting of practice questions from *MKSAP for Students* and monthly readings from texts such as *Step Up to Medicine*. These readings and questions are organized around a monthly theme relevant to primary care, such as diabetes, mental health issues, and women's health. This curriculum currently spans three years of the students' PhD training.

To improve physical exam skills, several case-based practice sessions covering specific exam areas such as the low back, shoulder and eye exams have been organized with physician preceptors. Additionally, PST students are expected to attend existing monthly Chronic Care didactics.

Survey data were gathered at 3-month intervals to assess the efficacy of the program. In addition to large increases in participation at EHHOP, small improvements in self-reported comfort were noted in the areas of presenting to attendings, writing student notes, and using EPIC, Mount Sinai's electronic medical record. Objective performance also improved on pop-quiz questions about details of diabetes, hyperlipidemia, and obesity management.





## Updates in Student Education, *Continued*

### Topic of the Month

The “Topic of the Month” is a new lecture series designed for pre-clinical first and second year medical students. Each interactive session adds to a toolkit for pre-clinical students to use in their clinical interactions with patients. This series was designed to deepen the impact of clinical interactions that pre-clinical students can have with EHHOP patients. Specifically, this lecture series has several goals: 1) Engage pre-clinical students in EHHOP’s mission and structure, 2) Empower pre-clinical students to advocate and teach their patients, 3) Enhance understanding of the unique aspects of EHHOP’s underserved patient population, and how social, environmental, and cultural factors contribute to health, and 4) Build skills and knowledge that will enhance their ability as Junior Clinicians and future Senior Clinicians. Topics included motivational interviewing, nutritional counseling specific to East Harlem, medication reconciliation and tactics to improve compliance, and practical use of social and legal resources in underserved communities. These were frequently co-taught with interdisciplinary healthcare team members, to improve collaboration with non-MD health care workers.

### EHHOP Grand Rounds

EHHOP’s Grand Rounds are opportunities for Senior Clinicians to present interesting or challenging cases to the students and faculty at the Icahn School of Medicine at Mount Sinai. Grand rounds were very successful this year. The Fall Grand Rounds discussed work-up and management of joint pain in the primary care setting, and the Spring Grand Rounds discussed the treatment and complications of alcoholism.





## Updates in Student Education, *Continued*

### Primary Care Clinical Skills Night

EHHOP partnered with Primary Care Progress, Medical Students for Choice, the Geriatrics Interest Group, the Palliative Care Interest Group, the Internal Medicine Interest Group, the Pediatrics Interest Group, and the Family Medicine Interest Group to create a night dedicated to teaching diagnostic and procedural tools commonly employed in the primary care setting. Students were exposed to Intrauterine device and Nexplanon placement, the “Get Up and Go Test,” a sport’s medicine didactic, the diabetic foot exam, and a session stressing supportive communication in palliative care.

### InFocus Curriculum

EHHOP’s Access to Care Team (ACT) was asked by Medical Education to assist with the design of breakout sessions for InFocus 1, a mandatory element of the 1<sup>st</sup> year medical student curriculum that focuses on health disparities and advocacy. The session provided medical students with basic advocacy tools in helping patients find and receive various benefits through public safety net mechanisms. Topics covered included the ACA, public health insurance options, charity care, how to obtain cheap and/or free medicines for patients, and various resources available for patients when being planned for discharge from the inpatient units. The session was run in the format of small group discussions, with two former ACT Case Managers co-leading each of the small groups.

Prior to the session, 1<sup>st</sup> year medical students were given a homework assignment to familiarize themselves with tools like the EHHapp and HITESite. Student participants rated the session highly, and provided useful feedback. ACT hopes to use the comments to strengthen the session for the future.





## Updates in Research & Scholarly Activity

This year, EHHOP had a hugely successful year in implementing and disseminating a variety of research projects. Ten students were sent to the Society for Student Run Free Clinics (SSRFC) National Conference in February 2015, which took place in Atlanta, GA. There, students presented well-received and popular posters, presentations, and panels on various topics. In addition, one project was accepted for presentation at the Medical Informatics Europe Conference (EMIC) in Madrid, Spain.

### EMIC Presentation

“A User-Editable Web-Based Platform to Streamline Information Flow” (presented by Mark Finklestein, MD Year 2)

### SSRFC Conference Presentations

#### *Posters*

- “Facilitating Interprofessional Communication within the East Harlem Health Outreach Partnership (EHHOP)” (presented by Sandhya Chandrasekaran, MD/PhD Year 2)
- “An Integrated Fitness Service at the East Harlem Health Outreach Partnership to Encourage Community Driven Health Maintenance” (presented by Sandra Fong, MD Year 2)
- “Patient Ambassadors: Helping Patients Navigate the Healthcare System at a Student Run Clinic” (presented by Thuy-An Tran, MD Year 2)
- “Patient Nutrition Education at EHHOP: Goal-setting and the Healthy Plate Method” (presented by Nancy Yang, MD Year 2)

#### *Oral Presentations*

- “Patient Health Insurance Enrollment at the East Harlem Health Outreach Partnership” (presented by Alexander Chartrain, MD Year 2)
- “Quality Improvement at the East Harlem Health Outreach Partnership: A Primer” (presented by David Chiang, MD/PhD Year 6)
- “Creating a Dynamic Phone System for the East Harlem Health Outreach Partnership” (presented by Mark Finklestein, MD Year 2)
- “Standardization of Social Work Intake Notes at the East Harlem Health Outreach Partnership” (presented by Amreen Rahman, MD Year 2)
- “Improving interdisciplinary care and education: A proposal from the East Harlem Health Outreach Partnership” (presented by Eric Woods, MD Year 2)

#### *Panel Discussion*

- “Phone Applications: Panel Discussion” (Ammar Siddiqui, MD Year 4)



## Updates in Research & Scholarly Activity

### Quality Improvement Council

EHHOP's Quality Improvement Council is a group of students who learn about quality improvement methodology and then apply those skills to a project in the clinic that they design. This year, the Quality Improvement Council had three groups, each consisting of five students, who chose to hone in on three major problems at EHHOP. The areas of focus were Interprofessional Communication, Social Work, and Patient Nutrition. Each of the groups successfully defined and analyzed their chosen areas of need, and worked under the guidance of the student Steering Committee and EHHOP faculty over the year to develop and test interventions to address these needs. These projects were then presented at EHHOP grand rounds in February 2015. The three projects were:

1. *Patient Nutrition Education via the Healthy Plate Method*: Patients were surveyed on their understanding of healthy nutritional habits in accordance with the NYC Department of Health Healthy Plate Method. An intervention was developed in the form of a script which allowed Junior Clinicians to teach patients about nutrition.
2. *Interprofessional Communication*: Providers were surveyed about their understanding of the utility of the referrals they ordered from the main clinic, and were encouraged to think about communicating referral questions and answers more clearly. This project resulted in a novel Epic smart phrase for Teaching Seniors to use during sign-outs to improve the clarity of referral documentation.
3. *Standardizing Social Work Intake Notes*: In response to concerns that there was a disconnect between social workers and other providers at EHHOP, this team surveyed multiple providers and identified intake notes as an area that many providers agreed could be more standardized. A new "smartphrase" was developed in the electronic medical record in conjunction with social workers and other EHHOP providers to serve as a comprehensive directory of information about patients' social health.







## Future Directions

EHHOP is a dynamic organization that evolves every year. And yet, it has stuck true to its mission to provide for patients who have no other source of healthcare, to educate students on primary care in underserved settings, and to research innovative solutions to these problems. It has played a significant role in the education of countless medical students at the Icahn School of Medicine at Mount Sinai and will continue to do so for years to come. Moving forward, we expect EHHOP to:

- ***Continue expanding the number of professional disciplines represented at EHHOP:*** The past year has been an exciting year of growth in our provision of interdisciplinary care coordination and student education. As we continue to grow these initiatives, we hope to add trainees and practitioners from disciplines such as pharmacy and physical therapy to the clinic.
- ***Integrate communication technologies into patient care:*** For the past several years, EHHOP has been a model for the incorporation of technology into patient care coordination, through use of the EHHApp and piloting of a patient text message service. In patient advisory groups this year, patients expressed a desire to move toward a text or email-based form of communication with clinicians. We hope to continue to grow the use of communication technologies, including text messaging, to improve our efficiency of communication and increase patient satisfaction.
- ***Implement EHHOP's Five-Year Strategic Plan:*** The development of a strategic plan that seeks to set long-term clinic goals for the next five years was created this year in collaboration with the Steering Committee, Executive Committee, Advisory Board and Mount Sinai Development Office. The plan reflected a recognition of what is both EHHOP's greatest asset, and its greatest liability—our frequent volunteer turnover. It is intended to provide an overarching guide for EHHOP's next five Steering Committees, to set a consistent course in keeping with EHHOP's founding principles that allows latitude to accommodate the ideas and enthusiasm of each new Steering Committee. Objectives outlined in the strategic plan include 1) continuing to provide high quality, cost-conscious patient care; 2) establishing EHHOP as a patient advocacy resource at the Icahn School of Medicine at Mount Sinai; 3) establishing EHHOP as a national brand by making it a learning and advocacy resource for student-run free clinics, and; 4) growing EHHOP's philanthropic component to stimulate financial sustainability. This year will reveal its functionality as a resource to EHHOP leadership and funders; we hope it will be a useful framework for EHHOP's future.



## 2014-2015 Steering Committee

### Clinic Co-Chairs

Alexandra Bachorik  
Eric Woods

### Operations Chair

Chloe Ciccariello

### Chief Teaching Senior

Jillian Nickerson

### Chief Clinic Manger

Juliana Taney

### Benefits Chair

John Rhee

### Referrals Chair

Scott Weinreb

### Physician Recruitment Chair

William Rubenstein

### Patient Navigation and Wellness Chair

Thuy-An Tran

### Pharmacy Chair

Eric Xu

### Student Recruitment Chair

Danielle Barcak

### Student Education Chair

Lauren Feld

### Research Chair

David Chiang

### ACT Coordinator

Katie Arden

### Information Technology Coordinator

Mark Finkelstein

### Events & Alumni Coordinator

Maureen Byrne

### Community Outreach Coordinator

Natalie Davis

### Research Coordinator

Ammar Siddiqui

### Finance Coordinator

Preston Atteberry

### EHHOP Spanish Interpreters Program Coordinator

Prashanth Rajarajan



The EHHOP Steering Committee (SC) is composed of 2<sup>nd</sup>- and 4<sup>th</sup>-year medical students and MD/PhD students. Each of its student Chairs is tasked with managing one aspect of clinic operations or patient care, in collaboration with Coordinators. Together, the group defines the future direction of the clinic and collaborates on projects and initiatives to help EHHOP improve. Many SC members also operate with the assistance of sub-committees of student volunteers. This allows EHHOP to utilize the strength of an active Icahn School of Medicine at Mount Sinai student body.



## Faculty Guidance

The success of our student-run clinic would not be possible without the supervision and direction provided by our dedicated faculty mentors. Their guidance allows EHHOP to meet organizational challenges and to maintain a high standard of clinical excellence. Program Director Yasmin Meah was awarded the prestigious 2007 AAMC Humanism in Medicine Award, while Medical Director David C. Thomas has won the esteemed 2008 Mount Sinai Physician of the Year Award and the Society of General Internal Medicine's Mid-Atlantic Region Internal Medicine Clinician-Educator Award.



**Program Director:**  
**Dr. Yasmin Meah**



**Medical Director:**  
**Dr. David C. Thomas**



**Director of Nursing Education:**  
**David Skovran, NP**



## Acknowledgements

Thank you to the **faculty volunteers, residents, student volunteers, social workers, nutritionist, and Advisory Board members** that allow EHHOP to function. Our endeavor would not have been possible without your support. Additional gratitude is due to our partners:

### Our Partners

#### Space, Office Equipment, and Nursing

Mount Sinai Internal Medicine Associates and the Visiting Doctors Program

#### Medications

Icahn School of Medicine at Mount Sinai Employee Health Pharmacy  
Metropolitan Pharmacy

#### Home-based Nursing and Physical Therapy

Visiting Nurse Service of New York

#### Laboratory Services

Mount Sinai Laboratory Services

#### Radiology Services

Department of Radiology, Icahn School of Medicine at Mount Sinai

#### Administrative, Finance and Grant Support

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Alexander Lloyd, MS4  
Nikhil Menon, MS4  
Alexandra Bachorik, MS4

#### East Harlem Health Outreach Partnership

17 E. 102<sup>nd</sup> Street  
New York, NY 10029  
(877) 372-4161