

State of the Department Address - 2020

Department of Family & Community Medicine

Christine Arenson, MD
Alumni Professor & Chair

Achieving Our Ultimate Goal

To optimize the health of all of the patients, families and communities we serve.

What is the state of our department?

- Every day, we are educating:
 - Students from medicine, public health, physician assistant, nurse practitioner, medical assistant, pharmacy, occupational therapy, physical therapy, couple and family therapy
 - Family medicine residents
 - Geriatric, palliative care, sports medicine, research and education fellows and post doctoral fellows
 - And OURSELVES
- To become the best possible members of the healthcare teams of today and tomorrow

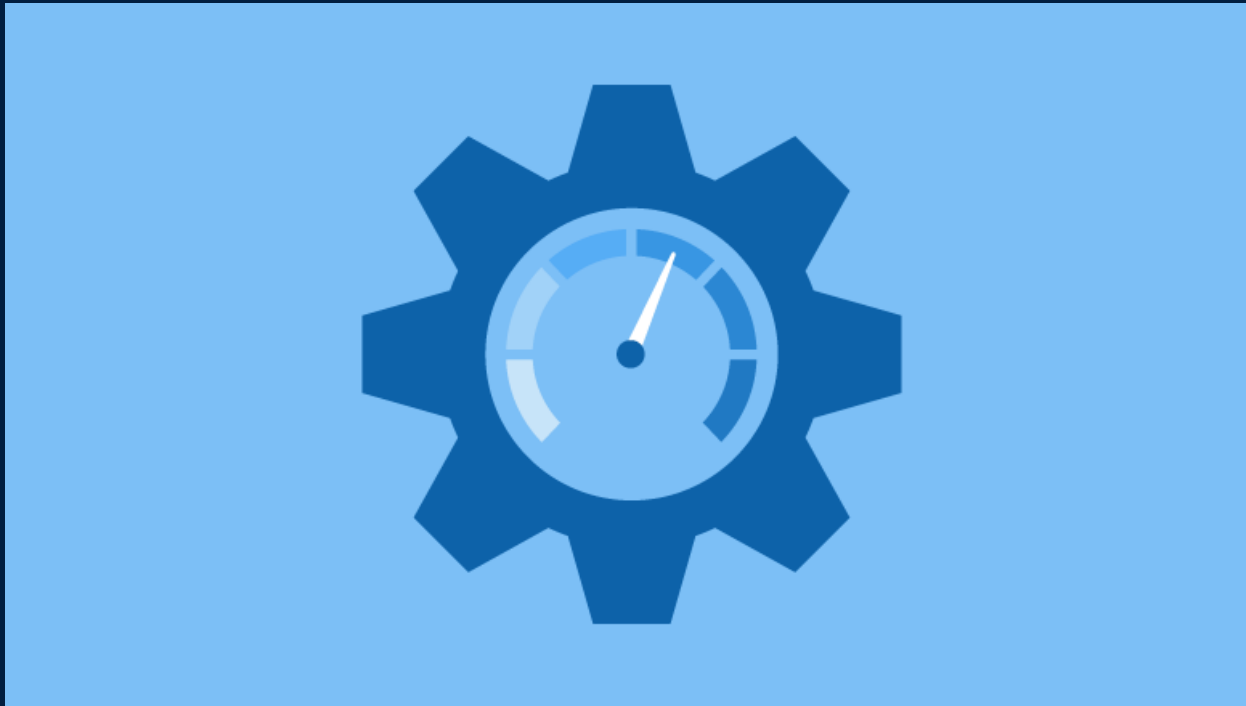
- Every day, we are partnering with the communities we serve to provide care where, when, and how our communities need us



- Every day, we are studying what we do, so we can constantly improve the care we deliver and the education we provide - and sharing that new knowledge so others can learn and grow along with us



- Every day, each of us is working to optimize the health of the patients, families, and communities we serve.



So What IS the State of our Department?

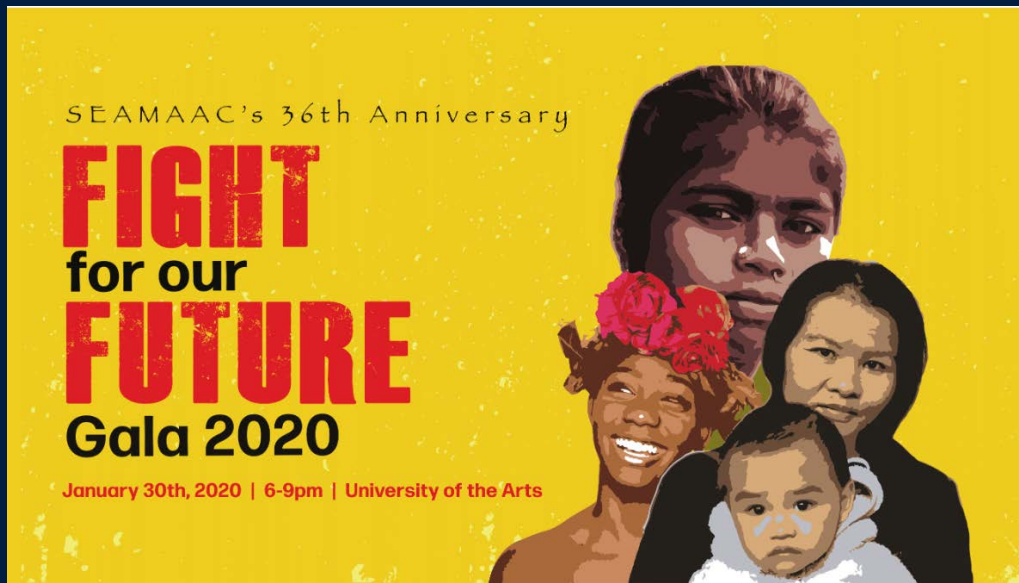


- The State of the Department of Family & Community Medicine is STRONG
- and getting STRONGER day by day
- thanks to the work that each and every one of you do individually, collectively, and in partnership across Jefferson and our Community

National Recognition!

- In July, the **Center for Urban Health** achieved CDC Full Recognition. They received the DPRP Full Evaluation Certificate and a letter of congratulations from the Director of the Division of Diabetes translation, Dr. Ann Albright.
- **Dr. Robert Danoff**, Residency Director of Family Medicine at Jefferson Northeast, has been selected the Physician of the Year by the American Osteopathic Foundation's Board of Directors.

Congratulations Marc!



SEAMAAC has been a leading organization in providing education, social, and health services to individuals and families in the Philadelphia area for the past 36 years. As we look ahead to the future, it is more critical than ever to unite and stand together. The current administration in D.C. has shuttered and reduced funding to crucial programs that serve economically, politically, and socially marginalized communities, especially immigrants and communities of color. SEAMAAC believes that the measure of a society is how it treats its most marginalized communities. This is undermined when leaders target and stifle those who make up the bedrock of our society.

Sharecare Awards

- *The Sharecare Awards, in association with The National Academy of Television Arts & Sciences (The Emmy's), seek to inspire and honor the creators and supporters of broadcast and digital media health productions and programs that demonstrate Sharing Care. The Sharecare Awards seek to attract and reward excellence for the very best in health-related programming: including documentaries, series, shorts, web/online programming, Apps and audio recordings.*
- The American Cancer Society is a 2020 finalist
- OK, **TECHNICALLY** this is not a DFCM accomplishment, but Rich Wender helped make this happen, and he **MOST DEFINITELY IS** one of us!

Education Honor Roll

- The following providers received a letter from the Dean of the Medical College informing them that they have been recognized by their medical students for their exceptional teaching. This award is based on medical student evaluations over the last academic year. Educators who had a minimum of five evaluations, an average score above 4.75 out of 5.0, and demonstrated positive comments are on the Honor Roll. Although a few of our honorees are no longer with the department, we want to recognize the time, dedication and passion that marks your teaching.....

Congratulations for Achieving the Education Honor Roll!

Janis Bonat

Christine Hsieh

Marshal Miller

Chris Chambers

Sunny Lai

Geoffrey Mills

Cynthia Cheng

John Liantonio

Daniel Sizemore

Andrew Dayneka

Christine Marschilok

Jim Studdiford

Victor Diaz

Lionel McIntosh

Lara Weinstein

Congratulations to our Residents on having the following article accepted: “EMR-based intervention improved cervical cancer screening rates in primary care office” for publication in a future issue of the American Journal of Medical Quality.

Dean's Awards: 2019

- *Career Educator Award*
 - Howard Rabinowitz, MD
- *Dean's Award for Excellence in Education*
 - Victor Diaz, MD
 - Anne duBreuil, MD
 - Christine Hsieh, MD
- *Outstanding Clinician Award - Primary Care*
 - Geoffrey Mills, MD, PhD

Philadelphia Magazine's Top Docs: DFCM 2019

- Marc Altshuler
- Christine Arenson
- Joshua Barash
- Sean Bryan
- Edward Buchanan
- Christopher Chambers
- Robert Danoff
- Victor Diaz
- Marc Harwood
- Christine Hsieh
- Susan Parks
- Robert Perkel
- Brooke Salzman
- George Valko

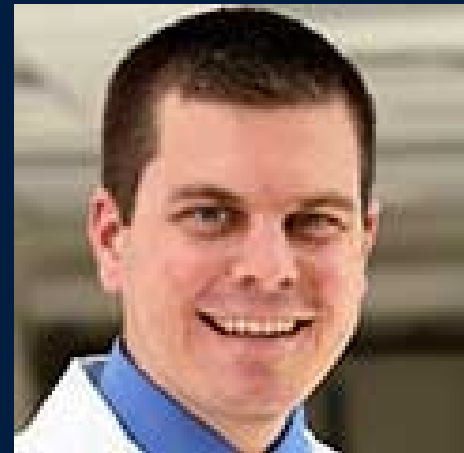
Rickie Brawer, PhD

- Appointed *Vice President and Chief Community Engagement Officer, Jefferson Health*

Jackie Raab, MSN, RN

- Appointed Director of Clinical Operations for the DFCM

- Geoffrey Mills, MD, PhD will be our new JFMA Associate Medical Director



- And a HUGE Thank You to Victor Diaz, MD who has served in this role ably and well for many years



Who are we?

Department of Family & Community Medicine is:

- 43 physician faculty
- 8 public health, social work, and research faculty
- 8 nurse practitioners
- 30 residents
- 10 fellows
- 1 Department Administrator
- 1 Director of Clinical Operations
- 6 research associates/ assistants
- 36 medical assistants
- 4 nurses
- 19 patient registrars, billers, and phone room staff
- 13 administrative assistants, education coordinators, education program administrators, business manager, financial analysts and communications coordinator

We Teach in and/or Partner With:

- Sidney Kimmel Medical College
- Jefferson College of Nursing
- Jefferson College of Health Professions
- Jefferson College of Pharmacy
- Jefferson College of Rehabilitation Sciences
- Jefferson College of Population Health
- Jefferson Center for Interprofessional Practice and Education
- Jefferson Student Health

We Have Research Collaborations With:

- SKMC Departments of Medical Oncology, Medicine
- Sidney Kimmel Cancer Center
- Jefferson College of Population Health
- Lehigh Valley Health System
- Christiana Care Health System
- Pennsylvania State University/ Hershey College of Medicine

And We Work to Optimize Health in:

- 7 primary care practices
- 2 continuing care retirement community
- Thomas Jefferson University Hospital, Jefferson Hospital for Neurosciences and Methodist Hospital
- The Sidney Kimmel Cancer Center
- Patient Homes
- And, in collaboration with our partners at Jefferson and across Philadelphia, in countless homeless shelters, needle exchange programs, street outreach sites, community health centers, bodegas, senior centers, community health fairs, places of worship and other countries

And we Just Keep Growing!

- Erin Kelly, PhD
- Jennifer Langley, Population Health Specialist
- Angelo Rannazzisi, Behavioral Health Specialist
- Maria Marvasso, CRNP, Palliative Care
- Elham Siddiqui, Palliative Care Fellow
- Allison Casola, Post Doctoral Fellow
- Swechhya Pant, Clinical Research Coordinator II
- Shiann Abrams, Team Medical Associate
- Alexander Shvartsman, Nurse Practitioner, JFMA
- Kristen Griffith, Nurse Practitioner, JFMA
- Elleatha Bell, Community Health Worker
- Shantalea Skates, Team Medical Associate
- Chanel Hart, Nurse Clinical Coordinator
- Catherine DiSandro, Nurse Clinical Coordinator
- Richard Faulkner, Education Coordinator II
- Jaclyn Pollan, Team Medical Associate
- Lissette Roman, Team Medical Associate

Practice Transformation and Quality Improvement

Some Practice Metrics

Completed Encounters	FY19YTD - DEC	FY20YTD - DEC
JFMA - including Sports	22,421	23,247
Geri	1,998	2,307
Navy Yard	3,027	4,186

And Some Practice Demographics

- % of patients insured by Medical Assistance: 16%
- % of patients insured by Medicare: 17%
- # of patients at our practice: 29,498 roughly 30,000 patients
- # of annual visits: Roughly 70,000 patients annually

Demographic Breakdown by Ethnicity

Black or African American	16592
White or Caucasian	7546
Unknown	2219
Asian	1417
Hispanic	1231
Indian	117
Decline to Answer	115
Latino	104
American Indian or Alaska Native	85
Chinese	59
Other Asian	35
Filipino	13
Vietnamese	11
Korean	8
Other Pacific Islander	6
Native Hawaiian	5
Japanese	4
Samoan	3

Quality Accomplishments

- Creation and institution of the Q&S Committee and new Large and Small Team Meetings
- Implemented valid, transparent quality reports down to the provider level
- Targeted five quality metrics for improved patient outcomes
 - Annual HbA1c testing (patients with Diabetes Type 1 & 2) *PDSA Cycle
 - Hypertension control (patients with >140/90 BP) *PDSA Cycle in progress
 - Annual Breast Cancer screening
 - Annual Colon Cancer screening *PDSA Cycle in progress
 - Statin Composite (labs and ordering a statin) *PDSA Cycle in progress
- Care Gap Report for coordinated outreach to address all measures
- Improved process for completing in-house retinal scan screening and obtaining results from the Wills Eye portal

Quality Accomplishments

FY20 KEY PERFORMANCE INDICATORS	07/1/19	10/1/19	1/1/20	1 Year Goal
A1c	82%	85%	85%	90%*
AWV	Not Determined	281 or 16%	945 or 53%	1,171 or 100%
HTN Control	59%	58%	56%	58%
Colon Cancer	70%	69%	68%	70%
Breast Cancer	73%	74%	71%	75%
Opioids > 90 MME (combined with Internal Medicine)	214	N/A	N/A	192
Statin Composite	66%	66%	66%	68%

Addressing the Opioid Crisis

- Utilizing the opioid registry and created reports to monitor and track opioid prescribing
- CPAT team (Drs. Jerpbak and Bonat) are partnering with our Pharmacy colleagues to identify patients at high risk from opioids and develop individualized plans together with their PCPs
- Helping patients reduce or eliminate opioid use
- We are planning to roll out a medically assisted treatment program over the next several months to expand our service to this population

But the most important thing we are working on...

-is changing the way we work together so that together, as teams, we can provide better care for our patients

Strengthening Team Based Care

- Moved/balanced-out providers on each team
- Created a process and algorithm to manage provider panels quarterly (empanelment)
- Implemented the decision tree to increase team continuity
- Developed a workflow for ordering diabetic supplies
- Developed and implemented a workflow and policy for medication administration
- Established the new MA Supervisor roles
- Implemented 1:1 MA to provider staffing model
- **SUPPORTING ALL OF THIS WITH ONGOING EDUCATION AT EVERY LEVEL IN OUR PRACTICES**

Clinical Operations

Strategic Goals Identified:

Team Based
Care

Improved
Quality

Waiting Room
Experience

Access &
Continuity

Communication

What's Next...

- Wyss Wellness Center
- Refine roles/scope of RN positions
- Develop MA Supervisors role/responsibility
- Build a Leadership Curriculum for supervisors, managers, and critical roles in the practice
- Develop refill protocol and staffing/workflow for Epic in-basket management
- Continue to develop smart phrases and team pools for management of patient requests
- Creation of standing orders and standards of practice
- Integrated Behavioral Health: Embed BHCs onto the teams and create a sustainable model
- Clinic Redesign

Patient and Family Advisory Council

- The JFMA and Geriatric PFACs are working with the College of Population Health to develop a formal education program on healthcare delivery for patient advisors
- This year, our PFACs will be focusing on helping their practices achieve excellent quality outcomes
- Amy B. and Wydera to present at the Patient and Family Advisory Academy on “How Patient Advisors Can Help Achieve Quality Outcomes” to be held June 15th & 16th on Jefferson’s campus
- **Always in recruit mode: please consider your patients for PFAC!**

Navy Yard

- Now fully integrated with our internal medicine colleagues
- Continues to develop as a Jefferson hub, providing a wide range of services under one convenient roof for residents of south Philadelphia and beyond

Jefferson Continuing Care Practice (JCCP)

- JCCP had its first birthday last week!
- 102 patients are now part of the JCCP panel
- Dr. Michael Hurchick is Mary's partner in delivering care to this underserved population
- Dr. Mary Stevens is collaborating with Dr. Adel Herge in the Jefferson College of Rehabilitation Sciences Department of Occupational Therapy to have a national impact on care of adolescents and adults living with complex intellectual and developmental disabilities

Art Museum Area Practice

- We now have two new endocrinologists (Dr. Zuberi and Dr. Simon) who are available to see any and all referrals!

2244 South Broad Street

- Practice
 - At least 10 new patients per week
 - All providers have a large proportion of patients new to Jefferson
 - Opportunity for growth and new space once we reach the limit of what we can manage in our current iteration
- Marie Kairys and Andrew Dayneka teach students and now NP Christie Quigley will be teaching NP students
- A new position was approved and interviewing has begun to hire a supervisor MA which will bring our ration of MA to providers to 1:1 and allow our practice to implement workflows and care models developed in our sister practices

Katie Dougherty and Mary London

- Located at 18th and Shunk Street, this is TRULY a community practice – Most of their patients WALK to their appointments!

Maternal-Child Health Updates

Hospital Update

- With Hahnemann closing, L&D volume has increased by 55%. As a result, there is now increased "formal" *collaboration* between JFMA and JOGA departments, who are working closely to optimize and enhance patient care.

Resident Update

- Increased hospital volume has meant increase obstetrical exposure (and deliveries) for our residents!
- Intern L&D rotation increased from 4 weeks to 5 weeks.
- Upper year L&D rotation now includes 2 weeks of night-float experience.

Practice Update

- Office prenatal care numbers continue to be low, a by-product of many years without a medical assistance contract. With new contracts now rolled out, hoping that increased volume will follow. Please continue to refer your pregnant patients to our practice!
- Centering Pregnancy (group prenatal visits) on temporary hold. Working to start an "evening" Centering group.
- Faculty position now open for a physician with an interest in maternal-child health who will assist with prenatal precepting and grow our MCH practice.

Sports Medicine Updates

- We will be introducing Platelet Rich Plasma as a treatment option at JFMA over the next few months.
 - Indications - Early DJD and Tendinopathy
 - Challenges are that it is not covered by insurance
- Working on developing a business model to replicate our success in embedding sports medicine specialists in primary care practices in other large Jefferson primary care offices



Athlete**Health**Organization

HOME OF SIDNEY KIMMEL MEDICAL COLLEGE



- Formally under Jefferson in 2019
- 3 successful "pop-up" events over this academic year
 - Upcoming event in Feb
- Signature Event will be 5/31/20
 - Mark your calendars!
 - Volunteers with all experiences needed!!

Division of Geriatric Medicine and Palliative Care

Age-Friendly
Health Systems

Committed to
Care Excellence
for Older Adults



Jefferson Geriatrics: Age-Friendly

Age-Friendly
Health Systems

Committed to
Care Excellence
for Older Adults

- We achieved age-friendly status for Jefferson Geriatrics and TJUH
- Our project centered on welcoming new patients to our practice with:
 - Medication bags to bring all meds to first visit
 - Use of “All About Me” forms to get to know “What Matters” to our patients
 - Focus on the 4Ms of care for older patients: What Matters, Mobility, Medication, and Mentation
 - Our amazing team:
 - Stephanie Pilotti, Shamere Herder, Lucille Jones and Nelly Nieves



Jefferson Geriatrics

- Primary care for older patients
- Dementia consultation program
 - clinical lead Judy Heredia, CRNP has done over 100 dementia consults in the first 9 months!
- Aging in Place programs
 - Complex Care @ Home - collaboration between Jefferson Geriatrics and Population Health
 - Primary Care @ Home - led by Drs Brooke Salzman and Christy Hsieh
- Outpatient palliative care - working with CHF teams and pulmonary
 - Dr John Liantonio and the 3 palliative care fellows
- Medical Marijuana certification
- Pharmacy visits - Dr Emily Hajjar
- Healthy Aging Program
- Behavioral Health Consultant - Kelsey McCrann
- RN Care Coordination - Crystal Williams
- LGBTQ initiative launching this Spring



More Geriatric Programs

- In patient consultation service
 - Dr Kristine Swartz and Mary Szymanski, CRNP
- Senior Adult Oncology
 - Collaboration with Dr Andrew Chapman and team
 - Drs Kristine Swartz and Lauren Hersh
- The Hill at Whitemarsh
 - Dr Danielle Syderman - medical director
 - She's developed the teaching CCRC model and working on innovative ways to train caregivers in dementia care
 - Drs Robert Smith and Linda Tomko are attending physicians there as well
- The Watermark
 - Collaborative work with Internal Medicine practice at The Watermark - welcomed our colleague from Jefferson Internal Medicine, Karl Benedict, MD into our Geriatric Call Group

Palliative Care

- Growing palliative care inpatient service
 - Dr John Liantonio - Director, inpatient consult service
 - Drs. Katie Mechler, Maggie Kreher
 - CRNPs Stefanie Rashti and Maria Marvasso
 - Social worker Lauren LaTourette - developed wellness program for inpatient team and fellows
 - Record breaking number of consults this year!
- The Neu Center for Supportive Care and Cancer Survivorship
 - Part of the Kimmel Cancer Center
 - Medical Director Dr Brooke Worster



Education

Medical Student Education By The Numbers

- # students matching in Family Medicine in 2019: 23
- # 3rd year clerkship students who took Fam Med at JFMA: 102
- # 4th year students who took a course in Family and Community Medicine at Jeff: 153
- Total # students in UUP program: 32
- Total # students in PSAP program: 29
- Total #CWIC students (yr 4): 44
- Total #SI students (yrs 1, 2, and 3): 135

SKMC

- JeffMD is now in its third year
- James Plumb is the director of the Population Health Scholarly Inquiry track AND the co-director of the Health System Science thread
- Fred Markham is a Phase 2 director
- MariaSyl delaCruz is a Phase 3 director
- 5 faculty are case-based learning facilitators
- 11 faculty are clinical skills small group leaders
- 5 faculty are skill observation and reflection group leaders
- 7 faculty are mentors for students for their Scholarly Inquiry projects

SKMC Phase 3 Pathways

- First Phase 3 cohort will be starting April 2020
- Pathways are meant to provide additional career counseling as well as specialty-specific Gateway to Internship Curriculum
- New changes include 2 week critical care and advanced basic science requirements

General Competencies

Family Medicine

Medicine

(Includes Medicine Preliminary Students)

Pediatrics

Surgery

(Includes Surgical Preliminary, Subspecialty Surgery, Ob/Gyn & Emergency Medicine Students)

Interprofessional Education

- We host rotations for medical, nurse practitioner, pharmacy, physician assistant, and public health students in our various practice and community sites
- Jefferson Center for Interprofessional Practice and Education continues to be a national leader under the leadership of Drs. Lauren Collins and Elena Umland
- Hotspotting--Jefferson recognized as 1 of 4 "national hubs" in the country and has been the training site for 20 interprofessional student teams in hotspotting, 8 at Jefferson and 12 around the country (Dr. Salzman, Janis Bonat, others)
- Dr. Arenson is Immediate Past Chair of the American Interprofessional Health Collaborative

Great Recognition for the Jefferson Center for Interprofessional Practice and Education!!

- JCIPE's Macy Board Grant Proposal entitled *Learning to Practice Collaboratively for the Benefit of Patients with Complex Care Needs* was unanimously **APPROVED** by the Josiah Macy, Jr Foundation Board on January 15, 2020.
- Congratulations to Co-PIs Lauren Collins, MD and Tracey Vause-Earland, PhD, OTR/L and the entire JCIPE team who made this happen!

HRSA Funded Education Initiatives

1. Jefferson Advancing Primary Care Training – Quality and Safety in Primary Care
2. Jefferson Primary Care Champions – Creating Community-based primary care leaders
3. Jefferson BeWell – advancing integrated behavioral health, addressing the opioid crisis and Primary Care Wellness
4. Primary Care Educator Career Award – Mariasyl de la Cruz
5. Geriatric Academic Career Award – Lauren Hersh

And, fingers crossed, Marc Altshuler, Krys Foster, Amy Cunningham, Samantha Kelly and Denine Crittendon have just submitted a new proposal for JeffTRUST, a new residency training grant that would support curriculum to prepare our residents to practice in urban underserved settings

Residency Education

Jefferson Family Medicine Residents

- **Recruitment:** Completing 120 applicant interviews this season from medical schools all across the US.
- **PGY3 graduation plans:** Our graduating residents will continue to train, educate and provide for our community with jobs in
 - Fellowship (Geriatrics, Palliative Care, Women's Health, Faculty Development), Academic Medicine and Community Medicine
- **Community:** All 30 residents provide service to our community as part of their training
 - Mazzoni Center, SKWC, Esperanza, Puentes, Homeless outreach, Refugee Health, YES, South Philadelphia High School
- **Leaders:** Many involved in leadership positions, including Michael Haines (Resident Representative--PA Academy of Family Medicine Residents)

Residency Program: Recruitment

- 1383 Applications Received
- 327 Applications Reviewed
- 168 Applicants Offered Interview Invitations
- 120 Interview Slots (Interview window 10/16/19 to 2/7/20)
 - 92 female applicants
 - 26 male applicants
 - 1 applicant neither identify as male or female
 - 50 Different Medical Schools Represented
 - 23 Different States Represented (Including D.C.)
 - 23% of Applicants are URM (Under Represented in Medicine)

Residency Program:

- All 30 actively involved in QI projects within the department
- Successful start for Areas of Concentration (PGY2, PGY3)
 - Stephen Klein Wellness Center
 - Mazzoni
 - Women's health (MCH, Reproductive health)
 - Immigrant health (Puentes, Refugee)
 - Sports Medicine
 - Geriatrics
 - Palliative Care
 - Practice management
 - Integrative Medicine
- Third years successful in job placement
 - Fellowship (geriatrics, palliative, women's health, faculty dev)
 - Academics, Community health practices

Fellowship Programs

Geriatric Fellowship

- Led by Dr Brooke Salzman, Fellowship Director
- Announcing Dr Kristine Swartz as our new Associate Fellowship Director
- 2 outstanding fellows
 - Dr Gillian Love and Dr Mike Weissberger
 - Actively involved in multiple scholarly projects and presentations
 - Contributed to a textbook chapter on Chronic Lung Disease on Older Populations, being published later this year
 - Currently working on 2 more book chapters on polypharmacy and dementia
 - Their research projects involve looking at frailty in older adults with cancer, performing a needs assessment of caregivers in a geriatric practice, and increasing physical activity for sedentary older adults.

Geriatric Fellowship – Next Year Already!

- We have 2 fantastic fellows starting in July...
 - Jennifer Moyer from JFMA!!!
 - Elizabeth Spina, Internal Medicine Resident at Rowan University
- We also now have 2 Occupational Therapists doing their residency in primary care at Jefferson Geriatrics
 - Stefani Samuels and Tarun Sharma

Palliative Care Fellowship

- Dr John Liantonio - Palliative Care Fellowship Director
- 3 outstanding fellows this year
 - Alexandra Evans, Adam Pennarola, Elham Siddiqui
 - Special shout out to Elham who joined us from Hahneman/Drexel and to Dr Liantonio who facilitated this smooth transition for Elham and the team
- Have reached full 10 year accreditation by ACGME
- Have successfully matched Gillian Love and Zac Klock from DFCM for next years class.
- Will have 12 presentations from all of our fellows as well as multiple faculty and residents throughout the institution to be presented at AAHPM in San Diego in March

Sports Medicine

- Jeremy Close, MD, Fellowship Director
- Current Fellows - Christopher Frymoyer and Laura DiPaolo
- And welcoming 2 more outstanding new Fellows for next year, Stephanie Gwin and Christopher Mulholland

Primary Care HIV Medicine Fellowship

- Marshal Miller, Fellowship Director
- Sunny Lai is our second fellow to be awarded the highly competitive national HIV Medical Association's Fellowship Award

Residency Education Fellowship (i.e. the Fellowship formally known as 4th Year Chief)

- Marshal Miller has taken on this fellowship and is redesigning the curriculum for next year - STAY TUNED!

Research Fellowships

- Led by: Randa Sifri, MD, Fellowship Director, Amy Cunningham, PhD, MPH, Marnie LaNoue, PhD, MS, and Howard Rabinowitz, MD and Alexis Silverio is our able fellowship coordinator
- Research Fellow: Erica Li, MD
 - Research Focus Area: Chronic Disease Management, MAT/Opioid Use Disorders, Healthcare Quality and Patient Safety
- Postdoctoral Fellow: Allison Casola, PhD, MPH, CHES
 - Research Focus Area: Reproductive Health and Women's Wellness, menstrual health and hygiene, family planning and contraceptive use behaviors

Research and Scholarship 2020

Research and Scholarship at DFCM

Research Team:

- Randa Sifri, MD, Director of Research, Amy Cunningham, PhD, and Christopher Chambers, MD, Director of Clinical Trials
- Research Coordinators: Alexis Silverio, MPH, Denine Crittendon, MPH, Rashida Smith, MPH, Sophie Wambua (Clinical Trials), Mattie Bodden, Swechhya Pant
- Fellows: Erica Li, MD, (Research Fellow), Allison Casola, PhD, MPH, CHES (Postdoctoral Fellow)

Emphasis on specific research topic areas:

- Practice Transformation, especially relating to chronic disease management (DM, CVD) and vulnerable/ medically underserved populations
- Cancer Screening and Prevention
- Integrated Behavioral Health, including intersection with chronic disease management
- Medication Assisted Treatment of Substance Use Disorders
- Evaluation of Primary Care Training and Enhancement Initiatives

New Grant Funding: January 2019 – January 2020

1. Arenson: JeffBeWell: Whole Health Integration (HRSA)
2. Hersh: The Complex Care Curriculum(3Cs): Navigating Social Determinants of Health in Geriatric Practice (HRSA)
3. Worster: Master's training grants in clinical oncology social work (ACS)
4. Worster: Medical marijuana research agreement (MLH Exploration)
5. Weinstein: BARRA Foundation (Barra)
6. Lai: HIVMA clinical fellowship (HUVMA)

New Grant Funding: January 2019 – January 2020

7. Brawer: HEZ Demonstration Project (PA Dept. of Health)
8. Stephens: Patients with disabilities as teachers (P-DAT)
9. Rising (Mills, Co-I): A pragmatic randomized controlled trial assessing the impact of medically tailored meals and medical nutrition therapy via telehealth among patients with poorly controlled diabetes (NIH)
10. Rising (Worster, Co-I): An innovative approach to advanced care planning for patients with dementia (PA Medical Society)
11. McBeath (Parks, Co-I): In vivo model of human enthesis regeneration (NIH)
12. Pomeranz (Close, Co-I): Subharmonic and Elastography Ultrasound Imaging in the Diagnosis of Chronic Exertional Compartment Syndrome: A Pilot Study (RSNA)

Clinical Trials In JFMA

Active studies, enrollment closed, in follow-up phase

- AZ Therapies: Randomized, double blinded treatment trial for patients with Mild Cognitive Impairment (MCI)
- Merck V503: Long term follow-up of original cohort of girls ages 9-12 who received HPV- vaccine
- Merck V114-031: Phase III trial of 15-valent pneumococcal vaccine (active control Prevnar 13) in infants

Clinical Trials in JFMA

New trials starting first quarter of 2020

- GUARD-AF: reducing stroke by screening for undiagnosed Atrial fibrillation in elderly individuals
 - **Objective:** To determine if a detection intervention for undiagnosed atrial fibrillation (AF) or atrial flutter (AFL) in men and women at least 70 years of age reduces the risk of stroke compared to usual care
- Thrive: a liquid (blood test) screen for 8 cancers in primary care
 - Goal is early identification and “downstaging”
 - Positive tests are followed with PET-CT, then referral to oncology
 - Jefferson will be 1 of 5 or 6 sites nationally with target enrollment of 80,000

Disseminating Our Work

- 44 Peer Reviewed Publications in the past year
- This was up from 32 last year
- (the full list is at the end of the slide deck, for those of you who are looking!)

Presentations: June 2018-June 2019

More than 45 oral and poster presentations at 12 conferences :

- American Academy of Hospice and Palliative Medicine
- The Society of Teachers of Family Medicine (Annual Meeting and Medical Student Education Meeting)
- American Geriatric Society National Meeting
- North American Primary Care Research Group
- American Medical Society for Sports Medicine National Conference
- Art and Science of Health Promotion
- Scholarly Inquiry Poster Session
- Academy Health
- American Public Health Association
- Family Medicine Education Consortium
- 2019 Jefferson Housestaff Quality and Safety Poster Session
- Department of Family and Community Medicine 7th Annual Poster Session



Attitudes Surrounding a Community-Based Fitness Intervention at an Urban FQHC

Krys Foster, MD, MPH; John Stoeckle, MD; Alexis Silverio, MPH; Christine Castellan, MD; Angela Hogue, MD; Ayanna Gouch, MD, MA; Lara Weinstein, MD, DrPH, MPH

BACKGROUND AND OBJECTIVES: The population surrounding an urban federally qualified health center (FQHC) in Philadelphia has poorer health than Philadelphia overall. Community residents identified aerobics and dance classes as very important services or programs that an FQHC might provide. We sought to measure the impact of participation in a resident physician-led, patient-centered fitness and nutrition class on participants' attitudes, knowledge, and self-efficacy regarding their health.

METHODS: An urban line dancing class and brief healthy eating intervention for adults was held at a YMCA adjacent to a residency-affiliated FQHC weekly for 8 weeks. Pre/postsurveys were administered to assess attitudes and confidence toward physical activity and healthy lifestyles.

RESULTS: Participants' self-assessment of health and levels of physical activity improved. Confidence in performing everyday activities, doing regular exercise and exercising without making symptoms worse increased. A significant decrease in participants' physical activity gratification was observed. Participants' confidence improved in reading food labels for health, but confidence in eating a balanced diet did not improve.

CONCLUSIONS: A resident-led fitness and nutrition class, tailored to perceived community needs, generated significant interest and sustained participation. This pilot study furthered development of community infrastructure addressing health, nutrition, and overall fitness, and the results reflect opportunities and challenges of engaging communities in physical fitness.

(Fam Med. 2019;51(7):598-602.)
doi: 10.22454/FamMed.2019.641507

Racial and ethnic disparities in health persist in the United States.¹⁻³ These disparities also exist in self-perception of health.⁴ African Americans (AA) were less likely to describe themselves as overweight versus whites,⁵ were particularly less likely to adopt healthy weight-related attitudes and behav-

Health-specific self-efficacy is a strong predictor of health behaviors.^{6,7} Recent research has shown efficacy for targeted, community-based interventions resulting in reduced weight and cardiovascular risk factors for AA women in urban communities.^{8,9} Tailoring a weight-loss intervention to specific popula-

to reducing chronic disease in these groups.¹⁰

The Stephen Klein Wellness Center is a family medicine residency-affiliated federally qualified health center (FQHC) in North Philadelphia serving a predominantly AA community. The FQHC's target population was determined to have significantly poorer health than Philadelphia residents overall.¹¹

Sociocultural factors play an important, positive role in exercise adherence¹²; therefore, a community needs survey was performed and identified nutrition, exercise, and physical activity (PA) as very important aspects of health and wellness to community members. Respondents desired aerobic activities, specifically indicating "urban" or "soul" (synchronized, choreographed, social dance with cultural roots in Africa and the Caribbean) line dancing classes,^{13,14} confirmed by additional community meetings.

This study evaluated how participation in a community-tailored, soul line dancing class with nutrition education correlates with changes in

From Thomas Jefferson University, Department of Family and Community Medicine, Philadelphia, PA (Drs Foster, Stoeckle, Castellan, Hogue, and Weinstein, and Ms Silverio); Lewis Katz School of Medicine at Temple University, Philadelphia, PA (Dr Gouch); and Stephen Klein Wellness Center, Philadelphia, PA (Dr Stoeckle, Castellan,

Letter

Prognostication Using SCORTEN Severity of Illness Score in Patients With Stevens Johnson Syndrome and Toxic Epidermal Necrolysis

Olivia M. Seecof MD , John Liantonio MD

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To the Editor:

Often in cases of severe injury or pathology, unclear prognosis and the lack of availability of concrete mortality measurements make goals-of-care (GOC) discussions with patients and their families difficult. Palliative care providers are sometimes involved in the care of patients with severe dermatological illnesses, such as Steven's Johnson syndrome (SJS) or toxic epidermal necrolysis (TEN), and knowledge of the prognostic tools used in these conditions is helpful. The incidence of SJS is estimated at 1–6 cases/million people, and the incidence of TEN is 0.4–1.2 cases/million people; the mortality rates are 1%–5% and 25%–35%, respectively.¹ Because of the high mortality and other severe consequences of SJS/TEN, it is necessary to obtain a rapid diagnosis and evaluation of prognosis. Therefore, we describe a case to provide palliative care providers with the knowledge of the SCORTEN illness severity and in-hospital mortality calculator and demonstrate how having such a tool can aid in facilitating GOC discussion, leading to improved prognostication and patient end-of-life care.

Case Description

A 63-year-old woman with a history of myocardial infarction, atrial fibrillation, and hypertension pre-

surface area including her chest, abdomen, groin, buttocks, and back as well as superficial ulcerations of the oral mucosa.

Based on the patient's skin findings in the context of recent exposure to doxycycline, she was diagnosed with TEN. The patient's SCORTEN score was calculated to be 5, receiving one point for each of the following: age >40 years, >10% total body surface area involvement, serum bicarbonate <20 mEq/L, serum BUN >28 mg/dL, and serum glucose >252 mg/dL. Her SCORTEN score of 5 correlated with a >90% chance of in-hospital mortality.

Unfortunately, despite interdisciplinary effort, the patient's clinical condition continued to worsen. Her last set of vital signs included a blood pressure of 40/30, despite maximum presser support, a temperature of 93.0 F, and staff were unable to obtain a pulse oximetry reading. Palliative care was consulted at this time, and a GOC discussion was held with the patient's family, the palliative care team, and the burn team. After review of the patient's clinical condition and prognosis via the SCORTEN assessment given, the patient's code status was changed to DNR and comfort care measures were ordered. Soon after this conversation, the patient developed ventricular tachycardia, asystole, and then expired, just over 24 hours from initial presentation, with her family at her bedside.

Comment

The SCORTEN severity of illness score was developed and validated to evaluate the risk of in-hospital death in patients diagnosed with TEN.² Though originally developed only for use in patients with TEN, it is now additionally used for burn victims and patients with other cutaneous drug reactions or exfoliative wounds.³ It was developed using data from 165 patients and was then validated on an additional sample of 75 patients.² This score uses seven independent risk factors, including the following: age >40 years, >10% total body surface area involvement, serum bicarbonate <20 mEq/L, serum BUN >28 mg/dL, and serum glucose >252 mg/dL.

Primary Care Providers' Attitudes and Practices Regarding Cancer Screening in Older Adults

Randa Sifri, MD, Brooke Salzman, MD, Amy Cunningham, PhD, MPH,
Alexis Silverio, MPH, CHES, Madalene Zale, MPH, and Christine Talerico, DO

Abstract

Cancer screening decisions for older adults should be individualized. However, conducting such complex shared decisions may be challenging for primary care providers (PCPs). Additionally, there is little information about how PCPs make these decisions. This study consisted of a provider survey and chart review to assess current PCP approaches to breast and colorectal cancer (CRC) screening for patients ages ≥ 75 years. PCP survey questions: panel age, comfort with discussion of screening harms and benefits, screening decision-making process, and discussion style. One hundred charts were chosen from a random sample of male and female patients ages ≥ 75 with a recent office visit. Chart reviews assessed whether providers recommended screening for breast and/or CRC in patients ages ≥ 75 , if there was a documented screening discussion, and if screening was completed. Fifty-one PCPs completed the survey. PCPs varied in the proportions of older adults they recommended for breast and CRC screening; 90.2% reported feeling very (43.1%) or somewhat (47.1%) comfortable discussing reasons for/against screening with older patients. Top screening considerations: life expectancy (84.3%), patient preference (82.4%), and severity of medical conditions (70.6%). Three-quarters (74.55%) reported a shared decision-making approach with discussion of harms/benefits. Of 61 eligible patients, 8 (13.1%) had a documented discussion regarding mammography; of 58 patients eligible for CRC screening, 7 (12.1%) had a documented discussion. Findings showed inconsistency in PCP approaches to cancer screening in older adults and in documentation of discussion. There is ample room for improvement in standardizing approaches and documentation of cancer screening discussions with older patients.

Keywords: cancer screening, primary care, attitudes, older adults, shared decision making, cancer screening discussion

Introduction

RECOMMENDATIONS FOR COLORECTAL and breast cancer screening in older adults lack clarity. Colorectal cancer (CRC) screening guidelines from the U.S. Preventive Services Task Force (USPSTF) state that for people ages 76 to 85, the decision to screen should be individualized based on patient health, coexisting comorbidities, and prior screening history. For those ages 86 and older, the USPSTF recommends against CRC screening because of competing causes of mortality that outweigh the potential benefit. New American Cancer Society (ACS) guidelines recommend individualized CRC screening between the ages of 76 and 85 based on a person's preference, life expectancy, overall health, and

lines state that there is currently insufficient evidence to assess the balance of benefits and harms of screening women aged 75 years or older.^{2,3} The American Geriatric Society and ACS each state that screening should not be performed in those with a life expectancy less than 10 years.^{4,5}

Variations in recommendations reflect uncertainties about cancer screening in older adults. There is limited evidence to guide recommendations in this population because of the lack of older adults in cancer screening clinical trials. Guidelines propose that decisions about cancer screening with older adults be based on an individualized approach and consider life expectancy, but fail to provide guidance on how to approach these decisions in clinical practice. How to determine the relative benefits and harms of screening an individual

RESEARCH

Open Access

Patient experience and challenges in group concept mapping for clinical research



Geoffrey D. Mills^{1*}, Marianna LaNoue^{1,2}, Alexandra T. Gentsch³, Amanda M. B. Doty³, Amy Cunningham¹, Garrison Nord³ and Kristin L. Rising³

Abstract

Background and objective: Group concept mapping (GCM) is a research method that engages stakeholders in generating, structuring and representing ideas around a specific topic or question. GCM has been used with patients to answer questions related to health and disease but little is known about the patient experience as a participant in the process. This paper explores the patient experience participating in GCM as assessed with direct observation and surveys of participants.

Methods: This is a secondary analysis performed within a larger study in which 3 GCM iterations were performed to engage patients in identifying patient-important outcomes for diabetes care. Researchers tracked the frequency and type of assistance required by each participant to complete the sorting and rating steps of GCM. In addition, a 17-question patient experience survey was administered over the telephone to the participants after they had completed the GCM process. Survey questions asked about the personal impact of participating in GCM and the ease of various steps of the GCM process.

Results: Researchers helped patients 92 times during the 3 GCM iterations, most commonly to address software and computer literacy issues, but also with the sorting phase itself. Of the 52 GCM participants, 40 completed the post-GCM survey. Respondents averaged 56 years of age, were 50% female and had an average hemoglobin A1c of 9.1%. Ninety-two percent ($n = 37$) of respondents felt that they had contributed something important to this research project and 90% ($n = 36$) agreed or strongly agreed that their efforts would help others with diabetes. Respondents reported that the brainstorming session was less difficult when compared with sorting and rating of statements.

Discussion: Our results suggest that patients find value in participating in GCM. Patients reported less comfort with the sorting step of GCM when compared with brainstorming, an observation that correlates with our observations from the GCM sessions. Researchers should consider using paper sorting methods and objective measures of sorting quality when using GCM in patient-engaged research to improve the patient experience and concept map quality.


Keywords: Group concept mapping, Patient reported outcomes, Diabetes, Quality of life, Brainstorming

Background

Group Concept Mapping (GCM) is a relatively complex and labor-intensive mixed-methods approach for stakeholder engagement in identifying and organizing ideas around a particular topic [1]. The approach takes place over multiples steps. The first step involves having stakeholders work together to brainstorm responses to a statement ("focus prompt"). In the second step, participants

use GCM software [2] to independently sort all of the brainstormed ideas into piles based on similarity. During this step, participants may also be asked to rate each of the brainstormed ideas based on predetermined criteria such as importance or feasibility. After participants have completed this step, the software uses a statistical technique known as multidimensional scaling to aggregate all of the participants' sorting and create a concept map. On the concept map, each brainstormed idea is represented

Feasibility Pilot Outcomes of a Mammography Decision Support and Navigation Intervention for Women With Serious Mental Illness Living in Supportive Housing Settings

Lara Weinstein¹ , Mariana LaNoue², Katelyn Hurley², Colleen Payton², Randa Sifri², and Ronald Myers¹

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Abstract

Objective: People with serious mental illness (SMI) experience significant disparities in morbidity and mortality from preventable and treatable medical conditions. Women with SMI have low mammography screening rates. SMI, poverty, and poor access to care can have a significant effect on a woman's opportunity to learn about and discuss breast cancer screening with health care providers. This study examines the feasibility pilot outcomes of mammography decision support and patient navigation intervention (DSNI) for women with SMI living in supportive housing settings. The primary research question was: Does the DSNI increase knowledge, promote favorable attitudes, and decrease decisional conflict relating to screening mammography? **Methods:** We developed the intervention with the community using participatory methods. Women ($n = 21$) with SMI who had not undergone screening mammography in the past year participated in an educational module and decision counseling session and received patient navigation over a 6-month period. We conducted surveys and interviews at baseline and follow-ups to assess mammography decisional conflict. **Results:** Among study participants, 67% received a mammogram. The mammogram DSNI was feasible and acceptable to women with SMI living in supportive housing settings. From baseline to 1-month follow-up, decisional conflict decreased significantly ($P = .01$). The patient navigation process resulted in 270 attempted contacts ($M = 12.86$, $SD = 10.61$) by study staff (phone calls and emails with patient and/or case manager) and 165 navigation conversations ($M = 7.86$, $SD = 4.84$). A barrier to navigation was phone communication, with in-person navigation being more successful. Participants reported they found the intervention helpful and made suggestions for further improvement. **Conclusions:** The process and outcomes evaluation support the feasibility and acceptability of the mammography DSNI. This project provides initial evidence that an intervention developed with participatory methods can improve cancer screening outcomes in supportive housing programs for people with SMI.

Keywords

access to care, community health, prevention, serious mental illness, supportive housing, breast cancer screening

Introduction

People with serious mental illness (SMI) experience significant disparities in morbidity and mortality.¹⁻³ There is a call to action to address the “deadly consequences”⁴ of SMI and the “lethal discrimination”⁴ toward people with SMI. Preventable and treatable medical conditions are the major contributors to this disparity, with cancer as the second leading cause of death.^{5,6} While there is considerable between-study variance, recent cohort studies reveal that

of breast cancer incidence and mortality, with a standardized incidence ratio of 2.9,^{7,8} and a standardized mortality ratio of 2.8.⁶ Women with SMI have low mammography

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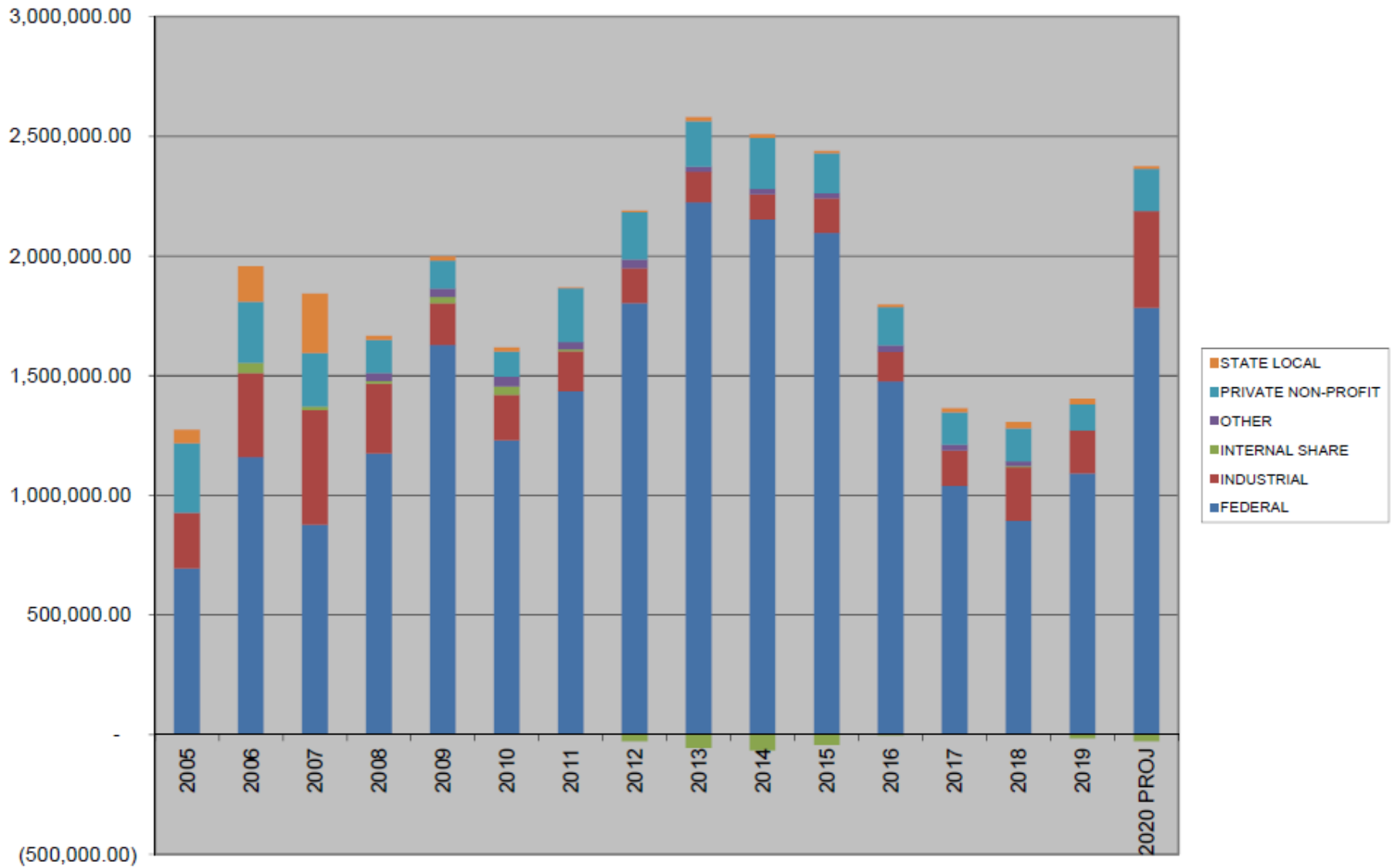
²Sidney Kimmel Medical College, Philadelphia, PA, USA

Corresponding Author:

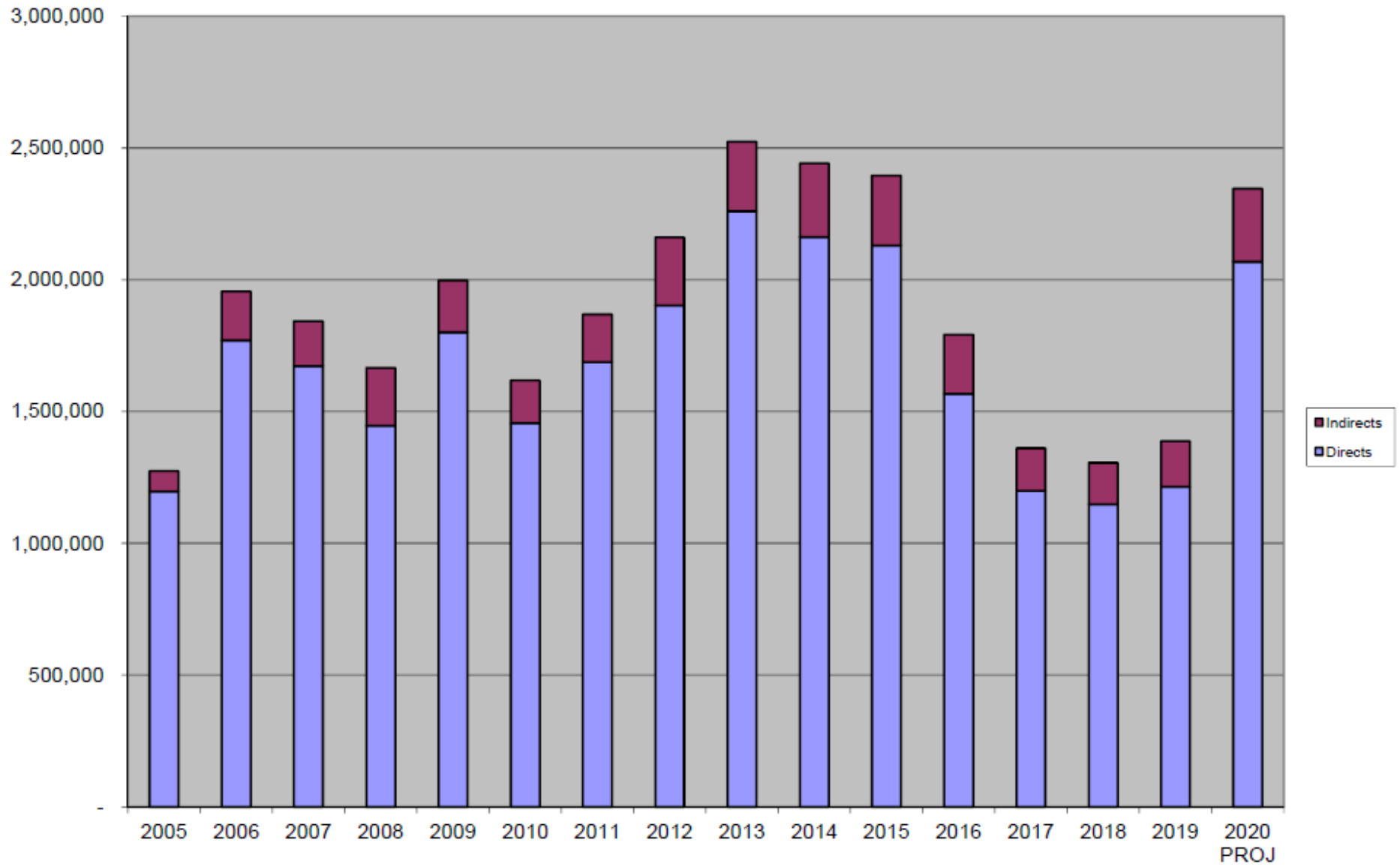
Lara Weinstein, Department of Family and Community Medicine, Thomas Jefferson University, 1015 Walnut Street, Suite 401, Philadelphia, PA 19107, USA.

Grant Funding

Department of Family and Community Medicine Directs and Indirects by Funding Source FY 2005 - FY 2020 Projection



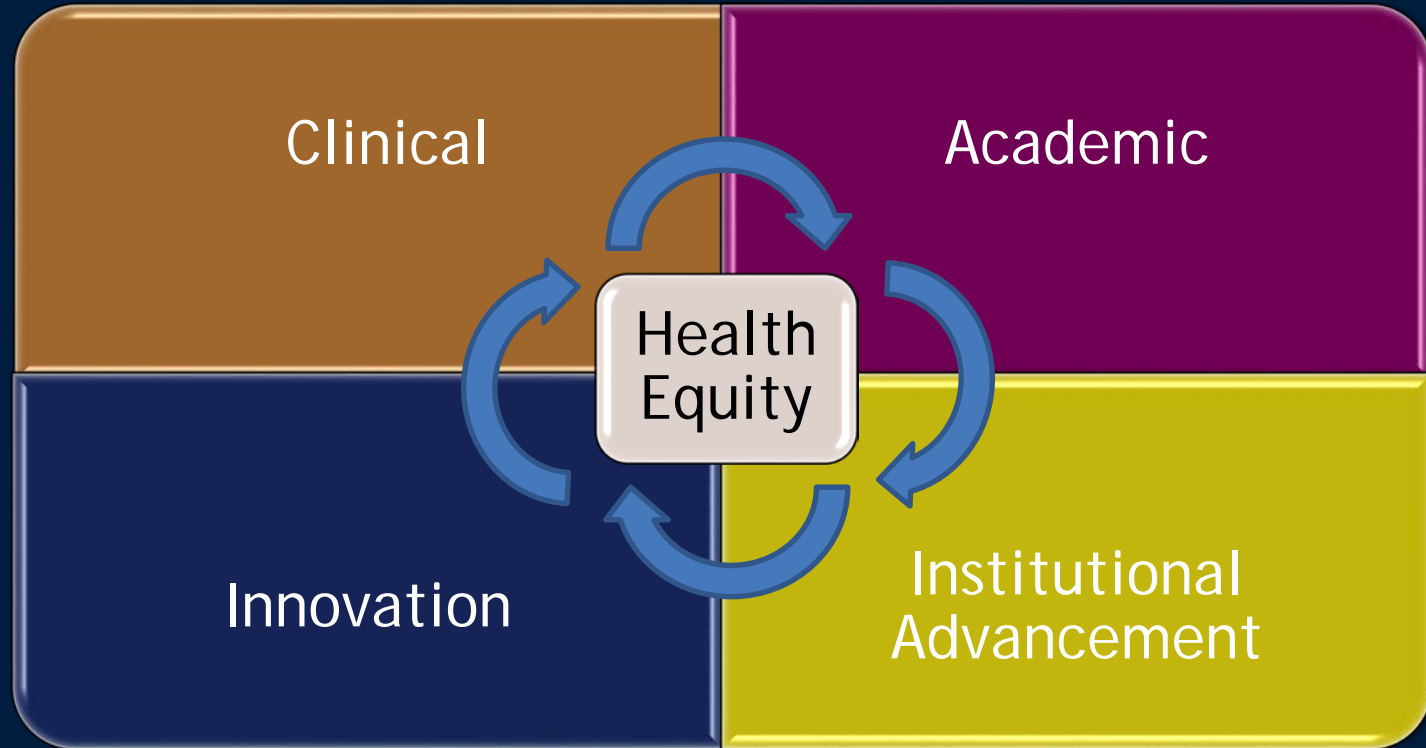
Department of Family and Community Medicine
Directs and Indirects FY2005 - FY2020 Projection (all sources)



Community Medicine Update

Drs. Brawer, Motley and Plumb

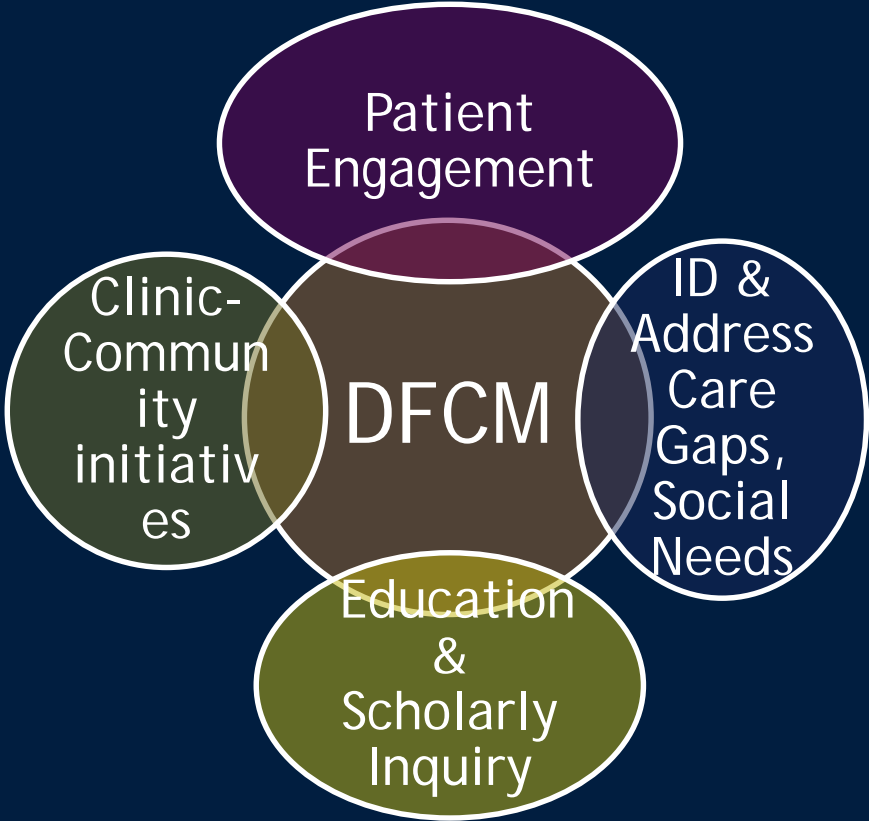
Jefferson's 4 Pillar Strategy



Celebrations & Transitions

- Dr. Rickie Brawer – appointed *Vice President and Chief Community Engagement Officer, Jefferson Health*
 - Jefferson Enterprise-wide coordination for CHNA Improvement Plan
- Regional collaboration
 - 2019 Community Health Needs Assessment (CHNA): Behavioral Health, Substance Use are top priorities, followed by access and social determinants
 - COACH (Collaborative for Advancing Community Health) includes reps from Jeff Center City, Abington, Jefferson East Falls—focusing on food insecurity, trauma informed education
- Dr. Lara Weinstein – Leader at Pathways to Housing –*A Center of Excellence for Substance Use Disorder*
- Dr. Jim Plumb is mentoring Dr. Motley with his new Vice Chair roles.
- 27th Anniversary of Jeff HOPE

DFCM Community Medicine & Collaboration



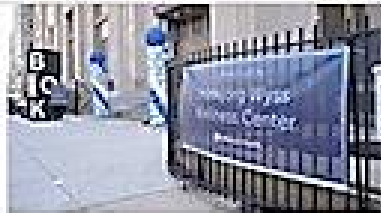
Center for Urban Health Team



- Community Health Worker Training Program
- Evaluating two Health Empowerment Zone (Innovation) Projects –
 - Project HOME and New Kensington CDC
- Chronic Disease Education (Neva White, CRNP)
 - Diabetes Prevention Program certification & expansion
 - Chronic Disease Self-Management Programs (Diabetes & Chronic Pain)
 - Innovation IT award for educational programming using Tele-Health
 - In development: Potential DM education pilot at JFMA site
- Community Engagement BP screenings and nutrition education in corner stores
- Lung cancer screening grant: testing informed consent workflows

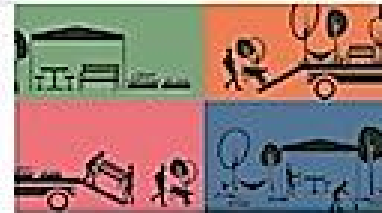


Philadelphia Collaborative for Health Equity (P-CHE)



Hanjörg Wyss Wellness Center

Thanks to a \$9.1M donation from the Hanjörg Wyss Foundation, we were able to celebrate the launch of ...



Park-in-a-Truck

The Park in a Truck idea is simple. Give local residents the resources and training to design, build and ...



P-CHE Catalyst Grants

Due to the generosity of the Lindy family, P-Che was able to award nearly \$600,000 in grants to tr ...

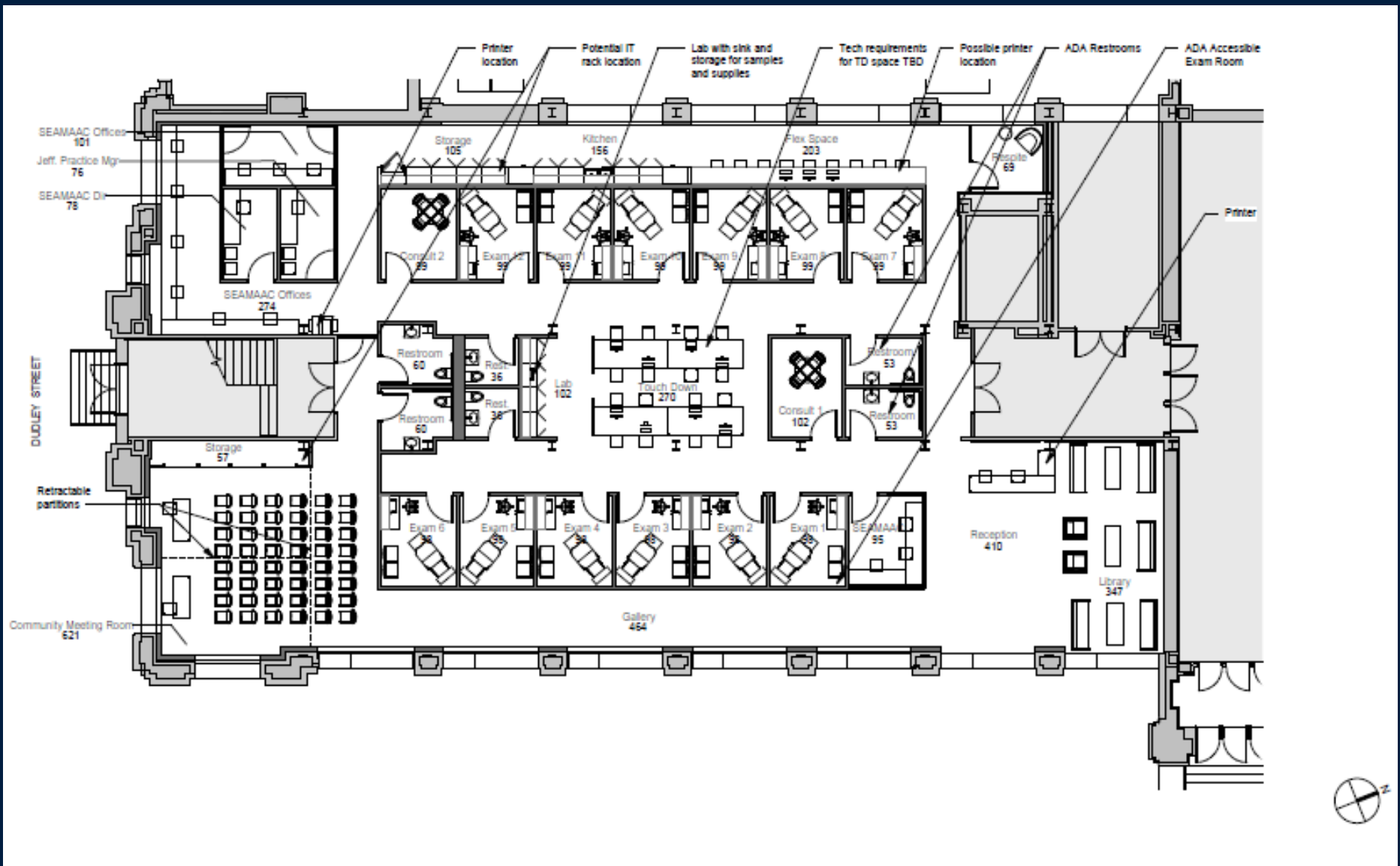


P-CHE PhotoVoice Exhibit

The PhotoVoice exhibit, curated by teenage residents in the community is an illustration of their perspective on health.

Hansjörg Wyss Wellness Center at the Bok Building

- Actively developing the build out plan, with an anticipated opening of Fall 2020
- Many thanks to Mr. Wyss and our other donors who are making this dream a reality
- Many thanks to our newest community partner, SEAMAAC, without whom this would not be possible
- Creating a welcoming community to promote health together with our south Philadelphia immigrant neighbors



Late Breaking Announcement!

We, in partnership with Project HOME and Pathways to Housing, were awarded a 2-year grant from the Foundation for Opioid Response Efforts to further develop, evaluate, and disseminate our model of low-barrier, integrated primary and behavioral care, medication assisted treatment (MAT) program. Based on available evidence, including early outcomes from our program, we hypothesize that our model will improve access, retention, patient-important outcome, and healthcare quality. FORE funding will accelerate improvements through 1) direct patient service and provider/trainee education expansion, 2) rigorous evaluation, and 3) development & dissemination of a transferable model of care.

Where are we going from here?

THE SKY

IS THE

LIMIT

I know us, and I know the challenges we have already overcome, and the successes we have already realized



We are a formidable group - and we are never better than when we are rising to a challenge to meet the needs of those we serve





Although I will be ending my role as your chair at the end of June, and this is the last State of the Department that it will be my privilege to deliver, you haven't heard the last of me yet....

-you may have noticed former chairs don't just disappear from Family Medicine 😊
- But that's just because there is no other group of people we are prouder to be a part of!
- So I'll be staying in touch one way or another.....

While Together, We Reach Our Ultimate
Goal....

To optimize the health of all of
the patients, families, and
communities we serve!

Publications: 2019

44 peer-reviewed publications (up from 32 in 2018)

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Publications: 2019, cont.

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