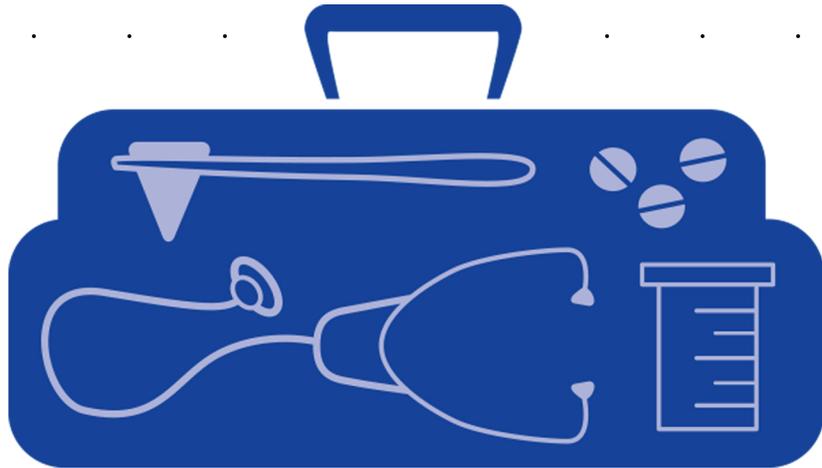


W F C C Q2 2020 NEWSLETTER

A DISPATCH OF THE WORCESTER FREE CARE COLLABORATIVE



accessible healthcare for central Massachusetts



MEMBER PROGRAMS

- Epworth (Mon 6-8pm)
64 Salisbury St, Worcester
- St. Anne's (Tues 6-8pm)
130 Boston TrnPk, Shrewsbury
- Greenwood (Wed 6-8pm)
215 E. Mountain St, Worcester
- Free Health Stop (Wed 6-8pm)
152 Main St, Shrewsbury
- Akwaaba (Thurs 6-8pm)
67 Vernon St, Worcester
- Worcester Islamic Center
Social Services (Thurs 6-8pm)
248 E. Mountain St, Worcester

EDITORIAL BOARD

- Mina Botros
- Ashvin Antony
- Sahil Nawab
- Hannah Caringal
- Jane Lochrie, MD

The Worcester Free Care Collaborative is a group of free medical programs that provide health care services to uninsured or underinsured patients in the greater Worcester area. All programs welcome anyone in need of services, regardless of age, race, gender identity, sexual orientation, or citizenship.

The opinions, beliefs, and viewpoints presented in this publication are not necessarily those of the sponsoring organizations. For personal health issues, the WFCC encourages readers to consult with qualified health professionals, whether through the free clinics or otherwise.

Letter from the Editor

We have seen drastic changes in society over the past few months. Both the COVID-19 pandemic and the killings of George Floyd, Breonna Taylor, Ahmaud Arbery, and many other Black lives have shed light on, and exacerbated, a number of underlying disparities that affect society, such as discrimination and the social and economic determinants of health.

It is the mission of the free medical programs to serve all patients in need of care without question. The programs continue to serve the disenfranchised populations in the greater Worcester area, including patients that are uninsured or underinsured, or otherwise lack the resources to access quality healthcare.

We want to assure you that we are working hard to overcome the ongoing challenges facing the medical programs, including the lack of in-person visits. Despite a gradual statewide reopening, both healthcare personnel and patients are at high risk, especially in areas where large gatherings of people congregate. However, the tele-health services remain fully operational, Monday through Thursday from 6 pm to 8 pm, excluding holidays. Patients can call & leave a message at (774) 633-4237 with medical questions, refill requests, and clinic info, including additional instructions to access tele-health services.

These services help meet the ongoing needs of patients, such as diabetes and hypertension management. Providing quality healthcare during challenging times has a profound impact on the well-being of patients. The services that are currently available include: (1) acute and chronic medical concerns, (2) medication/prescription refills, and (3) health screenings (in place of physicals). Interpreters are also available for patients who do not speak English.

Patients can reach the service online via Zoom on PC, Mac, iOS, or Android at the following address: <https://umassmed.zoom.us/my/wfcc2020>

Alternatively, patients can call +1 646 876 9923 (US Toll) and enter the following Meeting ID: 648 474 7585

Patients will be connected to the call, and a provider will see them as available.

We will continue to provide brief updates as the situation evolves, and encourage patients and volunteers to follow more detailed updates on our Facebook page: <https://www.facebook.com/worcesterfreecarecollaborative/>

Despite all of the challenges, the volunteers at all of the free medical programs have stepped up to provide the best care possible for all patients!

Thank you for supporting this critical mission,

Sahil

SAHIL A. NAWAB
Media Coordinator, WFCC

MINA BOTROS
Co-President, WFCC

ASHVIN ANTONY
Co-President, WFCC

AthenaHealth EMR Pilot Study at the Epworth Free Medical Program

By Sassicaia Schick
MD Candidate 2023, EMR Pilot Co-Lead

The WFCC is embarking on an exciting phase of growth and learning! We are joining the ranks of free clinics around the country who are turning to electronic medical records (EMRs) to expand our connectivity with the community. Starting this fall, Epworth will be conducting a two- to three-month pilot study of the AthenaHealth EMR system.

Today, most medical students (myself included) have just the faintest memory of a pre-EMR world, and what we do remember, we don't always remember fondly. Lost charts, prescriptions that are too messy to read, photocopying records, and lugging files from doctor to doctor and praying that nothing went missing. Looking back on the paperclips, photocopies, and overflowing file cabinets, an electronic record system would have been easier in many ways: easier to read, easier to discuss, and easier to share across specialties and practices.

I have spent many moments squinting at scribbled names trying to match people to manila folders or scratching my head over medical history written in unique shorthand. On busy winter nights with patients lining up at the door, I spend what feels like an eternity looking through cabinet drawers because a patient forgot the name of the medication they

needed to be re-prescribed. After fifteen minutes of struggle, I find the chart, but the prescription record ends up being a shabby photocopy of scribbles that take another five minutes to decipher.

It's not always like this, but when a clinic is

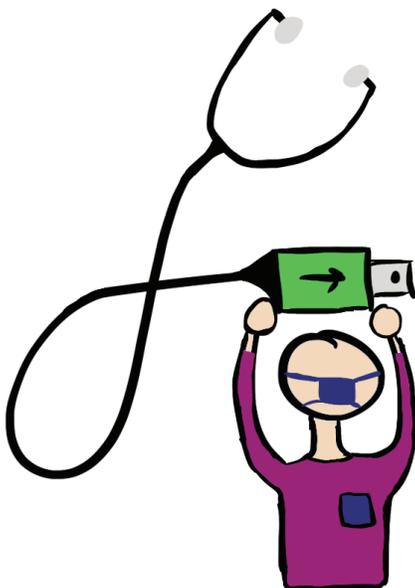
only open for two hours, even twenty minutes feels like a lifetime. I would rather be face to face with you, listening to your story or examining that weird rash than looking for a record! But I definitely do not want to spend all my time on the computer.

As EMRs emerged, patient-physician relationships forged in ink were renegotiated to include desktops, laptops, and tablets. Sometimes, it even becomes an unwelcome interloper, a sometimes literal barrier between patient and physician. This is not the reality I want for myself, fellow volunteers, or patients. Consequently, it's not how the WFCC EMR team envisions rolling out the AthenaHealth EMR.

Institutions lean heavily on learning the ropes of EMR charting in the latter half of medical school, when the focus is on passing one specialty block before moving on to the next and where to locate coffee! When such overwhelming emphasis is placed on personal growth and professional success, learning patient-centered charting skills becomes lost in the shuffle. I love volunteering at the free clinics because it is not about me; it's about patients. We know our volunteer physicians feel the same, which is why nearly all of the charting will be performed by our student volunteers. By combining the principle of humble service with dedicated mentorship, the EMR project aims to help students integrate electronic charting skills with patient-centered care, so they can carry these skills into their careers with confidence.

We plan to use Athena's EMR to cut down on the number of unfilled prescriptions, transfer records to other offices, and bring in funding to keep our services free. These goals alone serve our patients immensely, but these are just the beginning! No more rifling through files: patients' information is at our fingertips, we can discuss their needs here and now, and focus on solving their problems, together.

Throughout the process, we will welcome feedback from students, physicians, and patients on their experience at sassicaia.schick@umassmed.edu or john.romano@umassmed.edu.



Volunteer Highlights

Sarah Brown, WPI Biology/Biotechnology 2021

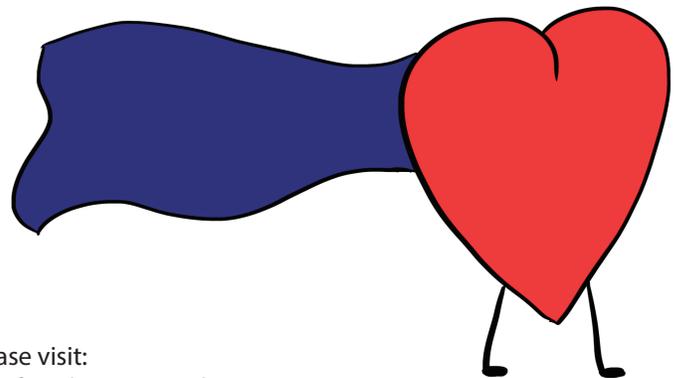
“I began working at Epworth in September of 2019. My role at the clinic is to interpret patient charts and upload the anonymized data into a secure electronic database. While data analytics is mostly behind the scenes, the work we do is used to inform process improvement that ultimately helps make the clinic better. It is fulfilling to know that the work I am doing will provide the caretakers with important information about what works and what doesn't, and what can be done to make their treatments more effective for the patient. Because I intend to go to medical school, working behind the scenes is still super exciting. The work I've done over this past has given me the opportunity to learn more about medical data, prescriptions, and lab results, and become a part of the free clinics.”

Mina Botros, UMass Medical Student

“The free clinics are where we learn to become physicians. In the classroom, we cover everything from the molecular aspects of medicine to the rigid routine of physical exams. In the clinics, we apply and expand upon everything that we've learned in school while practicing the art of patient care. As first-year students, many of us came to the clinics unsure of how to use our stethoscopes, unclear on what to ask our patients, and uncertain of our skills. Over time, as the second-year students and volunteer physicians took us under their wings, we grew confident in our abilities to provide care for those who need it most. Simultaneously, we learned about what goes on at the clinics and the real-life obstacles that prevent many of our neighbors from accessing the care that they need. Being able to help our patients with our classmates and future colleagues has shed new light on our experiences as physicians-in-training. When coursework and studying seem to pile up, nothing motivates us to push on more than a night volunteering at one of the free clinics.”

Vanya Zvonar, UMass Medical Student

“One of my favorite days of the week this past year was Tuesday because it meant I would walk through the doors of St. Anne's. It always involved weaving my way through the line that often spilled out into the parking lot and being greeted by families, volunteers, and physicians who were ready to tackle the night ahead. One evening, I spent over two hours with a family of four that had recently emigrated from Brazil only two months prior and who needed physicals and vaccines for their sons. They were last on the vaccine list and spent quite a long time going back and forth between the different parts of the church, ultimately waiting past 9 o'clock to get their vaccinations. We laughed together as we figured out a way to communicate in a mix of Spanish and Portuguese, finding it entertaining to figure out what each person was saying while waiting for the interpreter to be available. I remember the mom being really good at understanding my Spanish and then replying to my questions and telling me about their life slowly and clearly, so I could understand as much as possible. This event has stuck with me because in that moment I looked around and thought about how I was standing in a church, in the middle of Massachusetts, at night, laughing with this incredible family that had just recently completely changed their lives, wildly gesturing and attempting to understand each other in a mix of languages. For me, this moment of connection and compassion perfectly summarizes why I love the free clinics and their mission to serve and connect us with the Worcester community.”



Featurette: How Stories in Medicine Connect Us

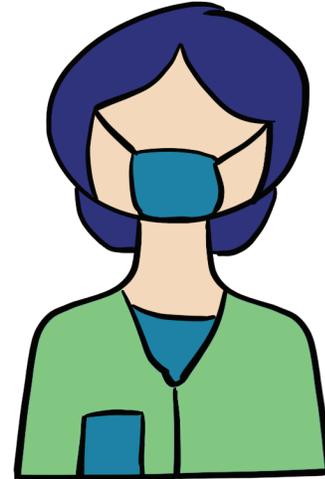
By Sahil Nawab

We are often confronted with tragedies throughout the world that are challenging to comprehend. The abstraction of such adversity presents an often insurmountable obstacle to action. Elizabeth Dunn, a researcher studying the science of giving and happiness, asks, “if any of us had been asked to donate 15 hours a month to help out with the refugee crisis, we probably would have said no.” But, she explains, when people can “easily envision the difference they [are] making” and feel “a real sense of connection,” they are much more willing to help.

Cultivating a meaningful connection between members of society allows us to work together to address challenges that can sometimes feel overwhelming, such as the social determinants of health that affect the uninsured and underinsured patients coming in to the free medical programs. The volunteers are uniquely positioned to see the impact that their work has on the lives of patients. Part of their role is to listen to the stories of the patients that walk in. They engage with patients and are deeply embedded in the community.

However, this doesn’t translate particularly well to those on the outside. The hurdles that patients face are not easy to understand from a perspective of privilege. The vast majority of Americans will not be disenfranchised from the healthcare system. They will not face the difficult decision of forgoing medicine or treatment for food on the table, a roof over their heads, or books for their children. Yet, their contributions, whether through donations, volunteerism, or subsidized services for patients, are essential.

We should not forget the incredible joy that comes from helping others. This is especially true if we do it, as Dunn notes, by creating opportunities to “appreciate our shared humanity.” This appeal is reinforced through millions of years of evolutionary biology, as human society was built on foundations of collaboration and cooperation. We find happiness in helping one another and the human brain is highly attuned to the personal connection that comes as a result. Here, Canadian writer Marshall McLuhan’s suggestion is apt, our medium, volunteering and working to reduce



the healthcare burden among the most vulnerable, truly is our message.

Medicine, and especially the work of free clinics, lies at the intersection of science and humanity. Science is built on logic and observation, which have proven to be powerful tools to improve our understanding of the world around us. However, to most people, data and statistics are nothing more than abstractions that are difficult to relate to. Recognizing our own humanity allows us to wield the incredible power of stories to move people to tackle complex and nuanced issues.

As medicine continues to evolve, a new philosophy that embraces stories is emerging on many medical campuses. Narrative medicine, championed by Dr. Rita Charon at Columbia University and Dr. Lisa Sanders who regularly writes for the *New York Times*, invites physicians to think of listening to patient stories like reading a mystery novel. While this concept may sound strange at first, there are many parallels that solidify her argument. For example, Charon argues, “‘You have to be so present, so alert, with your curiosity so intact [and] you have to assume that the narrators are going to mislead you. When a patient tells you what happened, you’re going to hear the opposite story from their mother or neighbor.’ Doctors, like readers, have to take in all the different narratives and resist the urge to immediately say which is right with premature certainty.”

Featurette: How Stories in Medicine Connect Us (continued)

This approach requires time, something that can be hard to come by in modern primary care offices and emergency departments. Instead of spending time with patients, doctors often must deal with excessive administrative work, much to their chagrin. Dr. Atul Gawande argues that dealing with insurance, billing, and inputting patient records are a big cause of physician burnout. He backs his argument with a 2016 study that found physicians spend two hours on the computer for every hour with patients. The volunteers at each of the free medical programs take pride in the fact that they can take the time to listen deeply to patient stories and it's an important part of their work.

Listening to these stories helps to hone awareness to a greater Truth, one that requires interpretation and careful judgement. The stories of patients help paint a picture of society where certain communities are disenfranchised and have disproportionate struggles to access quality healthcare. These personal stories highlight the importance of the work that the free medical programs do and are an incredibly powerful tool to bring people together to effect change.

The importance of stories is twofold:

- (1) listening to patient stories is a big part of the free medical programs and narrative medicine can improve patient care and
- (2) stories can be used to move people to take action in a way that data and statistics cannot.

Dunn points to a charity, Spread the Net, as an example which offers “a concrete promise: for every 10 dollars donated, they provide one bed net to protect a child from malaria.” She found that people are happier when they give to organizations, like Spread the Net, where they can easily envision the difference that their contributions will make.

Based on her research, Dunn specifically advises organizations to reward donors and contributors with “the opportunity to see the specific impact that their generosity is having.” In this regard, the free medical programs have a powerful tool to wield: the stories of the community. This must be done carefully, of

course, out of respect for patient privacy. But the stories of patients are consistently a big reason why the volunteers continue to do their work. The volunteers feel a real sense of connection with the community and with the individual patients that they speak to. When done well, stories can become a major driving factor of change.

We would love to hear your ideas and suggestions to demonstrate the impact of the free medical programs on our community. Please send any comments to worcesterfreeclinics@gmail.com.

Dossier

“Helping Others Makes Us Happier — But It Matters How We Do It,” by Elizabeth Dunn, April 2019.
https://www.ted.com/talks/elizabeth_dunn_helping_others_makes_us_happier_but_it_matters_how_we_do_it

In this TED talk, Elizabeth Dunn shows that personal connections in charity make a big impact on our happiness and discusses her own experiences with sponsoring a Syrian family in Canada.

“This Doctor is Taking Aim at Our Broken Medical System, One Story at a Time,” by Sigal Samual, March 5, 2020.
<https://www.vox.com/the-highlight/2020/2/27/21152916/rita-charon-narrative-medicine-health-care>

Dr. Rita Charon is a pioneer of narrative medicine, an approach to medicine that likens seeing patients to reading novels. She emphasizes how listening to patient stories in this way can make medicine better for patients and physicians alike.

“Why Doctors Hate Their Computers,” by Atul Gawande, November 5, 2018.
<https://www.newyorker.com/magazine/2018/11/12/why-doctors-hate-their-computers>

This article examines how, despite their utility, electronic medical records can often be a hindrance to patient care and contribute to physician burnout.