

Lowell General Hospital
Department of Family Medicine
September 10, 2021

Zoom Attendees: Lourdes Ada, MD; Eleanor Bueno, DO; Deirdre Connolly, MD; Christen Fragala, MD; Paul Harcourt, MD; Raymond Lewis, MD; Emelyn Molato, MD; Clea Moore, MD; Stephanie Oliva, MD; Frank Osborn, MD; Sangita Pillai, MD; John Ragucci, MD; Joanna Sleeper, RN; Christine Smith, RN; Chong So, DO; Catherine Trinh, MD.

Guest: Megan Cardoso, MD

I. CALL TO ORDER

The meeting was called to order at 8:02 AM by Dr. Fragala

II. MINUTES

The minutes from the previous meeting were accepted as written.

III. GUEST SPEAKER – PRESCRIBING GUIDELINES FOR PEDIATRICS AND ADULTS (DEPRESSION)

Dr. Cardoso reported that the PHO is establishing guidelines for management of pediatric and adult depression (medication). For the past 18 months, a task group has been meeting, led by Ray Lewis, MD, has been meeting to define the practice of the future. The number one priority identified is the lack of resources in our community to support Behavioral Health needs; this group is looking at ways to change this and offer a better pathway to management and resources. In May, 2021, a pilot was established within the two practices: Chelmsford Pediatrics and Chelmsford Family Practice. Changes include the hiring of multiple social workers and they are looking to hire a psychiatrist. The social workers are not office based but will provide tele-support and in-home visits. The plan is to expand this model to all practices.

A need has been determined for medication management of depression in our pediatric and adult populations that can help manage the patient until they can get connected to appropriate therapy/counseling/psychiatric support in the community; at this time, due to lack of providers and long wait times, it can take up to 3 months (minimum) for that connection to be made. To that end, Dr. Cardoso shared the algorithm on medication management recommendations for pediatric and adult patients experiencing depression. This algorithm has been reviewed and approved by the Pediatric department and has had input from Neelam Sihag, MD, Chief of Psychiatry at LGH. Dr. Cardoso has brought this algorithm to Family Medicine for their review, recommendations and approval as Family Medicine is unique in that they serve both affected populations.

Feedback/concerns discussed:

- Dr. Pillai questioned what is the expectation with use of the algorithm? Dr. Cardoso noted the medications should be started at the baseline before reaching out

to psychiatry, however, one is not precluded from doing so. If a patient scores high, should reach out earlier to psychiatry.

- At the top level, if a patient is suicidal, immediate intervention is needed.
- Screening based on low, moderate and high.
- Lists (pedi) 3 widely used medications and indicates how to start them, how to titrate up and how to continue at 6 months, 1 year.
- Question posed: if a patient has Fallon for insurance, the back of the insurance card has a number for Beacon; by calling this number, will Beacon assist in connecting the patient with community BH resources? It is current understanding that they will only provide a list to the patient; the patient is responsible for outreach.
- Dr. Lewis commented that the algorithm looks reasonable; the challenge lies with more acute/suicidal patients. Dr. Lewis further noted that getting patients into Lahey Behavioral Health is not consistent and launching a program in our network such as this would be a game-changer for all practices. Current situation with wait lists to see therapists; it is very challenging for patients to be seen for help/support.
- Dr. Osborne asked about MedPath and is this a resource for connection to BH services. Dr. Cardoso noted that they are aware of this service but it is not a good resource to connect people with counselling; it is more of a consulting service.
- Dr. Fragala had questions about the timeline on medications on the algorithm as the top level indicated 2 weeks and next level down, 1 week. Dr. Cardoso will bring this feedback to her team and suggest a standard of 2 weeks before titrating up medications; the adult is similar but with more options. Additional discussion had about common practice; Dr. Fragala normally waits 2 weeks before upping doses; asked if others do 4 days. Dr. Osborne noted that for a patient with more acute issues, should be more aggressive with dosing/titrating; Dr. Pillai shared that she informs her patients that they can up their doses within 72 hours but stated most prefer to wait 2 weeks before doing so.
- Discussion/questions about patients who are maxed out on dosing; Dr. Cardoso has information related to that shared from Dr. Sihag; she will get this information to Family Medicine in the near future. Dr. Fragala suggested adding max doses to the chart/algorithm; also noted that with so many options, it might be helpful to have some clarification as to why or when one should choose one medication over another.
- Dr. Kuin expressed concerns about how useful this algorithm truly is given the lack of access to psychiatric resources; fears more burden will be placed on family medicine/office practitioners; he further expressed concerns about application of these guidelines, hoping the will not be applied rigidly. Dr. Cardoso noted the goal is to give guidance to practitioners to help patients until they can be connected to psychiatric support and to hopefully decrease the burden and stress experienced by practitioners. Dr. Kuin finds the layout of the guidelines to be overwhelming. Dr. Pillai suggested the addition of some kind of cover page/statement on the algorithm stating this is a resource for assistance and that perhaps that would make it seem less intimidating.
- Dr. Pillai suggested AmWell as a back-up telehealth service via LGH noting that they have counseling services via telehealth as well and asked if we are taking advantage of this as an institution and asked if there are other options to get more access to therapists. Dr. Cardoso noted unaware of AmWell for mental health; we are trying, in conjunction with Melrose-Wakefield to hire an outpatient psychiatrist;

would work out of established center in Melrose. From Wellforce perspective, Lowell community is in crisis related to mental/behavioral health supports; need a resource in the ED to divert patients – pending approval. They are also exploring telehealth options. Dr. Osborne noted they are trying to set p units in the ER but there are staffing issues; need psych support and still looking for novel ways to expand capacity.

- Additional discussion about medication alone vs therapy alone; not as effective; prefer to start therapy before medications. Dr. Pillai suggested that telehealth is a resource we should tap into in the community to help bridge the deficit despite the expense. Dr. Osborne noted that there is a difference between tele-therapy and tele-psychiatry; tele-psychiatry is very expensive and tele-therapy is more budget friendly but there is also a focus on finding solutions to assist with acute issues in the ED.
- Discussion/concerns expressed about insurance; rumored that BC/BS is no longer paying for any tele-health visits; during COVID, all was free. Current understanding is that BC/BS is now charging, but the cost should be the same as whatever the plan calls for regarding co-pays and or deductibles for office visits.

Dr. Cardoso expressed thanks to the group for their thoughts and feedback; she will take this back, make edits and share results with Dr. Fragala who will in turn share with the group.

IV. NEW BUSINESS

Dr. Lewis would like time on the agenda for October to further talk about support to Boys and Girls Clubs regarding mentors/mentees and matching up the two; currently application process for mentees is closed and current work focused on training mentors and teaming up people.

Dr. Lewis notes September 15 – October 15 is Hispanic Heritage Month; be on the look out for messages on planned activities; there will be tables set up outside each Campus's cafeterias; plan for system wide panel discussion providing perspectives on Hispanic heritage; also, some food samplings in the cafeterias.

Dr. Lewis noted approaching the 1st anniversary of the restructured DEI Council; plan for upcoming strategy session including leadership, physicians, staff and key stakeholders in on-going work; to be held 9/14 at the Tuscan Kitchen in Burlington, Ma with special keynote speaker from AHA, Dwayne Johnson.

V. OLD BUSINESS

None

VI. COMMITTEE REPORTS

1. Med Exec Committee -

Christen Fragala, MD

- Mandatory for all LGH employees to be vaccinated by October 1st. There will be very few allowable exemptions.

- Question about flu clinics; where and when will these be set up for staff; no information available at this time.
- UPDATE: The Wire has a calendar for Flu Clinics.

<https://wire.lowellgeneral.org/occupationalhealth/flu-season/clinic-schedule>

- Dr. Osborne noted with recent rise in COVID cases in the community, LGH has re-opened a COVID testing until on the 1st floor of the SAAB building at the Saints Campus; people will need a doctor's order to be tested and scheduling is to be done via central scheduling; we encourage physician offices to send patients that route for testing to take pressure off practices and Urgent Care sites.
- Dr. Lewis sought guidance on community booster (3rd) vaccines for COVID; currently still awaiting further guidance beyond the immunocompromised population; anticipate any rollout to follow prior guidelines for vaccines. Dr. Lewis notes patients are getting boosters at CVS and Walgreens; Dr. Fragala has had patients in need of same and has sent those patients to CVS/Walgreens.

2. Labor and Delivery Committee -

Raymond Lewis, MD

- Dr. Lewis reports VTE guideline approved for labor
- Dr. Lewis expressed concerns regarding global OB issue; the dwindling of OB at LCHC; they only had 3 providers and the last one will be out by October. Interim solution: midwives to be part of hospitalist program and the hospital will manage for this population; Dr. Lewis fears the population is not being well-served by losing these providers and anticipates seeing an influx of LCHC pregnant patients.
- Dr. Lewis announced a new manager for the SCN: AnneMarie Aquino and informed all that she's been a dynamic resource to date and rebuilding morale with Laura Federico's great leadership.

3. Cancer Committee

Paul Harcourt, MD

- Dr. Harcourt reports no update as the Committee has not yet met this month

4. Credentials Committee

Deirdre Connolly, MD

- No update; meets at the same time as Family Medicine

5. Infection Control

Open

- No update, currently no Family Medicine representative assigned. Dr. Fragala has asked for a volunteer.

6. Morbidity and Mortality Council

Sangita Pillai, MD

- Dr. Pillai notes a case of concern discussed regarding practice with banana bags; reports the ED is no longer using banana bags in treating ETOH users in the ED and wondered if this was a surprise to other providers. Multiple providers did express surprise at this. Dr. Pillai further elaborated on review details involving electrolyte repletion, particularly magnesium, noting the ED is also not doing this

and passing responsibility for that on to the inpatient side. Much discussion; Dr. Fragala will reach out to further discuss with Dr. MacDonald.

7. Perinatal Committee

Raymond Lewis, MD

- Dr. Lewis reports no update.

8. MCH Updates

Laura Federico, RN

- Deferred

VII. Next Meeting

- Scheduled for Friday, October 15, 2021.

VIII. Adjournment

The meeting adjourned at 09:00 AM

Respectfully submitted,

Christine Smith, RN

Date

Approved:

DocuSigned by:

Christen Fragala MD

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Christen Fragala, MD

1/21/2022

Date