

Department of Family Medicine May Meeting Minutes

Date: May 8, 2026

Time: 7:00am

Attendees: Dr. Sangita Pillai, Dr. Christen Fragala, Dr. Patrick O'Neil, Dr. Cindy Cheng, Dr. Margaret Mills, Dr. Shaun Farragher, Dr. Namita Tiwari, Dr. Emelyn Molato, Dr. Jennifer Wolf, Dr. Raymond Lewis, Dr. Frank Osborn, Dr. Joseph Dulac, Dr. Catherine Trinh, Dr. Marian Younge, Ashley Adams, RN, Quality Improvement Specialist, Maxine Miller

Guests: Dr. Cristina Montalvo
Vice Chair, Clinical Services Dept of Psychiatry, Tufts Medicine
Division Chief, Consultation-Liaison and Psychiatric Emergency Services, Tufts Medicine
Chief, Psychiatry, Lowell General Hospital

I. Call to Order

- Dr. Pillai called the meeting to order at 7:00am.

II. Approval of Minutes

- The department approved the previous minutes of February.

III. New Business

- The next Family Medicine Meeting will be a hybrid meeting held via zoom and in the Wallace Board Room. The meeting is on June 12, 2026, at 7:00am.
- AnneMarie Aquino, Clinical Manager of MIU informed the department of the 'More Than Blue' documentary screening and panel discussion on Perinatal Mental Health.
- This is being held on Wednesday, June 17, 2026, in the Clark Auditorium from 5:00-7:00pm.
- There is a new centralized website that was launched that has Massachusetts specific license renewal and CME resources and requirements.
- Physician Wellness Meals coming up are May 20 from 12-1 in the Hanchett Auditorium and May 27th from 12-1 in the first floor conference room.
- Another Physician Wellness Meal will be held May 27, 2026, from 6:00-8:00pm at Vesper Country Club.
- Juneteenth Celebration is being held in the Clark Auditorium on June 15, 2026, from 12-1pm.
- Dr. Pillai discussed the recent engagement survey from Press Ganey, encouraging participation to express concerns and improve engagement.
- The survey results will be reviewed, and there may be a department-specific survey to gather more feedback.

IV. Old Business

a. Medical Executive Committee

- Please see announcements under New Business.



b. Labor and Delivery Committee

- AnneMarie informed the department that Dr. Lewnard has left Lowell General Hospital to pursue another job, so they are looking for a new Chair to run the Labor & Delivery Committee meetings.
- Danielle Dolan, Clinical Manager of Labor & Delivery, is also leaving and AnneMarie alongside Amy Foote will be interim managers.
- The Committee is mostly focusing on better documentation and epic changes.

c. Cancer Committee

- No one was on the call to give an update. If anyone is interested in joining the Cancer Committee, please reach out to Dr. Pillai.

d. Credentials Committee

- Dr. Marshall was not on the call to give an update.

e. Morbidity and Mortality Council

- Dr. O'Neil mentioned that a lot of the cases that were discussed were inpatient related and not relevant to Family Medicine.

f. Perinatal Committee

- The last Perinatal Committee meeting was held in March. There were a few policies passed but nothing to major to update.

g. MCH Updates

- There were no MCH audits.

h. Engagement and Belonging Council

- The Juneteenth Celebration is going to be a big deal, and Dr. Lewis will be the moderator.
- Laura Smith will be a guest speaker and there should be a lot of leadership present at the event.
- On June 1, the Pride Flag will be raised at the back flagpole near the old School of Nursing building.
- Lowell General Hospital will be hosting a Heritage Event: AANHPI Heritage Month via zoom from 12:00-1:00pm.
- There will be an end of year celebration for the Mentorship Program on May 18 from 5:30-7:30pm in the Clark Auditorium.

i. Family Medicine Residency Program

- Dr. Marshall was not on the call to give an update, but it was announced that successful matching of all six slots for the family medicine residency program, with residents starting in June.

j. Bridge Clinic

- Dr. O'Neil announced that there is now a long acting injectable buprenorphine specifically Brixadi.
- There are two types of long acting injectable buprenorphine- a sub blockade and Brixadi.
- Brixadi comes in both weekly or monthly formulations.



k. Mass Medical Society

- Dr. Dulac said there was the annual meeting recently for the Middlesex District North Division. There was a speaker from Massachusetts and there were a lot of legislative activities happening to support primary care.
- One of the bills was in support to double Primacy Care Physician salaries.
- There is a statewide meeting in a few weekends from now in Waltham. There will be new officers installed.
- Legislative meeting on Saturday.

l. Inpatient Care Update

- Dr. Larios did not have any updates.

V. Improved Access and General Services for Psychiatry

- Dr. Montalvo discussed Psychiatry referrals and the issues there are accessing mental health services and what Tufts Medicine is doing to make access easier.
- She presented the Tufts Medicine Medical Group Referral Update that her, Erika Warner, Bill Galvin, and Bridgette Robbins have been working on behind the scenes.
- Please see the attached slides with information on locations to refer, what specialties the locations have, and schedule information.
- Dr. Montalvo also briefly discussed the Neuropsychology Workflow and introduced the new Director of Neuropsychology, Dr. Davide Cappone.
- The neuropsych services are available for various conditions, including cognitive symptoms, MCI, and post-event assessments.
- The intake process includes prior authorization, and the structure of the visits is outlined, including clinical interviews and test administration.
- The turnaround time for clinical intake to report to the referring physician is four to six weeks, and the referral process is detailed.

VI. Adjournment & Other Discussion

- The meeting adjourned at 8:05am.

Next Meeting:

Friday, June 12, 2026, at 7:00AM via Zoom

Respectfully submitted,

Maxine Miller

Maxine Miller
Medical Staff Coordinator

Approved by:

Sangita Pillai, MD
Chief, Department of Family Medicine

Date



TMMG Referral Update

As of March 30, 2026



The primary health system of Tufts University School of Medicine



Overview

Welcome to our Tufts Medicine Medical Group (TMMG) referral guide, a centralized resource to help understand and navigate the tertiary care in our healthcare network. This document is intended **for internal clinician purposes only** and is not for patients. We will update and distribute this monthly. This referral guide will evolve to include the community and Tufts Medicine Integrated Network (TMIN).

If your patient has an urgent referral need and their clinical acuity requires a conversation with a medical professional, please call 617-636-8600 or Tiger Text *T Rapid Ambulatory Access* to escalate the referral.

For questions/feedback, please reach out to Bridgette Robbins bridgette.robbins@tuftsmedicine.org, Monica Tucker-Schwartz Monica.TuckerSchwartz@tuftsmedicine.org, and Laura Duncan Laura.Duncan@tuftsmedicine.org.

EPIC CareLink: https://carelink.well-net.org/EpicCarelink-PRD/common/epic_login.asp

For information on TigerConnect see appendix slides.

Easy Access: Referral Guide linked under the Physician + APC shortcut on Tufts Medicine Connect

**Please note, this first edition focuses on a subset of TMMG; very soon we will expand the guide to include our community clinicians.*



Psychiatry

| Location | Specialty | New Pt. Average Wait Time | Schedule |
|--|---|---|--|
| TMC Psychiatry Boston <i>EPIC Referral Dept:</i> <ul style="list-style-type: none"> T Gen Psych T Psychology T Social Work | <ul style="list-style-type: none"> Adult Psychiatry Child & Adolescent Psychiatry Geriatric Psychiatry Developmental Trauma Mood & Anxiety Clinic Women’s Mental Health Clinic ADHD Clinic Autism across Lifespan Hypnosis Clinic Neuropsychology Testing Therapy (SW/Psychology) Electroconvulsive Therapy (ECT) | <ul style="list-style-type: none"> Adult Med Management: 60 days Adult Therapy: 43 days Child & Adolescent: 21 days Neuropsychology: 2 days | 800 Washington Street, Boston, MA P: 617-636-5731 Hours: M-F: 8:30am-5pm |
| TMCCC Community Counseling – Malden <i>EPIC Referral Dept:</i> <ul style="list-style-type: none"> TMCCC BH 178 SAVIN ST | <ul style="list-style-type: none"> Adult Psychiatry EMDR Geriatric Psychiatry Mood & Anxiety (PTSD, OCD, Bipolar, Psychosis) Women’s Health/PPD ADHD (No Neuropsych Testing Here) Therapy | <ul style="list-style-type: none"> Adult Med Management: 20 days Adult Therapy: 25 days | 178 Savin St, Suite 200B Malden, MA P: 781-338-7249 (Intake) F: 781-338-7245 Hours: M-F Hours Vary: M, W, Thurs: 8am-5pm Tues: 8am-7pm Friday: 8am-4pm |
| Lowell Medical Group Psychiatry <i>EPIC Referral Dept:</i> <ul style="list-style-type: none"> LMGPSYCHIATRY Website: LINK | <ul style="list-style-type: none"> Adult Psychiatry Child & Adolescent Psychiatry Developmental Disorders Mood & Anxiety Women’s Health/PPD ADHD (No Neuropsych Testing Here) | <ul style="list-style-type: none"> Adult: 5 days Child & Adolescent: 5 days | P: 781-338-7343 (Intake) Hours: M-F: 8am-4:30pm (Currently Virtual Only) |

*Areas not overseen by Access Center agents



Psychiatry

| Location | Specialty | New Pt. Average Wait Time | Location / Schedule |
|---|---|--|---|
| Tufts Medicine Memory Care EPIC Referral Dept: • <i>Memory Care Clinic</i> | <ul style="list-style-type: none">• Degenerative cognitive decline (not acute)• Dementia• Alzheimer's | <ul style="list-style-type: none">• TMC Pratt Neuro: ~6 months• TMC Pratt Geri Psychiatry: ~3months• NENA Neurology: ~1 month• NENA Geriatric Psychiatry: ~2 months | Phone: 617-651-9170 Fax: 617-830-4975 Hours: M-F 8a-4:30p TMC Psychiatry 800 Washington Street, Boston, MA TMC Neurology 260 Tremont Street, Biewend Building, Boston, MA NENA Neurology 234 Littleton Road, Suite D, Westford, MA 01886 NENA Geriatric Psychiatry 354 Merrimack Street, Lawrence, MA 01843 |

*Areas not overseen by Access Center agents



Appendix



Tiger Connect

TigerConnect is a HIPAA-compliant, secure messaging platform designed specifically for healthcare, enabling doctors, nurses, and staff to text, share files, and collaborate instantly and safely. It replaces unsafe SMS with encrypted communication to enhance collaboration.

Tufts Medicine is an enterprise host that allows all Tufts Medicine Integrated Network practices to join Tiger Connect at no cost.

- **Enhanced Security:** TigerConnect's robust security measures provide high-level protection for PHI.
- **User-Friendly Interface:** The platform is easy to navigate and use, making it accessible to a wide range of users.



Tiger Connect Use Cases

Care Coordination/Collaboration with Tufts Medicine Clinicians: From the Tiger Connect App on your phone easily connect and text with Tufts Medicine colleagues. (example hospitalists are on Tiger Connect, if you have a patient admitted)

Connect with other Tufts Medicine Team Members: Tiger Connect is not only utilized by providers, anyone involved in patient care can have an account such as Clinical Managers or Medical Assistants, further enhancing communication within a practice.

One Care Team Collaboration: Our Care Management team is currently collaborating with offices in the Lowell General PHO, MelroseWakefield Hospital, Tufts Medical Center, Highland Healthcare Associates IPA, Cape Physicians, LLC, and occasionally communicates with the MetroWest Health Care Alliance, LLC, Plymouth Bay Primary Care, LLC, Milton Primary Care, LLC, and Primary Care Medical Associates LCOs.



How to set up TigerConnect

1. To set up TigerConnect send an email to:
tminehrsupport@tuftsmedicine.org

Provide the following information -

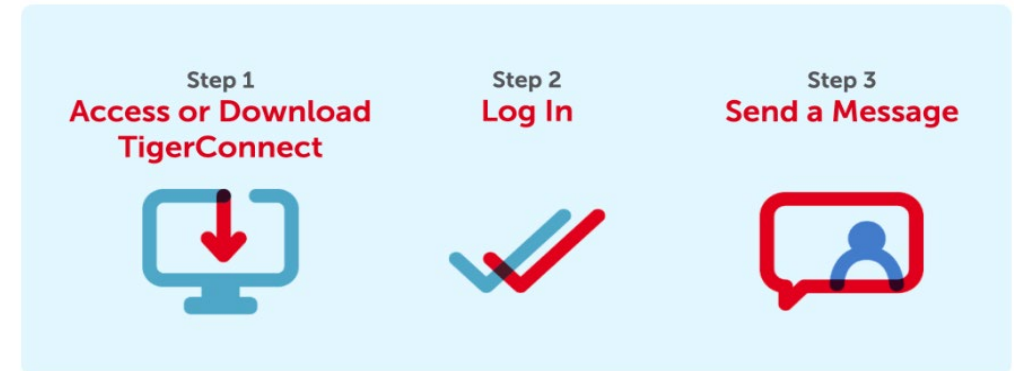
- Ask to set up TigerConnect
- Name
- Title
- Email (business, not personal)
- Practice Name

2. In 3-4 days, a follow up email will provide instructions on how to download/set up the TigerConnect app and the Symantec VIP app for two-factor authentication.

3. Email to Physician about TigerConnect sign up:

Subject: [EXT] You have been invited to join Tufts Medicine on TigerConnect for secure HIPAA-compliant messaging

Welcome to TigerConnect - healthcare's most powerful collaboration suite. You are registered and ready to join the conversation. To get started, follow the steps below.



Tufts Medicine utilizes TigerConnect for all secure communication. TigerConnect is a HIPAA compliant secure messaging application that allows you to send PHI without risking a breach in security.

Let's get started!

Mobile App: To get started, you will need the free iOS or Android mobile app from your app store. If you do not have the application already installed on your phone, please search for and download "TigerConnect",

which will have this corresponding logo: 

*Please note that Tufts Medicine users may need to install the **Symantec VIP Access** application on their Personal Devices and provide the IT Help Desk with the "CredentialID" for access to work appropriately.*

IT Help Desk number: **(617) 636-1100**

Neuropsychology Workflow - Brief

Davide B. Cappon, MS, PhD

Director of Neuropsychology, Tufts Medical Center

Associate Professor Psychiatry , Tufts University School of Medicine

May 2026





Neuropsychology provides clarity early across the care continuum.



Early Accurate Detection & Prevention

Early identification prevents costly emergency emergency visits, hospitalizations, and readmissions.



Identify Treatment Barriers

Uncovers cognitive or behavioral barriers to improve treatment adherence and recovery.



Diagnostic Efficiency

Targeted neuropsych input shortens diagnosis, improves accuracy, and reduces uncertainty.



Improved Outcomes

Proactive care ensures the right treatment, leading leading to better health and reduced system burden.



Neuropsychology Service Line

What are your most common reasons for referral to neuropsychology:

- Diagnostic clarification and etiology of cognitive symptoms
(e.g., cognitive vs psychiatric, MCI vs dementia; neurodegenerative vs vascular vs medical)
- Baseline assessment / monitoring of progression, recovery, response to treatment
(e.g., in patients with CNS disorder)
- Functional and safety assessment to determine if patient can participate in health care decision making *(e.g., driving, independent living, decision-making capacity)*
- To establish rehabilitation of management strategies
(e.g., care planning, rehabilitation strategies)
- Cognitive concerns impacting daily functioning or work
(e.g., return-to-work, disability, accommodations)
- Medication- or treatment-related adverse effects of therapeutics that could impair cognition
(e.g., chemotherapy-related cognitive changes, polypharmacy, psychotropic side effects)
- Pre-surgical / procedural evaluation to determine safety of surgical procedure
(e.g., DBS, epilepsy surgery, ventricular shunting; transplant; oncology)
- Post-event or medical-related cognitive concerns
(e.g., delirium, TBI, stroke, medical illness)



Neuropsych Clinical Workflow

➤ Intake and Prior Authorization

Intake team receives referrals (EPIC)
Provider Record review and clarify referral question
Admin Prior Authorization once approved
Patient scheduled (~14-21 days)

No Prior Authorization Required

by Medicare Part A and B, and some Medicaid plans
(admin calls to confirm)

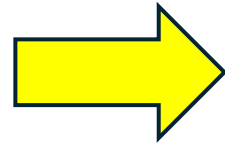
➤ **1st visit** (1 hour)

Clinical Interview

➤ **2nd visit** (~2-3 hours)

Test Administration

➤ **3rd visit** (45 minutes)



Can be scheduled same day for convenience

Interactive Report Feedback to the patient and family member(s) used to convey the implications of test findings and to give specific recommendations.

Turnaround time for a neuropsychology report from clinical intake to report to referring provider is typically: ~4–6 weeks



Epic referral steps

The screenshot shows the Epic interface for an "Ambulatory referral to Psychiatry". The form is titled "Ambulatory referral to Psychiatry" and has "Accept" and "Cancel" buttons. The "Class" section has "Incoming Referral", "Internal Referral" (selected), and "Outgoing Referral" options. The "Referral" section includes an "Override Restrictions" checkbox. The "To Department Specialty" dropdown is set to "Psychiatry". The "To Department" dropdown is open, showing options: "T GEN PSYCH OP", "LMG PSYCHIATRY", "LMG NENA - NASHUA PSYCHIATRY", "LMG NENA - LAWRENCE PSYCHIATRY", and "LMG NENA - NASHUA PSYCH TELEHEALTH". The "To Provider Specialty" dropdown is set to "Psychiatry". The "Referral Order Priority" is set to "Routine".

On the right side of the screen, the "Notes (51)" section is visible, showing a note titled "Ambulatory referral to Psychiatry" with details: "Internal Referral, Psychiatry, Psychiatry", "ARIPiprazole (Abilify) 10 mg tablet", "Take 1 tablet (10 mg) by mouth once daily. Normal, Disp-90 tablet, R-0", and "lamoTRlgine (LaMIctal) 25 mg tablet", "Take 2 tablets (50 mg) by mouth once daily. Normal, Disp-60 tablet, R-2".

At the bottom of the screen, there is a "Charge Capt" section with a "Service Date" of 4/30/20 and a "Billing Provide MD Departm PSYCH OP (mixed, mild [F...".

Referring providers go to the orders section
Type REF91 which brings up "Ambulatory referral to psychiatry."
Select Psychiatry and enter in Neuropsychology/Neuropsych testing as the reason for referral