



Best Practices and Innovation

Pillars of Wellness for New Yorkers Seeking Longevity and Quality in the Era of COVID-19

NOVEMBER 13, 2020
VIRTUAL CONFERENCE

Friday, November 13, 2020

9:00AM–9:05AM

Welcome and Introduction
Jay Schechtman, MD, MBA
Chief Clinical Officer, Healthfirst

Susan J. Beane, MD
Executive Medical Director, Healthfirst

Panel 1

9:05AM–9:55AM

When Diabetes and Hypertension Collide
Tasnima Nabi, PharmD, BCPS
Clinical Pharmacy Manager
Mount Sinai Health Partners

Bellevue's Plant-Based Lifestyle Medicine Program: Innovative Care at America's Oldest Hospital
Michelle McMacken, MD
Director, Plant-Based Lifestyle Medicine Program, NYC Health + Hospitals / Bellevue, Assistant Professor of Medicine, NYU Grossman School of Medicine

9:55AM–10:15AM

Q&A Session, Panel 1

10:15AM–10:25AM

Break

Panel 2

10:25AM–11:40AM

Exercise is Medicine

R. L. Felipe Lobelo, MD, PhD, FAHA

*Associate Professor, Hubert Department of Global Health,
Emory Rollins School of Public Health
Physician Program Director for Epidemiology, Public Health and
Preparedness in the Department of Quality and Patient Safety,
The Southeast Permanente Medical Group*

Managing Sanity and Success during the COVID-19 Pandemic

Nanette Alexander-Thomas, MD, FACP, FACR

*Medical Director of Ambulatory Care, Brookdale University
Medical Center*

Wellness for Patients, Families, and Healthcare Providers

Daniel Chen, MD

Chairman, Department of Psychiatry, MediSys Health Network

Karen Codd, MPS, LCAT, ATR-BC

Community Wellness Coordinator, Jamaica Hospital Medical Center

Martha Edelman, MD

*Acting Associate Chairperson for Clinical Affairs, CPEP Medical Director,
Jamaica Hospital Medical Center*

Bruce J. Flanz

President and Chief Executive Officer, MediSys Health Network

11:40AM–12:00PM

Q&A Session, Panel 2

Final Remarks and Adjournment



Jay Schechtman, MD, MBA
Chief Clinical Officer, Healthfirst

Jay Schechtman, MD, has been with Healthfirst since 1999 and is responsible for all aspects of members' care and quality, encompassing medical and care management, clinical performance outcomes, and pharmacy.

Dr. Schechtman is an industry expert in population health, accountable care, high-risk populations, and integrated products. Dr. Schechtman also serves as the Assistant Clinical Professor in Community and Preventive Medicine at the Icahn School of Medicine at Mount Sinai.

Prior to working at Healthfirst, Dr. Schechtman was a National Medical Director for Magellan Specialty Health and a full-time academic physician at the Mount Sinai Medical Center in New York. He obtained a medical degree from Mount Sinai School of Medicine and an MBA from the combined healthcare management program of Mount Sinai and Baruch College. Dr. Schechtman is board-certified in rehabilitation medicine and was chief resident at Mount Sinai.

Speaker



Susan J. Beane, MD

Executive Medical Director, Healthfirst

Susan J. Beane, MD, joined Healthfirst in 2009, bringing with her extensive professional experience in managed care. As Vice President and Executive Medical Director at Healthfirst, Dr. Beane focuses on care management and clinical provider partnerships, especially programs designed to improve the delivery of vital, evidence-based healthcare to our members. Dr. Beane, a dedicated primary care physician and board-certified internist, is a strong proponent of collaborating with and engaging providers to improve health outcomes.

Prior to joining Healthfirst, Dr. Beane served as Chief Medical Officer for Affinity Health Plan for five years, during which time she helped Affinity's plan become a top performer in quality and member satisfaction. Before that, she worked at AmeriChoice and HIP USA, as medical director. Dr. Beane is a graduate of Princeton University and Columbia University College of Physicians and Surgeons.



Tasnima Nabi, PharmD, BCPS

Clinical Pharmacy Manager, Mount Sinai Health Partners

Tasnima Nabi, PharmD, graduated with her doctorate of pharmacy from St. John's University College of Pharmacy and Health Sciences, in Queens, NY, and completed residency training at North Shore University Hospital, in Manhasset, NY.

After her training, Dr. Nabi started her career at Mount Sinai Hospital, where she worked as a pharmacist at the Therapeutic Infusion Center. Dr. Nabi is currently a Clinical Pharmacist Manager for Mount Sinai Health Partners, where she focuses on population health management in collaboration with the quality team.

Dr. Nabi also offers clinical pharmacist services at Mount Sinai Doctors Brooklyn Heights, where she manages patients with hypertension, diabetes, asthma, chronic obstructive pulmonary disease, and congestive heart failure.



Michelle McMacken, MD

*Director, Plant-Based Lifestyle Medicine Program,
NYC Health + Hospitals/Bellevue,
Assistant Professor of Medicine,
NYU Grossman School of Medicine*

Michelle McMacken, MD, is an Assistant Professor of Medicine at NYU Grossman School of Medicine. An honors graduate of Yale University and Columbia University College of Physicians and Surgeons, Dr. McMacken practices internal medicine in the Adult Primary Care Center at NYC Health + Hospitals/Bellevue, part of the largest safety-net healthcare system in the United States. She also directs Bellevue's Adult Weight Management Program and Plant-Based Lifestyle Medicine Program.

Through a 2014 NYU Merrin Fellowship grant, Dr. McMacken studied evidence-based nutrition and developed a nutrition curriculum for her internal medicine faculty colleagues. She has received the faculty 'Teacher of the Year' award three times for her work with physician trainees and has presented on nutrition at the American College of Physicians, the American Diabetes Association, and other national academic conferences.

Dr. McMacken serves on the board of directors for the American College of Lifestyle Medicine and is committed to teaching and practicing evidence-based lifestyle as medicine.



R. L. Felipe Lobelo, MD, PhD, FAHA

*Associate Professor, Hubert Department of Global Health,
Emory Rollins School of Public Health Physician Program
Director for Epidemiology, Public Health and Preparedness
in the Department of Quality and Patient Safety,
The Southeast Permanente Medical Group*

Felipe Lobelo, MD, PhD, FAHA, is an Associate Professor in the Hubert Department of Global Health at Emory Rollins School of Public Health and Physician Program Director for Epidemiology, Public Health and Preparedness in the Department of Quality and Patient Safety, The Southeast Permanente Medical Group.

Dr. Lobelo received his medical degree and his Preventive Medicine and Clinical Epidemiology specialization from the Universidad del Rosario in Bogota, Colombia. He completed his internship at the Jackson Memorial Hospital in the Miami University School of Medicine and earned a PhD in Public Health from the University of South Carolina. From 2008 to 2010, he served as an Epidemic Intelligence Service (EIS) officer at CDC and was involved in international epidemiological field investigations, having an active role in CDC's H1N1 response, investigating the outbreak abroad and serving as CDC's spokesperson for Hispanic/Latino populations. His work with H1N1 took him to the White House, where he served as the CDC representative in the first-ever Spanish Town Hall Meeting alongside President Obama and around the nation for vaccine campaign outreach events for at-risk populations/minorities. From 2010 to 2014, Dr. Lobelo served in various roles as a Medical Epidemiologist at CDC's National Center for Chronic Disease Prevention in their Office of the Director and their Diabetes Translation and Nutrition, Physical Activity and Obesity divisions. In 2012, he was selected as Fellow of the American Heart Association, and in 2020 to the President's Council on Fitness, Sports, and Nutrition Science board.

Dr. Lobelo has authored more than 150 peer-reviewed scientific publications, and his interests include health disparities, mobile health, implementation science, population health, and quality improvements leveraging clinical-community linkages for infectious and chronic disease prevention and control. Dr. Lobelo believes in "practicing what you preach" and strongly advocates for doctors to become healthy role models. He enjoys soccer and plays for the US Medical Soccer Team, the U.S. representative in the annual "World Cup for Doctors."



Nanette Alexander-Thomas, MD, FACP, FACR

*Medical Director of Ambulatory Care,
Brookdale University Medical Center*

Nanette Alexander-Thomas, MD, is the Medical Director of Ambulatory Care at Brookdale University Medical Center (BUMC), where she supervises the clinical care of a bustling ambulatory program with more than 65,000 visits/year, as well as Occupational Health Services. During her tenure, quality scores for both Medicaid and Medicare patients and Access to Care and Appointment Availability have improved.

Dr. Alexander-Thomas worked for more than a decade in long-term care management, where she served as the System Medical Director for St. Vincent's Catholic Medical Center and VillageCare, before returning to ambulatory care as the medical director for an FQHC in Brooklyn, and then as Director of Ambulatory Care at Woodhull Medical Center, part of NYC Health + Hospitals.

Creating an environment that welcomed broad discourse, exchange of ideas, and focus on mission has led to improved quality scores, improved patient and provider satisfaction, and a comfortable, welcoming work environment. With the advent of the Covid-19 pandemic, the change in dynamic has put more emphasis on supporting the work and needs of the front-line staff and maintaining their safety. As a consummate administrator, she has delivered substantial contributions in leadership, teaching, and management.

Dr. Alexander-Thomas has received awards in Excellence in Teaching, the American College of Physician's Preceptorship Award, named "One of Brooklyn's Best Doctors," as well as having written numerous publications and made numerous presentations at national meetings. Apart from her administrative duties, Dr. Alexander-Thomas is a rheumatologist with special interest in rheumatoid arthritis and gout.

She received her bachelor's degree in biology from New York University, having achieved the distinction as the youngest graduate in the university's history. Her doctorate of medicine was received at Boston University School of Medicine, and her fellowship in rheumatology was completed at SUNY Downstate.

Dr. Alexander-Thomas is an avid tennis player whose favorite opponents are her husband and two children. In addition, she loves travel, reading, and participating in numerous civic and community organizations.



Daniel Chen, MD

Chairman, Department of Psychiatry, MediSys Health Network

Daniel Chen, MD, received his psychiatry residency training at North Shore University Hospital. Presently, he serves as the Chairman of Behavioral Health at the MediSys Health Network, which includes Jamaica Hospital Medical Center, Flushing Hospital Medical Center, and the Advanced Center for Psychotherapy.

Dr. Chen is a Clinical Assistant Professor, Department of Psychiatry & Behavioral Medicine at New York College of Osteopathic Medicine and is a Clinical Associate Professor, Department of Psychiatry at Ross University School of Medicine. Dr. Chen served as the co-president of the 5th World Congress of Cultural Psychiatry in NYC in Oct. 2018. For nearly 20 years, Dr. Chen has been promoting longevity and successful aging through providing integrated physical and behavioral healthcare, wellness self-management, and a healthy lifestyle.

Speaker



Karen Codd, MPS, LCAT, ATR-BC
*Community Wellness Coordinator,
Jamaica Hospital Medical Center*

Karen Codd is Jamaica Hospital Medical Center's Community Wellness Coordinator and is a member of the faculty of the Psychiatry Residency Program. She is a New York State-licensed and nationally board-certified Creative Arts Therapist.

Ms. Codd received her master's degree in Art Therapy and Creativity Development from Pratt Institute in Brooklyn, New York, and is currently a doctoral student at Mount Mary University in Milwaukee, Wisconsin, where she is focusing her studies on the potential benefits of art therapy for resident physicians. She has primarily worked in adult psychiatric inpatient settings and is passionate about fostering optimal mental and physical wellness for healthcare workers, as well as the people they serve.

Speaker

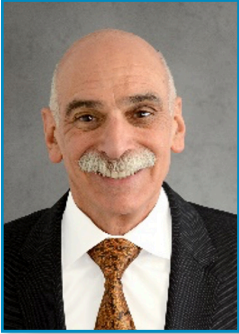


Martha Edelman, MD

*Acting Associate Chairperson for Clinical Affairs,
CPEP Medical Director, Jamaica Hospital Medical Center*

Martha Edelman, MD, is a graduate of Albert Einstein College of Medicine and completed psychiatric residency training at North Shore University Hospital.

Presently, she serves as the Acting Associate Chairperson for Clinical Affairs and CPEP Medical Director at Jamaica Hospital Medical Center. Dr. Edelman is a Clinical Associate Professor, Department of Psychiatry, at Ross University School of Medicine.



Bruce J. Flanz

*President and Chief Executive Officer,
MediSys Health Network*

Bruce J. Flanz is the President and Chief Executive Officer for the MediSys Health Network, which includes two teaching hospitals, Jamaica Hospital Medical Center and Flushing Hospital Medical Center and a skilled nursing facility. The network consists of 700 acute care beds, 228 long-term care beds and employs more than 6,500 individuals. With a focus on population health, MediSys is responsible for more than 160,000 fully capitated lives. The network's Ambulatory Care Program provides care to 750,000 outpatients annually, and Jamaica Hospital's Level 1 Trauma Center Emergency Department ranks as the 22nd busiest in the nation.

In addition to his responsibilities as president and CEO, Bruce is very active in both the healthcare industry and the surrounding community, holding numerous local and regional leadership positions within the Hospital Association of New York State (HANYS), Greater New York Hospital Association (GNYHA), and the American Hospital Association (AHA), for which he has often been awarded for professional achievements. He currently serves as the Chairman-Elect for HANYS. As the leader of a safety-net organization with more than 47 years of healthcare experience, Mr. Flanz had the foresight to prioritize and support wellness as a core value for himself and his team. His leadership has contributed to building and sustaining a high-performance team, with most senior team members averaging more than 25 years with MediSys.

When Diabetes and Hypertension Collide

Tasnima Nabi, PharmD, BCPS
Clinical Pharmacy Manager, Population Health
Mount Sinai Health Partners



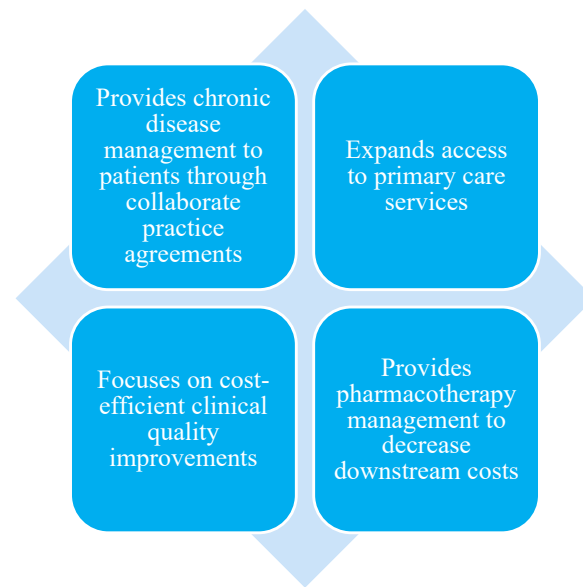
Mount Sinai Health Partners

- Clinically integrated network of Mount Sinai's faculty and community physicians, and seven hospitals spanning Manhattan, Brooklyn and Queens
- Committed to a vision of transforming healthcare in New York from a fee-for-service model towards value-based care and population health

Population Health Goal:

To provide high-quality care and improve patient satisfaction

Role of Pharmacist in Population Health



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Impact of Covid-19 on Workflow

Patient and Provider Concerns

- **Decreased access:**
Non-urgent clinic visits cancelled
- **Fear of Covid-19:**
Patients with chronic disease
- **Reduced revenue:**
Most billable services require in office physical assessment

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The Solution

- Clinic: shift visits to telehealth
- MSHP: strategize on how to **optimize care without sacrificing reimbursement**:
 - Remote Patient Monitoring (RPM)
 - Chronic Care Management (CCM)

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“Connected Hearts” Remote Patient Monitoring

- Partnered with Omron to provide blood pressure monitor
- Bluetooth-enabled device mailed to patient’s home
- How it works:
 - Patient plugs in data hub, uses device within 20 feet
 - Readings transferred from the device to the hub, analyzed in Omron’s cloud, and uploaded to EPIC
 - Alerts generated for out-of-range values

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“Connected Hearts” Highlights



Multidisciplinary care team



Critical Alerts



Currently enrolling patients
at five practice sites

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RPM Milestones and Results To Date

- **To date, 93 patients receive RPM services**
 - Enrolled and managed via telephone and video
 - Vitals capture in EMR flowsheet and close clinical quality care gaps
 - Reimbursable enrollment, management, and maintenance visits
- **Future considerations:**
 - Expand to non-pharmacist clinical sites
 - Enroll patients with heart failure

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Chronic Care Management

- Promotes self-management, positive health outcomes, and patient satisfaction
- Opportunity for reimbursement through Medicare since 2015 for helping patients manage conditions in between office visits
- At most primary care offices however, EMR does not adequately accommodate for documentation requirements

CCM at MSHP

- In collaboration with PCP, pharmacist creates comprehensive care plan for each patient
- Pharmacists are able to capture time spent in telehealth encounters (telephone and video)
- Time captured is billed “incident to” the billing provider
- Higher billing opportunity for complex patients

Example of a CCM Care Plan

1) Diabetes

Goals: maintain A1c < 7%; maintain fasting sugar between 80-130; maintain blood sugar less than 180 two hours after you eat, prevent hypoglycemia (blood sugar less than 70)

Outcome/Prognosis: fair

Person Responsible: patient, PharmD, PCP

Plan: medication management, follow the healthy plate method, get at least 30 minutes of moderate physical activity, monitor your A1c at least every 3 months, monitor your home blood sugar readings at least once daily, complete yearly exams to check for complications from diabetes (eye exam, foot exam, screening for kidney disease), get the flu vaccine every year, get the Pneumovax 23 vaccine.

2) Hypertension

Goals: maintain blood pressure less than 140/90 (we may also consider less than 130/80 in the future)

Outcome/Prognosis: fair

Person Responsible: patient, PharmD, PCP

Plan: medication management, DASH and low sodium diet, get at least 30 minutes of moderate physical activity at least 5 days/week, monitor you blood pressure at home

3. High Cholesterol

Goal: decrease your risk for heart attack

Outcome/Prognosis: fair

Person Responsible: patient and PCP

Plan: monitor lipid profile (lab work), medication management, get at least 30 minutes of moderate physical activity at least 5 days/week, eat foods low in saturated fat, practice moderation and balance (select sensible portion sizes and avoid second helpings)

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CCM Milestones and Results To Date

- **To date, 52 patients enrolled**
 - 77% of patients have diabetes managed by pharmacist
 - Increased referral volume and interest in expanding disease-states managed through collaborative practice agreement
- **CCM promotes patient and care team collaboration in the telehealth setting, while also providing reimbursement for time**

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Lessons Learned

- Covid-19 modernized medicine with long overdue technological advancements
- Challenges
 - Technological and clinical limitations with telehealth
 - Coverage concerns
 - Provider bandwidth to address in person and telehealth needs

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Summary

- Telehealth will improve access and quality of care to patients beyond Covid-19 era
- RPM should be the standard of care for management of chronic diseases
- CCM is an underutilized opportunity to provide reimbursement for care outside of scheduled provider office visits
- Population health organizations promote interdisciplinary collaboration to modernize and improve quality of medicine

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When Diabetes and Hypertension Collide

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Bellevue's Plant-Based Lifestyle Medicine Program: Innovative Care at America's Oldest Hospital

Michelle McMacken, MD, Director

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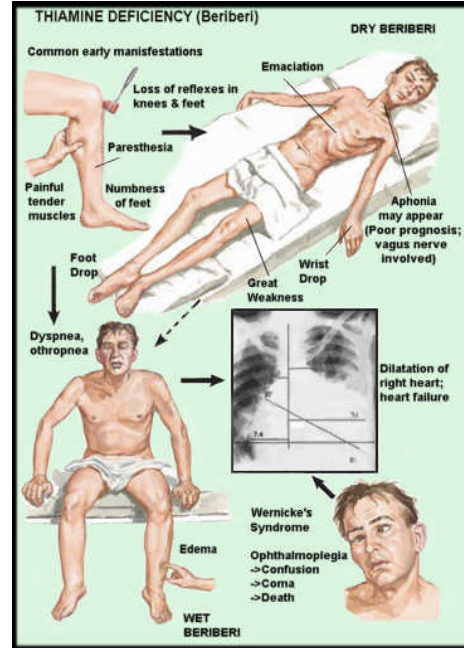
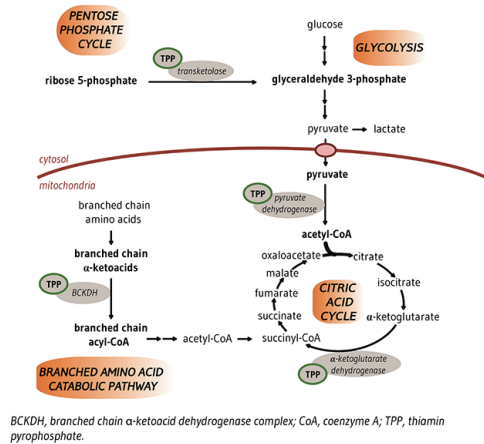
WHAT IS LIFESTYLE MEDICINE?

Evidence-based approach to preventing, treating, & sometimes even reversing lifestyle-related conditions through adoption of healthy behaviors



AMERICAN COLLEGE OF
Lifestyle Medicine

Figure 1. Metabolic Pathways Requiring Thiamin Pyrophosphate



Leading causes of death in the US: How many are related to lifestyle?

Cause of death (based on ICD-10)	Rank ¹	Deaths	Percent of total deaths
All causes	2,813,503	100.0
✓ Diseases of heart (I00-I09,I11,I13,I20-I51)	1	647,457	23.0
✓ Malignant neoplasms (C00-C97)	2	599,108	21.3
Accidents (unintentional injuries) (V01-X59,Y85-Y86)	3	169,936	6.0
✓ Chronic lower respiratory diseases (J40-J47)	4	160,201	5.7
✓ Cerebrovascular diseases (I60-I69)	5	146,383	5.2
✓ Alzheimer disease (G30)	6	121,404	4.3
✓ Diabetes mellitus (E10-E14)	7	83,564	3.0
Influenza and pneumonia (J09-J18)	8	55,672	2.0
✓ Nephritis, nephrotic syndrome and nephrosis (N00-N07,N17-N19,N25-N27)	9	50,633	1.8
Intentional self-harm (suicide) (*U03,X60-X84,Y87.0)	10	47,173	1.7

Leading Causes of Death in 2017; National Vital Statistics Report, 2019

Healthy Living Is the Best Revenge

Findings From the European Prospective Investigation Into Cancer and Nutrition–Potsdam Study

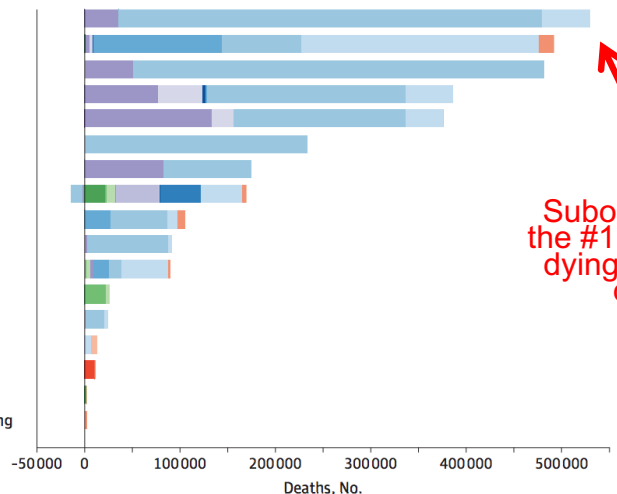
- >23,000 adults x 7.8 years
- 4 factors:
 - ✓ Never smoking
 - ✓ Body mass index <30
 - ✓ 3.5 hours of exercise per week
 - ✓ Healthy diet (high fruit, veg, whole grains; low meat)
- Combination of all 4 factors:
 - 78% ↓ risk of chronic disease
 - ✓ Type 2 diabetes
 - ✓ Myocardial infarction
 - ✓ Stroke
 - ✓ Cancer

Ford et al, Arch Int Med 2009

Risk factors

Dietary risks

- Tobacco use
- High systolic blood pressure
- High body mass index
- High fasting plasma glucose
- High total cholesterol
- Impaired kidney function
- Alcohol and drug use
- Air pollution
- Low physical activity
- Occupational risks
- Low bone mineral density
- Residential radon and lead exposure
- Unsafe sex
- Child and maternal malnutrition
- Sexual abuse and violence
- Unsafe water, sanitation, and handwashing



Suboptimal diet is the #1 risk factor for dying of a chronic disease

US Burden of Disease Collaborators, JAMA 2018



Adapted from Dean Ornish, MD



Brooklyn Borough President Eric Adams



- Brooklyn Borough President Eric Adams advocated for creation of a plant-based lifestyle program accessible to all New Yorkers
- NYC Health + Hospitals agreed to host the program
- First of its kind in a safety-net hospital system

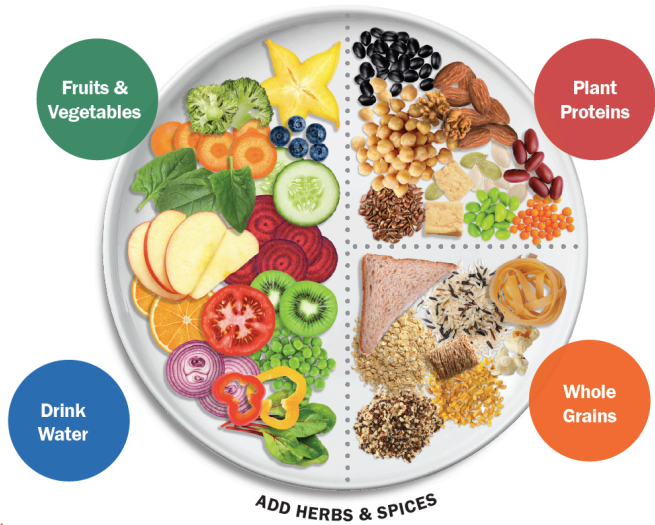


Plant-Based Lifestyle Medicine Program

MISSION

- Improve access to lifestyle medicine, especially for vulnerable populations facing a high burden of chronic disease
- Help patients reduce cardiometabolic risk through healthful lifestyle changes, especially a plant-based diet





WHY PLANT-BASED?

- At least 25% reduction in risk of coronary heart disease
- Improved blood pressure
- Up to 35% reduction in LDL-C
- Significant decrease in risk of type 2 diabetes (34% or more)
- Improved glycemic control in type 2 diabetes
- Decreased progression of chronic kidney disease
- Healthy weight management
- Reduced cancer risk



THE SETTING: BELLEVUE

- Public hospital serving all New Yorkers, regardless of ability to pay
- Oldest hospital in the US (1736)
- Majority of patients are low income
- Extremely culturally diverse
- Significant proportion of visits conducted in language other than English
- Insurance breakdown
 - ✓ 44% Medicaid
 - ✓ 24% Uninsured
 - ✓ 13% Medicare
 - ✓ 15% Commercial

ELIGIBILITY CRITERIA & REFERRALS

- Atherosclerotic disease (coronary heart disease)
- Hypertension
- Hyperlipidemia
- Prediabetes
- Type 2 diabetes
- Overweight or obesity
- Patients can self-refer
- Clinicians can refer as well
- Appointments made through “hotline” whose staff also screen for eligibility

Program Team: Lilian Correa, RD, MPH; Rebecca Boas, MD; Sapana Shah, MD, MPH; Krisann Polito-Moller; Michelle McMacken, MD; Shivam Joshi, MD



SERVICES

- Team approach: physicians, dietitian, health coach
- Intensive counseling on healthful plant-based diet, exercise, stress reduction, sleep quality, smoking cessation
- Individual & group visits

MULTIDISCIPLINARY TEAM STRUCTURE

Physicians

4 physicians, 0.1 FTE each

- Initial visit for medical evaluation & review of benefits of lifestyle change
- Follow-up visits for medication adjustment, troubleshooting, & validation

Dietitian

One full-time RD

- Detailed dietary assessment & monitoring of nutrition status
- Medical nutrition therapy for comorbid conditions
 - ✓ Transition to healthful plant-based diet
 - ✓ Cooking techniques, recipe conversion, meal prep

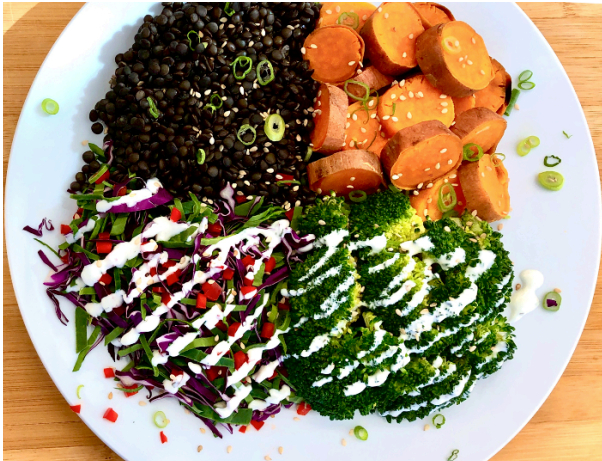
Health coach

One full-time health coach

- Individualized counseling & goal setting
 - ✓ Physical activity
 - ✓ Sleep habits
 - ✓ Stress reduction
 - ✓ Plant-based shopping & meal prep
 - ✓ Overall well-being

FLOW OF VISITS

- Initial MD evaluation
- “Warm handoff” to dietitian & health coach
- Individual visits with dietitian & health coach (every 2-4 weeks)
- Weekly group class (day or evening options)
- Follow-up visits with MD (every 1-3 months)
- Between-visit communication via phone and/or Epic patient portal
- Since March 2020, all services offered remotely (Webex, telehealth)



OUR APPROACH TO FOSTERING LIFESTYLE CHANGE

- Ask: what's your "why"?
- Explore readiness to change, use motivational interviewing techniques
- Offer individual goal setting/action plans
- Incorporate culture, family, finances, & other social determinants of health
- Provide validation, social support
- Celebrate any progress towards healthier habits



GROUP CLASS CURRICULUM

- Week 1 – The Plant Powered Plate
- Week 2 – Smart Label Reading
- Week 3 – Dining Out & Travel
- Week 4 – Movement & Exercise
- Week 5 – Mindful Eating
- Week 6 – Meal Prep Basics
- Week 7 – Sleep & Stress Management
- Week 8 – Recipe Conversion

ADDITIONAL PROGRAM FEATURES

- Cooking demonstrations
- Weekly exercise class
 - ✓ Low-impact/chair workout emphasizing flexibility, strength training
 - ✓ Goal to teach patients how to do at home
- Facebook support group
- Health Bucks & Healthy Savings Cards
- Resources
 - ✓ Plant-based cookbooks (English & Spanish)
 - ✓ Reference books on diabetes & heart disease



Plant-Based Lifestyle Medicine Program

Starter Guide to a Plant-Based Diet

NYC
HEALTH+
HOSPITALS | Bellevue



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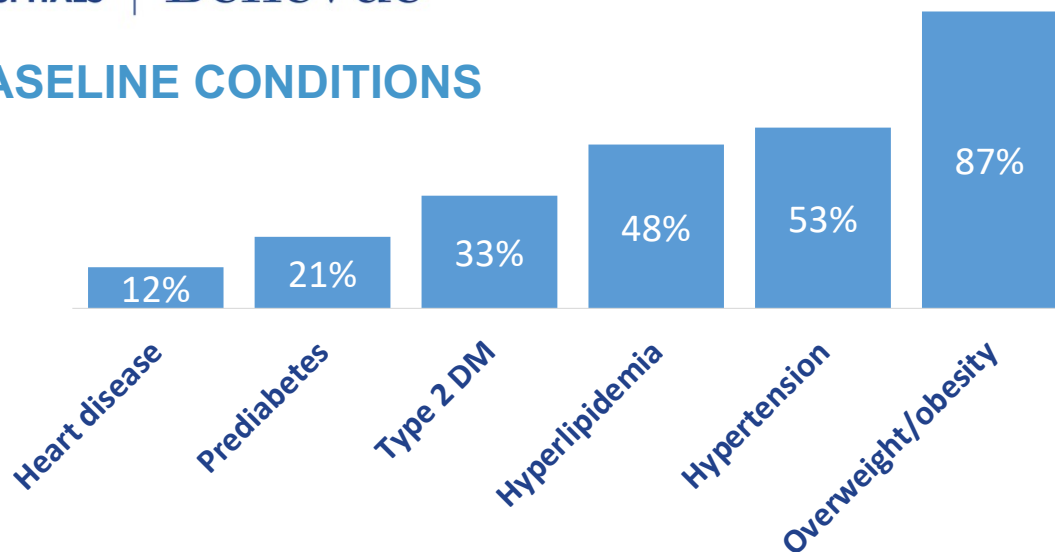


PROGRAM PATIENTS

- To date, >850 patients have joined waiting list for program
- 173 patients enrolled in first 6 months (target was 50-100)
- Race/ethnicity: 39% Black, 31% white, 17% Hispanic
- Insurance: 55% commercial, 20% Medicare, 17% Medicaid, 8% other



BASELINE CONDITIONS



PROGRAM EVALUATION STRATEGY

- External NYU research team; IRB approved
- Participant surveys at baseline, 3 months, & 6 months to assess health behaviors, nutrition knowledge, program satisfaction
- Focus groups with participants & program dropouts to obtain additional feedback
- Analysis of visit metrics & clinical data under way



OUTCOMES (6 months)

Health behaviors

- ✓ Increased fruits, vegetables, whole grains, plant protein (legumes)
- ✓ Decreased animal protein, refined grains, sodium, sweets, sugar-sweetened beverages
- ✓ Increased physical activity
- ✓ Improved sleep

Clinical

- ✓ Weight loss
- ✓ Improved blood sugar
- ✓ Better self-rated health

Patient satisfaction

- ✓ Extremely high!



65 year-old African-American woman presents for initial visit, Jan 2019

- Type 2 diabetes – a1c 7.7%
- Obesity (386 lbs, BMI 66)
- Previous stroke
- Obstructive sleep apnea
- Hypertension
- Hyperlipidemia
- Depression
- Knee osteoarthritis (uses walker & wheelchair)
- Not employed
- SSI is sole source of income
- Lives with adult daughters & son



- Most meals prepared outside the home- either takeout or at senior center
- 24h recall
 - Breakfast: home fries, scrambled eggs, bacon, toast, cappuccino
 - Lunch: shrimp, chicken, rice, cheese-flavored corn chips
 - Dinner: white rice, corn, spam
 - Small piece of cake
 - ½ can of ginger ale
- No alcohol, tobacco, or other substances
- Exercise tolerance ½ block limited by knee pain
- Sleeps 5.5 hours/night – stays up late watching TV



Her “why”: to feel better & increase mobility

1/2019

- Encouraged to turn TV off 30 mins earlier at bedtime
- Learned breathing technique for stress reduction
- Given Healthy Savings Card for discount on fresh produce at supermarket

2/2019

- Began learning how to cook a few basic meals & do meal planning
- Started increasing beans, veg, & fruits
- Began tracking her steps on phone
- Weight down 386 → 370 lbs

3/2019

- Worked on balance within meals (plant powered plate)
- Continued to advance her bedtime

7/2019

- Joined group visits for lifestyle education & peer support
- Started chair exercise class with resistance bands.
- Weight down another 7 lbs. Able to tie her own shoelaces for the first time.

11/2019

- Went on month-long trip to visit family in North Carolina
- Returned to previous eating habits
- Regained 10 lbs but expressed motivation to get back on track

3/2020

- Eating mostly plant-based diet
- Exercise tolerance up from ½ block to 3 blocks
- Sleeping 7 hrs/night
- Weight down 41 lbs. A1c 7.7→6.0%. LDL down 25 points.
- Able to take trip to Atlantic City!

FUTURE GOALS

- Expand to reach more high-risk, vulnerable populations
- Reduce the burden of chronic disease in underserved communities
- Continue to democratize lifestyle medicine services, with goal of making them widely accessible



- www.nychealthandhospitals.org/bellevue/health-care-services/plant-based-lifestyle-medicine-program/
- Program appointment line: (347) 507-3695
- Michelle McMacken, MD, Director
Michelle.McMacken@nychhc.org
- More information & resources on lifestyle medicine:
American College of Lifestyle Medicine, www.lifestylemedicine.org



THANK YOU!



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The Southeast Permanente Medical Group

EMORY HEALTHCARE

EMORY ROLLINS SCHOOL OF PUBLIC HEALTH



Georgia Center for Diabetes Translation Research



Emory Global Diabetes Research Center

Exercise is Medicine: Leveraging Recreational Sports for Primary, Secondary and Tertiary Prevention of Chronic Disease

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The Southeast Permanente Medical Group, KPGA

COMMENTARY
Global epidemiology of prediabetes - present and future perspectives
Linda Hossain

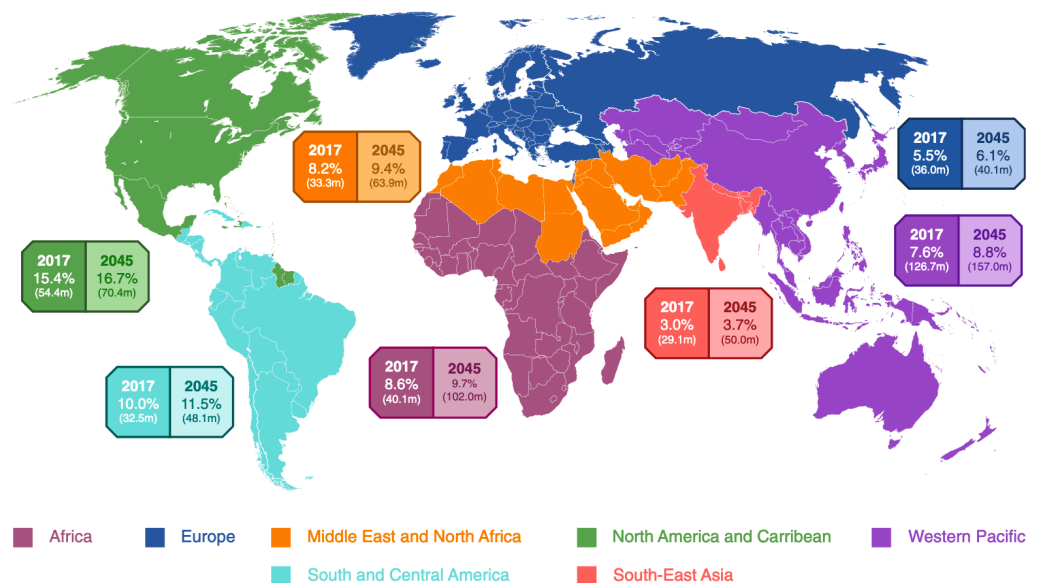
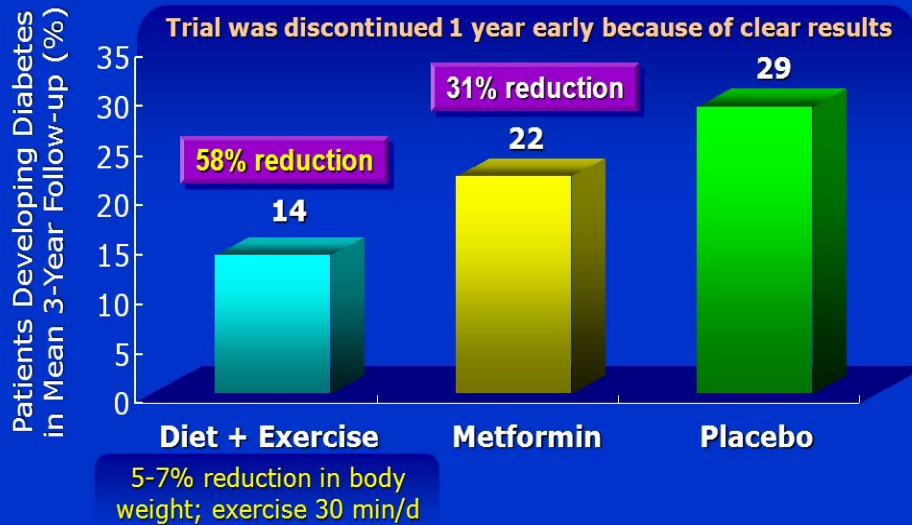


Fig. 1 Global prevalence estimates of IGT by IDF region [9]. Data source: IDF Diabetes Atlas – 8th Edition. Percentages represent unadjusted regional prevalence estimates. Numbers in parentheses represent the estimated number of individuals affected by IGT in each region. Prevalence estimates calculated by the IDF using a generalised linear regression model. A variety of country-level data sources were included, mostly from peer-reviewed journals and national health surveys. The studies selected were required to meet rigorous inclusion criteria based on input from international experts. Prevalence in countries without original data available was extrapolated based on data collected from similar countries, based on ethnicity, income level and geography. IDF, International Diabetes Federation; IGT, impaired glucose tolerance; m, million

DPP: Reduction in Incidence of Diabetes with Lifestyle Intervention or Metformin



Knowler WC, et al. *N Engl J Med* 2002;346:393-403.

Slide Source:
Lipids Online Slide Library
www.lipidsonline.org

NATIONAL DIABETES PREVENTION PROGRAM (NDPP)

- Evidence-based, lifestyle change program; Covered by Medicare Insurance starting 2018
- Key components: lasting lifestyle change, improved dietary patterns, increasing physical activity and coping skills
- Main goals of the 1-year: include 5-7% weight loss and 150 minutes of physical activity/week
- Lay and health professional lifestyle coaches teach in-person or virtual group classes of 8-15 participants

As an intervention to prevent diabetes, the National DPP costs an average of **\$450** per participant for a year

Payment models vary

The cost of covering the National DPP is less than the medical claims incurred in the first year after an individual is diagnosed with diabetes:



- Over 250+ CDC-recognized NDPP providing organizations
- Only 100k participants in 5 years



*2009-2012 individual level data from the Truven Health MarketScan® Lab Database - a 4.4 million subsample of the Truven Health MarketScan® Treatment Pathways. MarketScan is a registered trademark of Truven Health Analytics Inc.

† Centers for Disease Control and Prevention. *National Diabetes Statistics Report: Estimates of Diabetes and Its Burden in the United States, 2014*. Atlanta, GA; 2014. Available at: <http://www.cdc.gov/diabetes/pubs/statsreport14/national-diabetes-report-web.pdf>



Cardiometabolic Risk Reduction Through Recreational Group Sport Interventions in Adults: A Systematic Review and Meta-analysis

Moriah P. Bellissimo, MS, RDN; Karla I. Galaviz, PhD, MSc; Meredith C. Paskert, MS; and Felipe Lobelo, MD, PhD

APPENDIX. Search Terms: Each of the following searches was completed in PubMed, EMBASE, PsycINFO, Web of Science, CINAHL, and Cochrane Library

Cardiovascular +

- Sport
- Volleyball
- Soccer
- Football
- Basketball
- Futbol
- Rugby
- Handball
- Hockey
- Softball
- Baseball

Cardiometabolic +

- Sport
- Volleyball
- Soccer
- Football
- Basketball
- Futbol
- Rugby
- Handball
- Hockey
- Softball
- Baseball

- Cardiovascular disease is the leading cause of death worldwide
- In 2008, only 21% of adults in the U.S. met the PA guidelines
- Barriers: Lack of motivation and low adherence
- Group sports provide an alternative for PA that can offer:
 - High engagement
 - Social connectivity

OBJECTIVE: Investigate the cardio-metabolic risk reduction effectiveness of PA interventions delivered using recreational, community-based group sports among adults

Mayo Clin Proc. ■ October 2018;93(10):1375-1396 ■ <https://doi.org/10.1016/j.mayocp.2018.03.014>
www.mayoclinicproceedings.org ■ © 2018 Mayo Foundation for Medical Education and Research

EFFECTS OF SPORTS – META-ANALYSIS SUMMARY

- Recreational sports result in positive effects in body weight and body fat percentage, waist circumference, blood pressure, total cholesterol and
- These effects are also seen in higher risk populations (BW, BP, blood lipids), males (BW, BF, BP, LDL), and females (BW, BF, and SBP)
- The variety of training components involved in group sports induces positive adaptations in physiological systems
 - Soccer: Achieve more than 100 high-intensity runs and specific intense actions such as dribbles, shots, tackles, turns and jumps over a typical 1-hour training session; Over 80% HRMax but lower perceived exertion (HIIT)
- Recreational soccer, due to a variety of movement patterns and functional training, is effective in reducing cardiometabolic risk, irrespective of
 - Age, fitness status
 - previous experience with soccer
 - lower perceived exertion rates than other sports and forms of exercise

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BACKGROUND WHY SOCCER?

- Soccer is the most popular sport in the world
 - 500 Million registered players globally
- FIFA developed “Football for Health” health education program
- Several successful interventions in various clinical populations
- Lifestyle intervention trials in several European countries

A gender-sensitised weight loss and healthy living programme for overweight and obese men delivered by Scottish Premier League football clubs (FFIT): a pragmatic randomised controlled trial

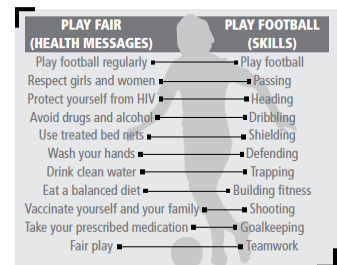
Kate Hunt, Sally Wyke, Cindy M Gray, Annie S Anderson, Adrian Brady, Christopher Bunn, Peter T Donnan, Elisabeth Fenwick, Eleanor Grievie, Jim Leishman, Euan Miller, Nonette Mutrie, Petra Rauchhaus, Alan White, Shaun Treweek

Open Access



RESEARCH ARTICLE

Football Fans in Training: the development and optimization of an intervention delivered through professional sports clubs to help men lose weight, become more active and adopt healthier eating habits



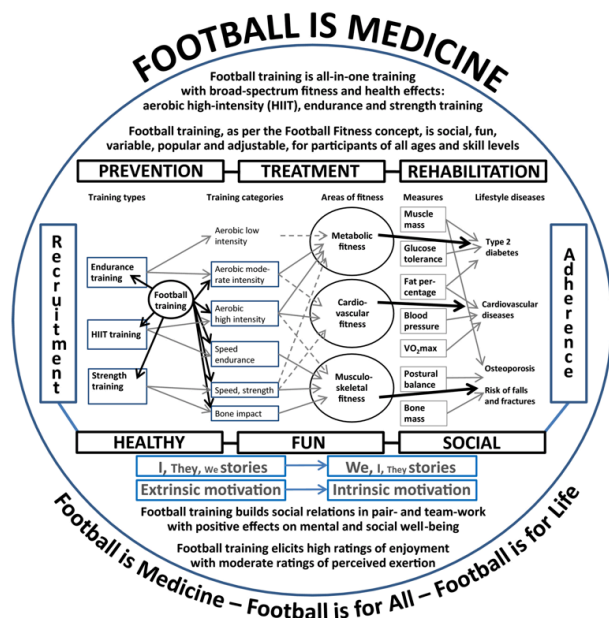
SCANDINAVIAN JOURNAL OF MEDICINE & SCIENCE IN SPORTS

EDITORIAL | Free Access

The “Football is Medicine” platform—scientific evidence, large-scale implementation of evidence-based concepts and future perspectives

P. Krstrup, C. A. Williams, M. Mohr, P. R. Hansen, E. W. Helge, A.-M. Elbe, M. de Sousa, J. Dvorak, A. Junge, A. Hammami, A. Holtermann, M. N. Larsen, D. Kirkendall, J. F. Schmidt, T. R. Andersen, P. Buono, M. Rørth, D. Parnell, L. Ottesen, S. Bennike, J. J. Nielsen, A. E. Mendham, A. Zar, J. Uth, T. Hornstrup, K. Brasso, J. Nybo, B. R. Krstrup, T. Meyer, P. Aagaard, J. L. Andersen, H. Hubball, P. A. Reddy, K. Ryom, F. Lobelo, S. Barene, J. W. Helge, I. G. Fatouros, G. P. Nassis, J. C. Xu, S. A. Pettersen, J. A. Calbet, A. Seabra, A. N. Rebelo, P. Figueiredo, S. Póvoas, C. Castagna, Z. Milanovic, J. Bangsbo, M. B. Randers, J. Brito ... See fewer authors

First published: 19 June 2018 | <https://doi.org/10.1111/sms.13220>





Original Article

Reduced telomere shortening in lifelong trained male football players compared to age-matched inactive controls*

Marie Hagman^a, Christian Werner^b, Katharina Kamp^b, Bjørn Frstrup^{a,c}, Therese Hornstrup^d, Tim Meyer^e, Michael Böhm^b, Ulrich Laufs^f, Peter Krstrup^{a,g,h,*}

Table 1

Clinical characteristics, body composition, clinical examination and clinical chemistry in young football players (YF), young controls (YC), elderly football players (EF) and elderly controls (EC).

	Young footballers (n = 35)	Young controls (n = 35)	Elderly footballers (n = 35)	Elderly controls (n = 35)
Clinical characteristics				
Age (years)	21.6 ± 0.5***†††###	24.3 ± 0.6†††###	71.9 ± 0.5#	70.1 ± 0.7
Height (cm)	181.7 ± 0.9†††###	181.7 ± 1.1†††###	176.3 ± 1.0	175.9 ± 1.0
Body mass (kg)	77.0 ± 1.1***†††###	84.6 ± 2.8	82.9 ± 1.6##	87.7 ± 2.0
BMI (kg/m ²)	23.3 ± 0.3***†††###	25.5 ± 0.7†††###	26.7 ± 0.5#	28.4 ± 0.7
Body composition				
Fat percentage (%)	14.5 ± 0.6***†††###	28.7 ± 1.4##	29.0 ± 1.0###	33.1 ± 1.1
Android fat percentage (%)	12.6 ± 0.9***†††###	33.3 ± 2.1###	36.7 ± 1.5###	42.4 ± 1.7
Gynoid fat percentage (%)	14.2 ± 0.7***†††###	28.7 ± 1.4#	26.2 ± 1.0#	30.1 ± 1.0
A/G ratio	0.9 ± 0.0***†††###	1.1 ± 0.0†††###	1.4 ± 0.0	1.4 ± 0.0
Lean body mass (kg)	63.1 ± 0.9***†††###	57.0 ± 1.1	55.9 ± 0.8	56.0 ± 0.8
Leg lean mass (kg)	21.8 ± 0.3***†††###	20.3 ± 0.5	19.4 ± 0.3	19.4 ± 0.4
Clinical examination				
RHR (bpm)	52 ± 1***†††###	61 ± 1	60 ± 1	63 ± 2
SBP (mmHg)	119 ± 1†††###	117 ± 2†††###	141 ± 3	137 ± 2
DBP (mmHg)	64 ± 1†††###	66 ± 1†††###	82 ± 3	80 ± 1
MAP (mmHg)	82 ± 1†††###	83 ± 1†††###	102 ± 2	99 ± 1
Clinical chemistry				
Fasting glucose (mmol/l)	4.9 ± 0.1†††###	4.9 ± 0.1†††###	5.6 ± 0.1	5.5 ± 0.1
Average glucose from HbA1c (mmol/l)	5.9 ± 0.1###	5.5 ± 0.1§§§†††###	6.0 ± 0.1###	6.3 ± 0.1
Insulin (pmol/l)	48 ± 3###	64 ± 5#	61 ± 5#	88 ± 9
Total cholesterol (mmol/l)	3.9 ± 0.1***†††###	4.3 ± 0.2†††###	5.5 ± 0.1	5.4 ± 0.2
HDL-C (mmol/l)	1.49 ± 0.04†	1.30 ± 0.04§§§†††###	1.73 ± 0.08##	1.56 ± 0.07
LDL-C (mmol/l)	2.3 ± 0.1***†††###	2.7 ± 0.2†††###	3.3 ± 0.1	3.5 ± 0.2
Triglycerides (mmol/l)	0.72 ± 0.05***†††###	1.13 ± 0.11#	1.14 ± 0.07	1.31 ± 0.10

Group means ± SEM. *p < 0.05, **p < 0.01, ***p < 0.001, compared with YC; †p < 0.05, ††p < 0.01, †††p < 0.001, compared with EF; #p < 0.05, ##p < 0.01, ###p < 0.001, compared with EC; §§§p < 0.001, compared with YF.
A/G ratio, android/gynoid fat ratio; BMI, body mass index; bpm, beats per minute; DBP, diastolic blood pressure; HbA1c, glycated haemoglobin A1c; HDL-C, high-density lipoprotein cholesterol; LDL-C, low-density lipoprotein cholesterol; MAP, mean arterial blood pressure; RHR, resting heart rate; SBP, systolic blood pressure.

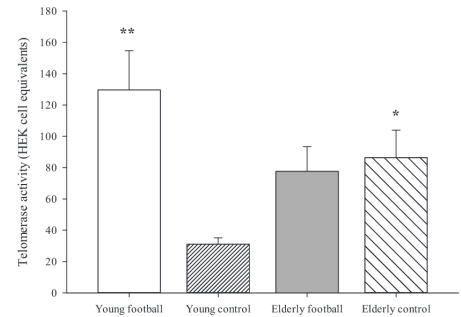


Fig 3. Telomerase activity in young football players (YF), young controls (YC), elderly football players (EF) and elderly controls (EC). *p < 0.05, **p < 0.01, compared with YC.

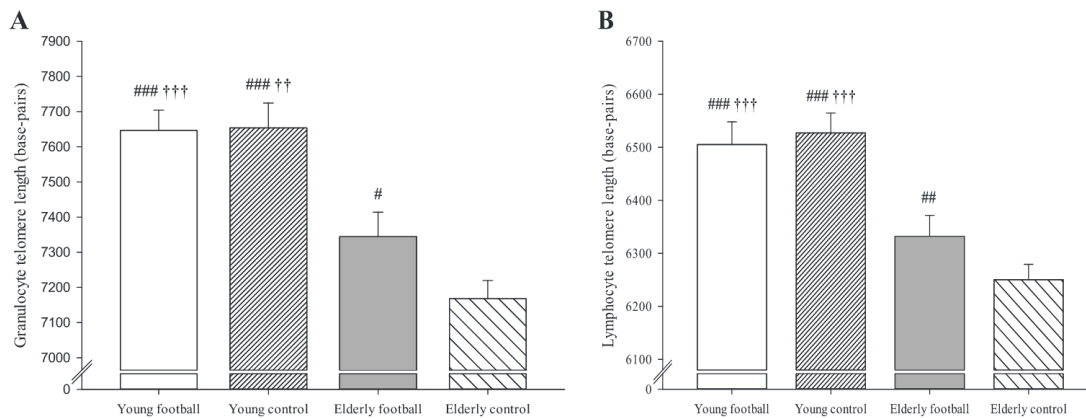


Fig 2. Granulocyte (A) and lymphocyte (B) telomere length in young football players (YF), young controls (YC), elderly football players (EF) and elderly controls (EC). #p < 0.05, ##p < 0.01, ###p < 0.001, compared with EC; †††p < 0.01, ††††p < 0.001, compared with EF.

WHY MINORITIES, WHY MEN, WHY ATLANTA?

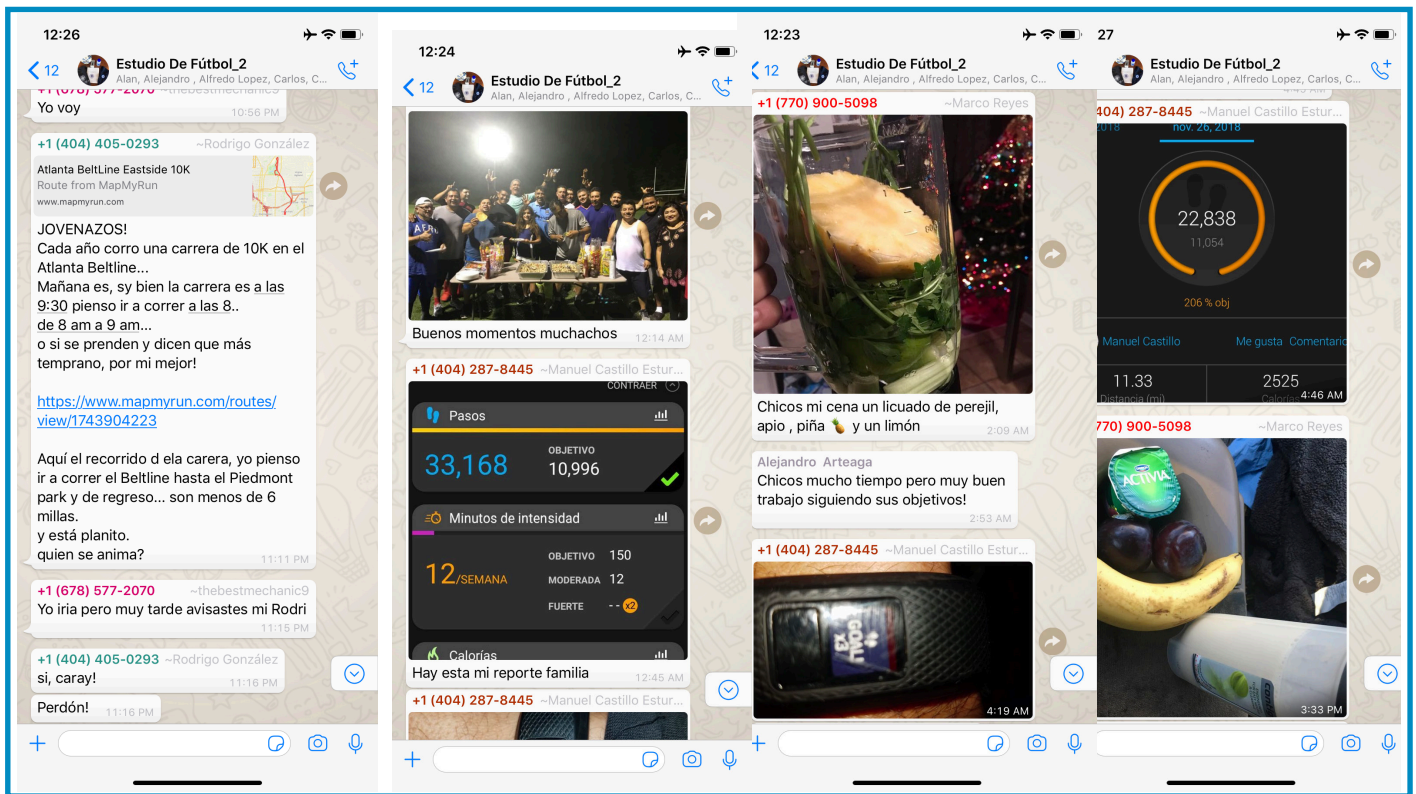
- Hispanics/Latinos have a 50% higher type 2 diabetes death rate compared to non-Hispanic whites
- Only 10% of NDPP Participants are Hispanic and only 10% Males; Most are white women >65 y
- Culturally tailored NDPP lacking, especially in men / Hispanic populations;
- Men low uptake in health screenings, interventions particularly lifestyle
- Atlanta, GA: diverse (racially, culturally, socio-economics) , “stroke belt”, growing Hispanic population



ADAPTATION OF NDPP

- Study participants received NDPP handouts
- Soccer Coaches trained to facilitate the NDPP modules
 - One module Specific to each week (2*30 mins)
 - While participants hydrating, stretching, changing
 - In a circle so everyone can hear
 - Participant Material / Coach facilitator guide
 - Weight participants once/week
 - Diet logs once per week





STUDY INCLUSION AND EXCLUSION CRITERIA

○ Inclusion criteria

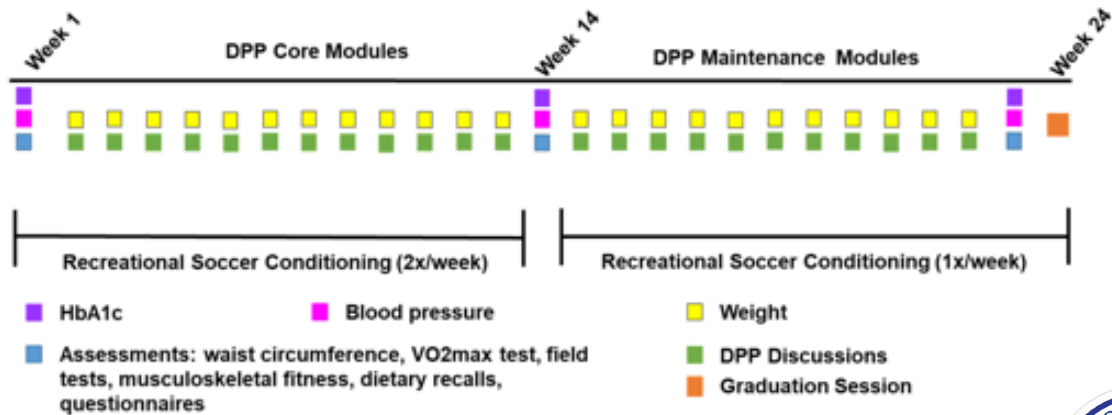
- Hispanic/Latino men aged 35-55 years
- BMI ≥ 27 kg/m²
- CDC pre-diabetes risk score ≥ 9
- Not currently engaged in soccer practice (1 year)
- or other PA or lifestyle intervention program
- English or Spanish informed consent

○ Exclusion criteria

- T2DM diagnosis or medication
- BMI ≥ 33
- Resting blood pressure $\geq 165/100$ at screening
- Any mobility issues
- contraindications for HIIT PA program



STUDY SCHEMA



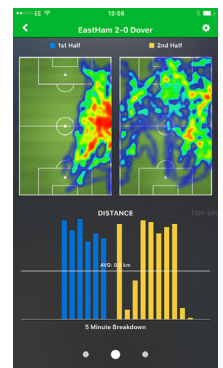
ASSESSMENTS

These assessments were completed at baseline, weeks 12 and 24

- Blood pressure
- HbA1c
- Anthropometrics
- Aerobic and musculoskeletal fitness
 - ALPHA test battery
 - Hand grip strength
 - Yo Yo test
- Dietary Recalls
- Garmin device for daily physical activity and sleep

Questionnaires

- Self-reported physical activity (IPAQ)
- Brief Resilience Scale
- Center for Epidemiologic Studies Depression Scale





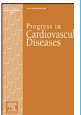
RESULTS

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Review Article

Physical fitness and activity changes after a 24-week soccer-based adaptation of the U.S diabetes prevention program intervention in Hispanic men

Jennifer K. Frediani ^a, Alan F. Bienvenida ^b, Jianheng Li ^b, Melinda K. Higgins ^a, Felipe Lobelo ^{b,*}

^a Nell Hodgson Woodruff School of Nursing, Emory University, Atlanta, GA, USA

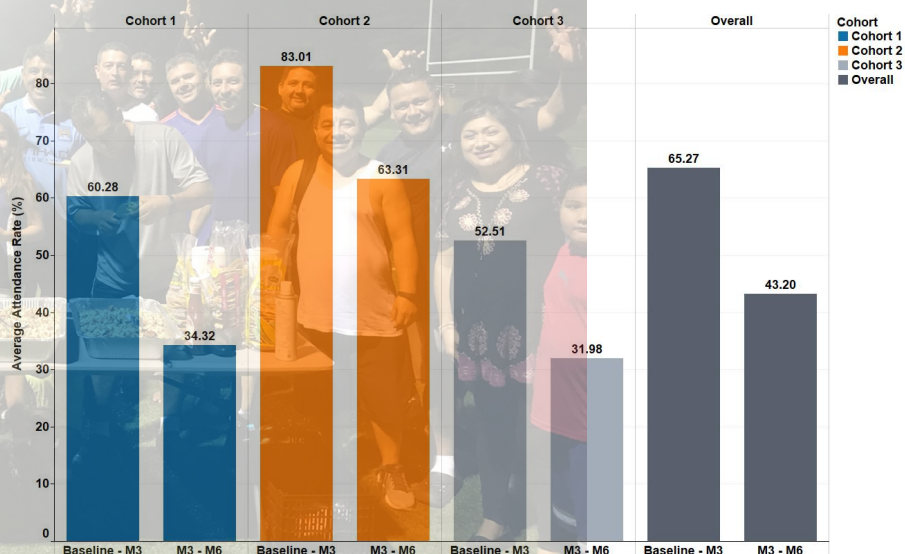
^b Rollins School of Public Health, Emory University, Atlanta, GA, USA





Program Attendance

- 80% participant retention at 6 months.
- Average attendance 20.4 of 32 planned DPP FC sessions (64%)
- Attendance Median
 - “Core Phase”: 18 Sessions
 - “Core Maintenance Phase” 4 Sessions
 - Overall: 9.5 Sessions



Program Tolerance

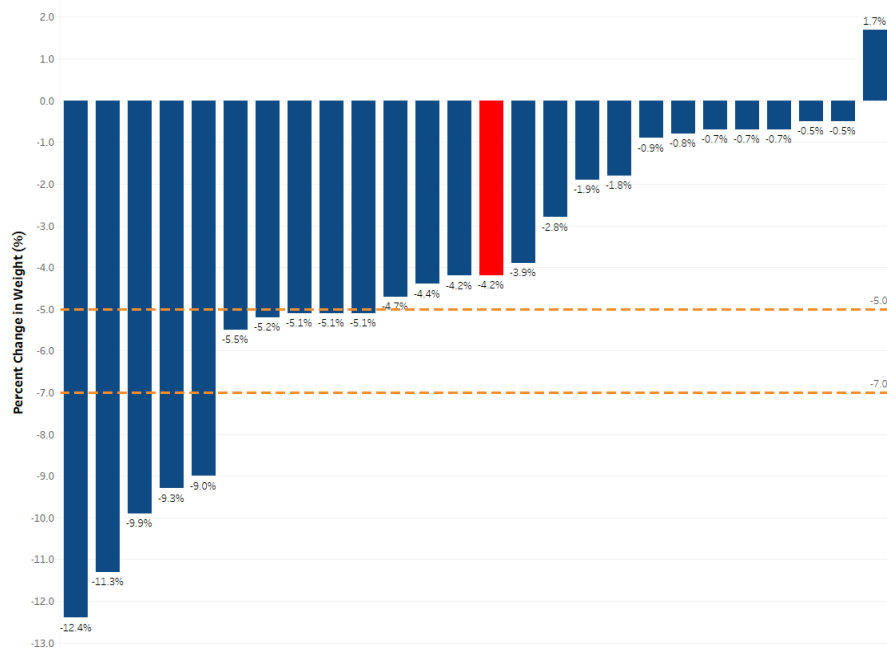
- 5 mild injuries
 - hamstring/calf strain, Achilles tendinitis flares
 - resolved in 2-3 weeks with **no other adverse events.**
- Most common reasons for missing sessions were reported as time management and travel for work/holidays.
- Higher engagement was associated with increasing levels of extrinsic motivation (commitment to their new soccer friends) and a desire to improve their health for their children and families.



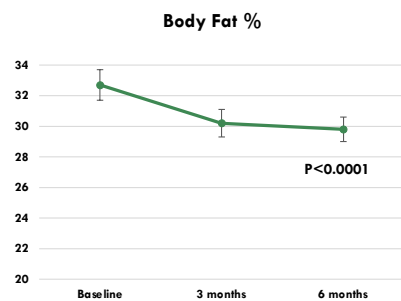
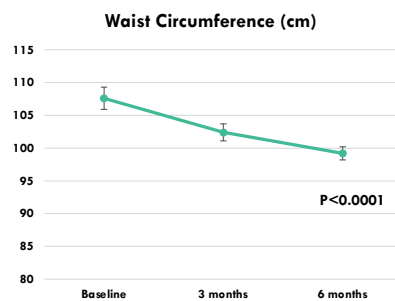
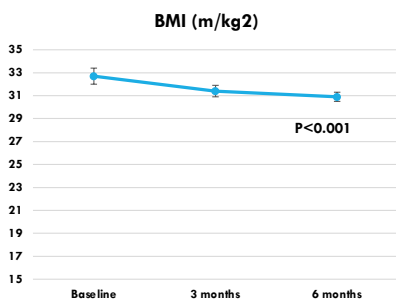
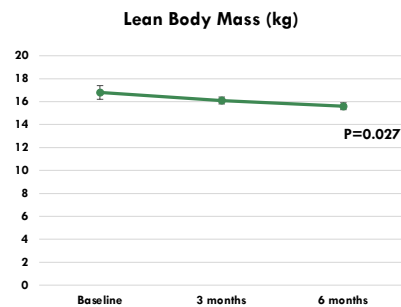
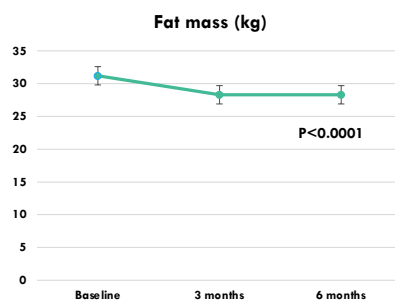
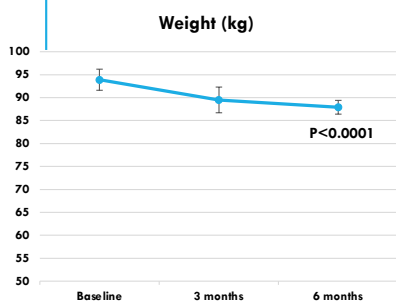
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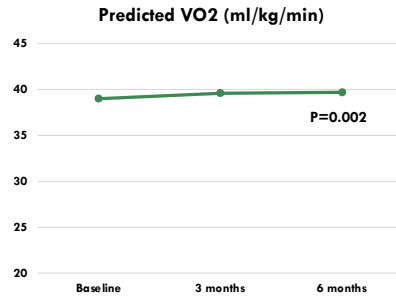
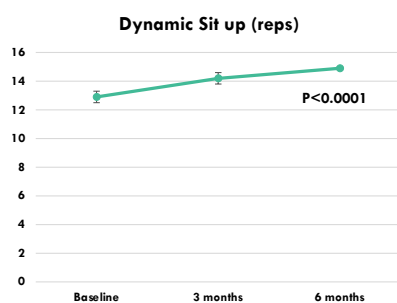
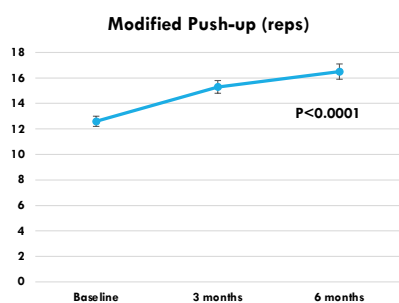
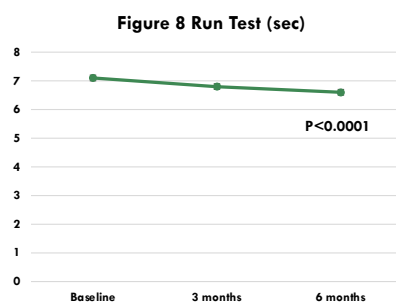
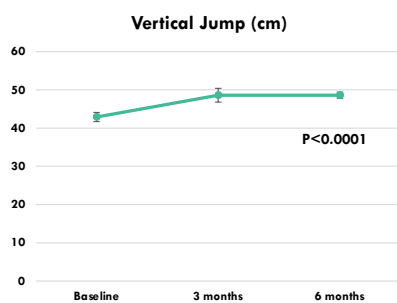
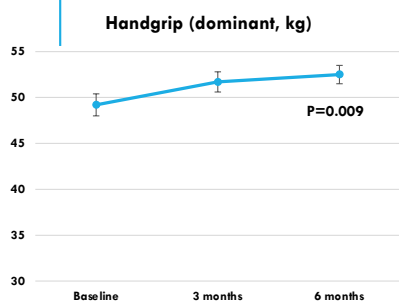
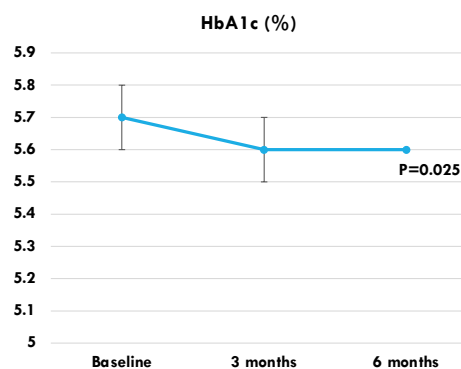
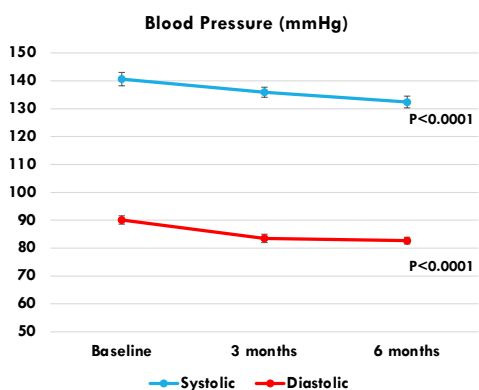


DPP FC Program Weight Loss Efficacy



IMPROVED BODY COMPOSITION

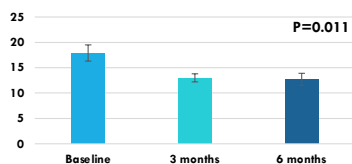




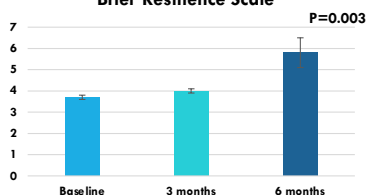


MENTAL HEALTH RESULTS

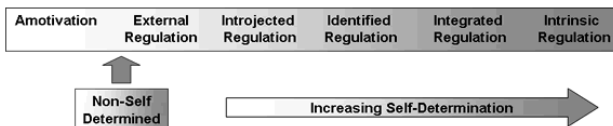
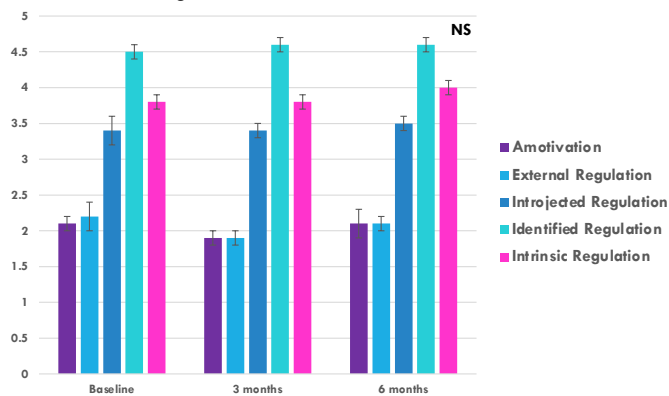
Center for the Epidemiologic Studies Depression Scale



Brief Resilience Scale



Behavioral Regulation in Exercise Questionnaire



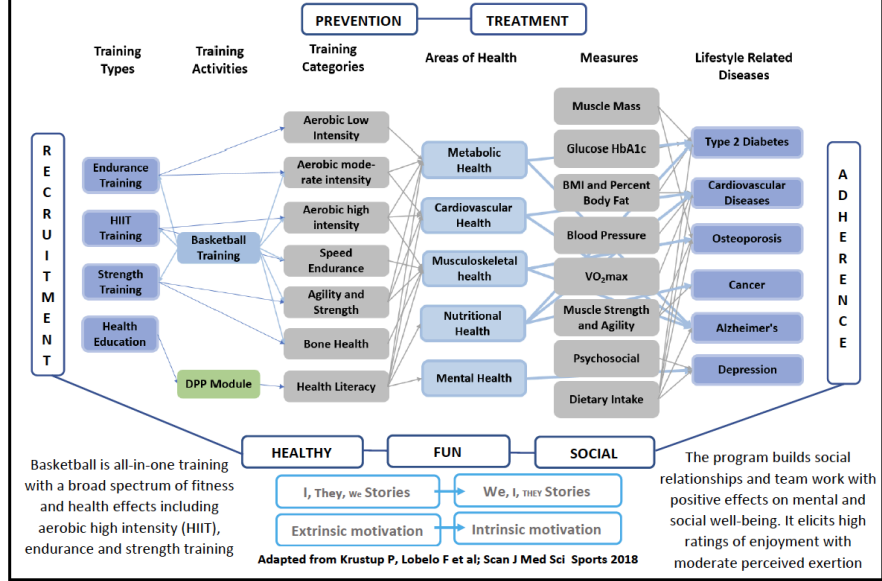
CONCLUSION

Cultural adaptation of the Diabetes Prevention Program including recreational soccer delivered to Hispanic men living in the Southeast United States was feasible, well accepted and resulted in clinical and statistically significant improvements in:

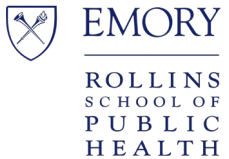
- Body weight
- Waist circumference
- Body fat %
- Blood pressure
- Physical fitness; speed; strength; agility
- Depression symptoms
- Resilience

DPP HOOPS: A BASKETBALL-BASED ADAPTATION OF THE DIABETES PREVENTION PROGRAM

The DPP + Basketball program is social, fun, variable, popular and adaptable for participants of all ages, fitness and skill



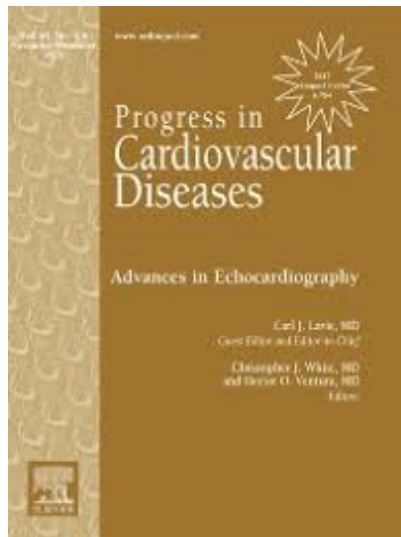
EXERCISE IS MEDICINE FOR CKD PATIENTS



Goal:

Test the **feasibility** and **acceptability** of integrating via clinical referral a **technology-enabled, group-based** exercise program in persons with advanced CKD **not yet on dialysis** compared to a technology-alone intervention.

Special Issue on Cardiometabolic Adaptations and Benefits of Recreational Group Sports: December 2020



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WHO and FIFA team up for health

04 Oct 2019



The World Health Organization (WHO) and football's world governing body, FIFA, today agreed a four-year collaboration to promote healthy lifestyles through football globally.

The agreement includes four areas of collaboration:

- Advocacy to promote a healthy lifestyle through football.
- Policy alignment to ensure tobacco-free environments at FIFA events; to encourage national football federations to adopt tobacco-free policies, including at stadiums; and to enable WHO to provide technical advice to FIFA on health matters.
- Building on FIFA events to institute lasting improvements in health and safety.
- Joint programmes and initiatives to increase participation in physical activity through football, in line with WHO guidance, as well as working with national associations and networks of WHO goodwill ambassadors, football players, coaches and volunteers to increase physical activity through football.

EMORY UNIVERSITY ATLANTA 2022



**FOOTBALL IS MEDICINE
CONFERENCE 2020**

JANUARY 25-26TH
TORSHAVN, FAROE ISLANDS

FRÓÐSKAPARSETUR
FOROYA

www.footballismedicine.com

Fólkheilsuráðið, ANTONIA UNIVERSITY, 1979, DANKS FOTBOLSPIL UNION DBU 1889, SDU

THANKS TO OUR TEAM

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Linelle M. Blais, PhD, Co-Investigator

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Coaches:

- Carlos Monsalve
- Alex Arteaga
- Sal Ortiz



EMORY
UNIVERSITY

Emory Physical
Activity Working
Group



Emory Global Diabetes
Research Center

Funding from:



Georgia Center for
Diabetes Translation Research

NIH 1P30DK111024-01
ClinicalTrials.gov NCT03595384



SDU

Managing Sanity and Success during the COVID Pandemic

Nanette Alexander-Thomas, MD, FACP, FACR
Medical Director Ambulatory Care
One Brooklyn Health System/Brookdale

ONE BROOKLYN HEALTH SYSTEM

BROOKDALE  **Interfaith** Medical Center  **KINGSBROOK**

Halloween 2020: *doorbell rings*
Me:



ONE BROOKLYN HEALTH SYSTEM

BROOKDALE  **Interfaith** Medical Center  **KINGSBROOK**



ONE BROOKLYN HEALTH SYSTEM



Brookdale Hospital

- A nonprofit provider of medical services servicing the Brownsville, East New York and Canarsie sections of Brooklyn
- One of Brooklyn's largest voluntary nonprofit teaching hospitals and regional tertiary care center
- One of 14 NY State DOH designated Stroke Centers
- Specializes in rehabilitative medicine and long-term specialty care in its Schulman and Schachne Institute for Nursing and Rehabilitation
- 5 Ambulatory Care sites located in the outlying communities
- Primary care and Specialty services saw 147,000 visits in 2019
- Merging with Interfaith Medical Center and Kingsbrook Jewish Medical Center becoming One Brooklyn Health System

COVID-19 Pandemic Timeline

- January 11, 2020 – China reports first COVID-19 death
- January 21, 2020 – First confirmed COVID-19 case in the US
- January 30, 2020 – WHO declares a global health emergency
- February 29, 2020 – First reported COVID-19 death in the US
- **March 1, 2020 – First COVID-19 case in NY State**
- March 16, 2020 – NYC public schools close
- March 17, 2020 – NYC bars and restaurants close
- **March 22, 2020 – NYS on Pause Program begins**



ONE BROOKLYN HEALTH SYSTEM



NYC during Covid



ONE BROOKLYN HEALTH SYSTEM

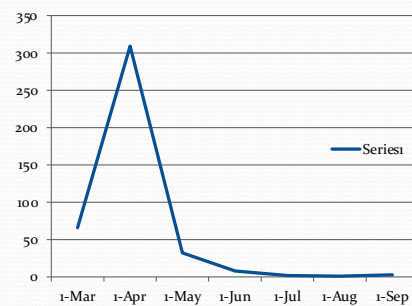


Brookdale During COVID

Highest Peak of Total COVID Beds	4/6/2020
ICU	40
Medicine	211
Telemetry	20
Total	271

Expirations by Month

Row Labels	Count of MRN
Expired	421
Mar-20	66
Apr-20	309
May-20	32
Jun-20	8
Jul-20	2
Aug-20	1
Sep-20	3
Grand Total	421



ONE BROOKLYN HEALTH SYSTEM

BROOKDALE  **Interfaith Medical Center**  **KINGSBROOK**

Servicing a Tremendous Need

- Staff was scared and emotional
- Large numbers of PUIs and positive cases arriving in hospital
- Staff needed information on how to get tested, quarantine or isolate themselves
- Streamline COVID testing
- Need to address concern for their family and loved ones
- Recommendations from CDC and NYS DOH changing frequently
- What was appropriate PPE?
- HR needed to know if staff's leave was appropriate and should be considered COVID leave
- Payroll needed to know how to pay the staff member on leave

ONE BROOKLYN HEALTH SYSTEM

BROOKDALE  **Interfaith Medical Center**  **KINGSBROOK**

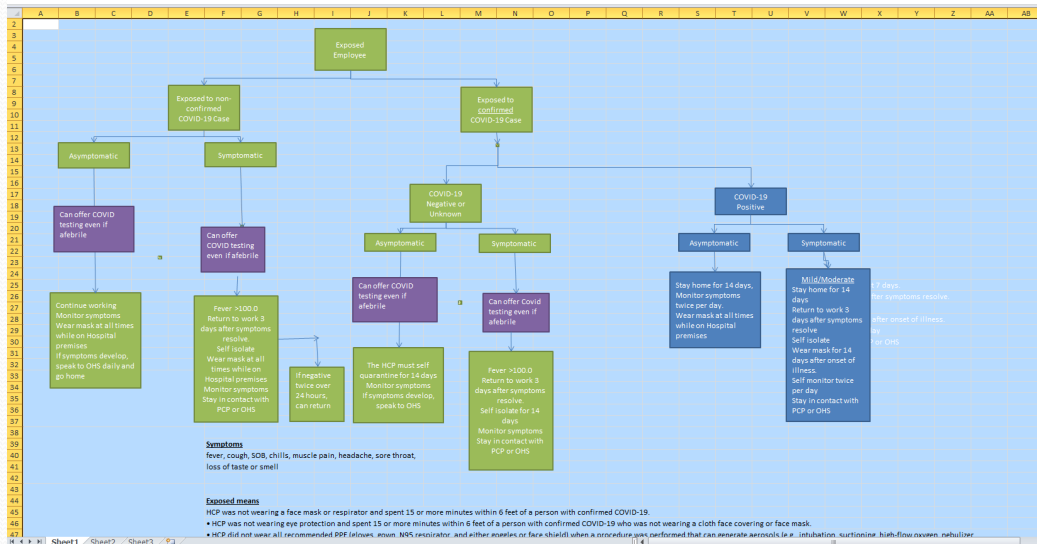
Service Now

- Created spreadsheet in Epic which could be accessed by staff via link. Would create ticket for Service Now staff to answer, typically within the hour
- Re-deployed ambulatory physicians, pediatric residents, nurses, dentists, dental residents
- In rotation, working 7 days/week, 10 hours/day
- Staff would review employee's issues and concerns and apply algorithm
- Employees were given recommendations on testing, isolating, being in quarantine and clearance to return to work, sometimes in coordination with their pcp
- Referrals to emotional hotline or mental health clinician
- Information was shared with Human Resources and Payroll
- Supporting evidence was documented and time stamped

ONE BROOKLYN HEALTH SYSTEM



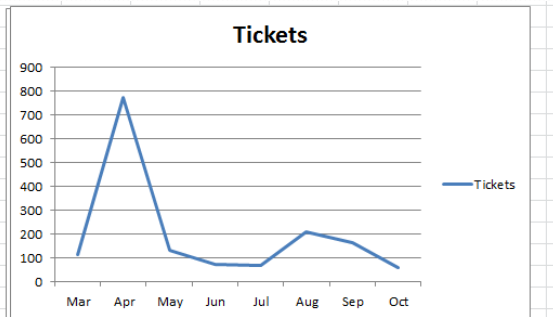
Service Now



ONE BROOKLYN HEALTH SYSTEM



Results



- 1703 tickets
- 5752 calls were made
- 612 employees recommended to stay home
- 382 patients had positive COVID tests
- 353 had negative COVID tests
- 1149 employees complained of COVID symptoms
- Since August, tickets are placed concerning travel outside of NY state

ONE BROOKLYN HEALTH SYSTEM



How Staff Responded



- Appreciation that Brookdale cared. Frequent follow up by the Service Now staff over their time at home
- Ongoing support at a very difficult time
- Lingering symptoms and withdrawal from the support of the clinical team led to a 2nd service project – a weekly call where staff could speak with one of the Service Now physicians
- Continue the service line until the need abates. Maintain a part-time staff of 4 clinicians – all are committed to continuing their work
- There was a steep learning curve, but issues now are minor and are fixed in a cooperative manner

ONE BROOKLYN HEALTH SYSTEM



Summary

- The threat of a 2nd surge of COVID-19 remains. Pandemic fatigue, loosening of restrictions have led to increases in infection rates throughout the country.
- Vaccine is on the horizon, hopefully before the end of the year. Limited access may hamper distribution and thereby its impact on preventing COVID spread
- Health care facilities must stay vigilant and support its staff with adequate equipment and professional advice on managing COVID exposure and infection
- Service Now provides invaluable aid and support to Brookdale employees during a pivotal time in their lives. At Brookdale Hospital, now considered essential for any response to future contagious pandemics.

I just need
the main ideas



ONE BROOKLYN HEALTH SYSTEM

BROOKDALE  **Interfaith**  **KINGSBROOK** 

Contact Information

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ONE BROOKLYN HEALTH SYSTEM

BROOKDALE  **Interfaith**  **KINGSBROOK** 

Wellness for Patients, Families and Healthcare Providers

Bruce J. Flanz

President and Chief Executive Officer, MediSys Health Network

Daniel Chen, MD

Chairman, Department of Psychiatry, Medisys Health Network

Martha Edelman, MD

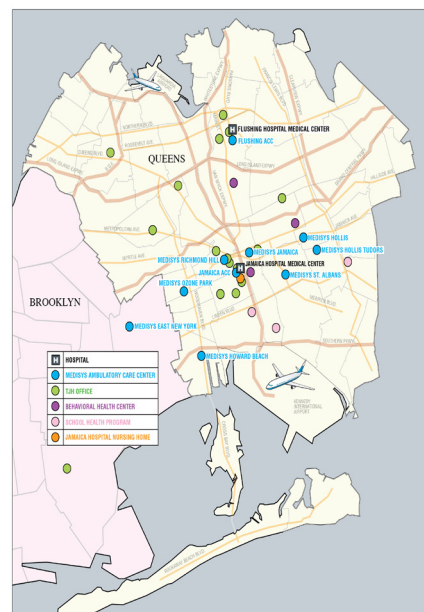
Acting Associate Chairperson for Clinical Affairs, CPEP Medical Director, Jamaica Hospital Medical Center

Karen Codd, MPS, LCAT, ATR-BC

Community Wellness Coordinator, Jamaica Hospital Medical Center

MediSys Health Network

- 2 Safety Net Hospitals (Jamaica Hospital and Flushing Hospital), 10 Community- Based Health Centers, 1 Nursing Home
- 750,000 Ambulatory Care Visits
- 165,000 ED Visits
- 5,000 Newborn Deliveries
- 6,500 Employees
- Serving the Underserved:
 - 60% Medicaid
 - 20% Medicare
 - 5% Uninsured
 - 15% Commercial
- 162,000 Fully Capitated Lives



Transforming Our Organization for 25 Years

- ▶ Volume → Value
- ▶ Quantity → Quality
- ▶ Inpatient → Outpatient
- ▶ Therapeutic Care → Preventative Care
- ▶ Provider Focused → Patient Focused
- ▶ Fee-for-Service → Value Based Payments
- ▶ Sickness → Wellness

3

Our Greatest Asset is Our Workforce

- ▶ Three Priorities
 - Your Health
 - Your Family
 - Your Job
- ▶ During COVID-19 Crisis
 - Team Members Safety and Well Being
 - Always had PPE available to our team members
 - Current Stockpile of more than 90 days PPE
- ▶ Quadruple Aim
 - Wellness of our Providers

4

A Story

- ▶ During the peak of the COVID-19, a father of the 10 year old girl was infected and self-quarantined in his room after he was discharged from the hospital, without any interaction with the family and the girl. The girl became depressed, scared, anxious and started to have negative impact on her schooling because she was not able to interact with her father and not knowing how the father was doing.
- ▶ When the wellness team called the family, the mother requested the therapist to talk to the girl. The girl expressed that she missed her father and felt sad that she was not able to interact with him. The therapist suggested the girl to communicate with her father by writing or drawing.
- ▶ During the follow up phone session, the girl said she was happy for being reconnected with her father by her written notes and her drawings.

CONCERNED FOR A COLLEAGUE OR YOURSELF? HELP IS AVAILABLE

Recognize The signs Respond by Talking about it Reach out by Calling the Wellness Hotline for support and care

CONCERN	URGENT	WELLNESS HOTLINE
<p>Recognize the signs for needing support soon</p> <p>If someone:</p> <ul style="list-style-type: none"> • Looks or acts differently than normal • Appears sad and anxious • Shows lack of interest • Poor sleep & appetite <p>Respond by</p> <ul style="list-style-type: none"> • Asking how he or she is doing • Offering support resources he or she could use and asking how he or she prefers to get connected 	<p>Recognize the signs for needing support now</p> <p>If someone:</p> <ul style="list-style-type: none"> • Is withdrawn, tearful, distraught • Severely depressed or anxious • Has poor ADLs, e.g. showering, eating • Has poor sleep & appetite • Appears intoxicated • Expresses suicidal thoughts • Reports a recent suicide attempt <p>Respond by</p> <ul style="list-style-type: none"> • Telling he or she you're concerned • Telling he or she you're reaching out for help 	<p>Reach out by calling the Medisys Wellness Hotline 24/7:</p> <p>1-917-742-0575</p> <p>What to Expect A senior faculty on duty will respond to you and provide crisis intervention on the phone and arrange follow-up care when needed.</p> <p>Confidentiality</p> <ol style="list-style-type: none"> 1. The phone intervention and follow up care are confidential 2. It will not be part of the personnel file 3. The priority is the safety and wellness of yourself and your colleague



SUPPORT

The COVID-19 pandemic has had a significant impact on the emotional health of the general public as well as healthcare workers, particularly those on the frontlines.

Resident physicians are on the frontlines and faced with not only the physical risks of working with COVID-19 patients but also the stress associated with being a physician in training and managing situations that is fairly novel to the medical field. Additionally, they must face the emotional challenges associated with treating an increased number of patients in critical care or dying.

During this difficult time, it is important that our resident physicians receive adequate support in order to help them manage their anxieties, build resilience and continue to provide quality medical care to the JHMC & FHMC community.

To provide emotional support to resident physicians in order to help them manage stressors associated with being a physician in training during the current COVID-19 pandemic, we have set up a support group.

Support will be provided by a telephone hotline in a support group format.

Wellness Support Group Telephone line:

Dedicated Dial-in: 917-962-0650

Conference Code: 106110

Frequency: Monday through Friday

Time: 12pm to 1 pm *please call in anytime between 12-1

All groups to be led by Psychologist, Dr. Pravina Nair and co-led by Psychology Interns and Fellow

Anyone who would like to have an individual follow up may make an appointment with Dr. Nair



WE ARE AVAILABLE TO HELP YOU

RIGHT HERE!!

RIGHT NOW!!

MediSys will be offering **FREE** and **CONFIDENTIAL** counseling and support to all staff members during this difficult time.

MONDAY to FRIDAY

9 AM- 5 PM

LOCATION: PRIVATE DINING ROOM



PLEASE REMEMBER YOU ARE NOT IN THIS ALONE ❤️

Wellness for Patients, Families and Healthcare Providers

- ▶ **Due to the excessive and prolonged stress during the COVID-19 pandemic, frontline healthcare providers:**
 - ▶ a state of emotional, physical, and mental exhaustion
 - ▶ feeling overwhelmed, emotionally drained, and unable to meet constant demands
- ▶ **Initiated assertive wellness support outreach to patients, families, and healthcare providers:**
 - ▶ **By telephone sessions to patients and families:**
 - ▶ IT provided a daily discharge list of COVID-19 patients. The members of the wellness support team got the daily distribution list of COVID-19 patients who were discharged the day before and provided the wellness support by calling the patients.
 - ▶ IT also provided a daily deceased list of COVID-19 patients. The members of the wellness support team got the daily distribution list and provided the wellness support by calling the families.

Wellness for Patients, Families and Healthcare Providers

- ▶ **By telephone outreach sessions to frontline healthcare providers including attending, resident physicians, nurses, food service staff, housekeepers, security officers, respiratory therapists, transporters serving EDs, ICUs, COVID units and EMTs:**
 - ▶ Requested a list of frontline healthcare providers
 - ▶ Each member of the wellness support team was assigned a certain number of frontline healthcare providers.
- ▶ **“Embedded Friendly Familiar Faces” in the Workplace:**
 - ▶ Wellness counselors embedded with the frontline teams to provide wellness support.
- ▶ Further referrals made for both patients/families and frontline healthcare providers if indicated.



Team Wellness Activities

Offered by JHMC
Department of Psychiatry



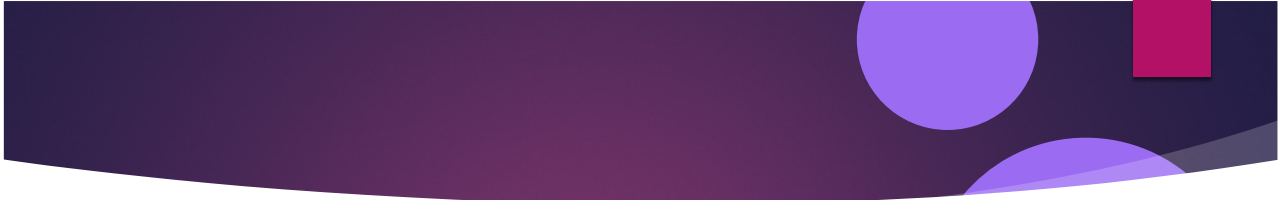

Art-based Wellness Sessions

The Department of Psychiatry is offering staff and trainees small group support sessions facilitated by our Community Wellness Coordinator, a Licensed & Board Certified Creative Arts Therapist. These sessions aim to provide:

- Safe space to process clinical experiences
- Stress relief and burnout prevention
- Deepening of self-awareness
- Team building and decreased sense of isolation
- Exploration of strengths and supports

Sessions are appropriate for groups of 3-10 individuals at a time and last approximately 1-1.5 hours. Format involves an introduction, art-making, and group discussion.

To schedule an art-based wellness session for your division, please contact:
Karen Coidé, MRS, LCAT, ATR-BC
Community Wellness Coordinator
Marche@jhmc.org



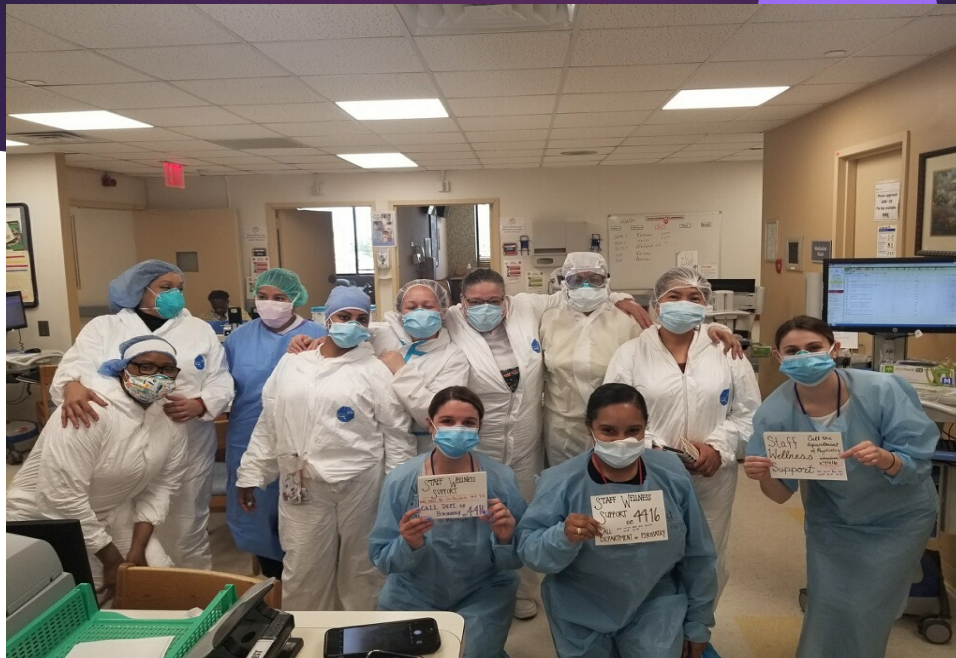
- ▶ **Total assertive outreach by phone sessions: 6182**
 - ▶ **Patients & Families: 3281**
 - ▶ **Frontline healthcare providers: 2901**
 - ▶ **Including:**
 - ▶ **second follow-up phone sessions: 1053**
 - ▶ **27 further referrals made while referral information was provided to everyone**
- ▶ **Over 600 encounters made by the “Embedded Friendly Familiar Faces” in the Workplace**



“Embedded Friendly Familiar Faces” at Medisys Flushing Campus

- ▶ Wellness support by “Services on the Road”
 - ▶ “Embedded Friendly Familiar Faces”:
 - ▶ Changing the atmosphere
 - ▶ Providing stigma-free therapeutic activities
 - ▶ Conveying the message: “You are not alone”
 - ▶ Providing resources for wellness





"Embedded Friendly Familiar Faces" at Flushing Hospital Medical Center

- ▶ The Flushing Three: awarded as "New Yorkers of the week" by NY1 in June

<https://www.ny1.com/nyc/all-boroughs/nyer-of-the-week/2020/06/15/queens-trio-provides-outreach-to-weary-health-care-workers-during-coronavirus-pandemic>

Wellness for Patients, Families and Healthcare Providers

- ▶ Next Step:
 - ▶ Medisys Post COVID Care Center: a senior wellness counselor is embedded
 - ▶ Two full time Community Wellness Coordinators:
 - ▶ Patients & Families including Healthfirst members
 - ▶ Healthcare Providers
 - ▶ First Responders: NYPD officers, FDNY and Medisys EMS
 - ▶ Other members in the community through coordination with community organizations

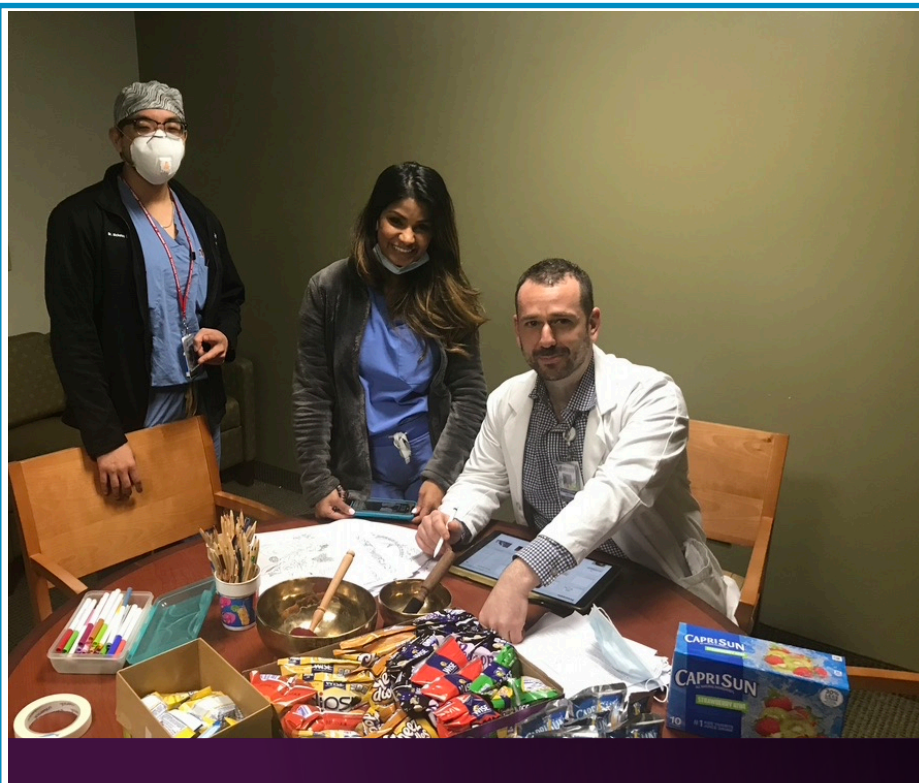
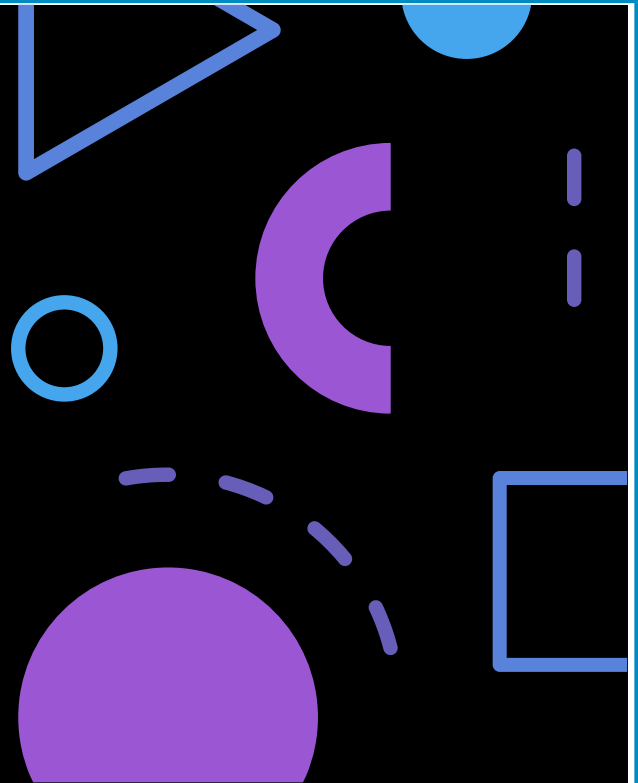
Appreciation

- ▶ Mr. Bruce Flanz, CEO and the Medisys Health Senior Leadership
- ▶ “Embedded Friendly Familiar Faces” at Flushing Campus:
 - ▶ Barbara Ponieman, MD, team leader
 - ▶ Nicole D’auito: Creative Art Therapist
 - ▶ Gina Fuchs: Creative Art Therapist
 - ▶ Ebony Baron-Walden: Creative Art Therapist
- ▶ “Embedded Friendly Familiar Faces” at Jamaica Campus:
 - ▶ Martha Edelman, MD, team leader
 - ▶ Karen Codd, LCAT
 - ▶ Michelle Hololob, LCAT
 - ▶ Phillip Sparacino, LCAT
 - ▶ Psychiatry Residents: Drs. Sheryl Veliz, Josh Sultan, Nicholas Choy, and Tejas Patel
- ▶ The entire telephone wellness support team

Staff Support Initiatives During Covid-19 Surge

At onset of surge, facilitated by psychiatry personnel:

- Counseling services available to individuals, onsite and via phone
- Group support phone session available at noontime daily
- Outreach phone calls made to ALL hospital staff members, to check in and offer support

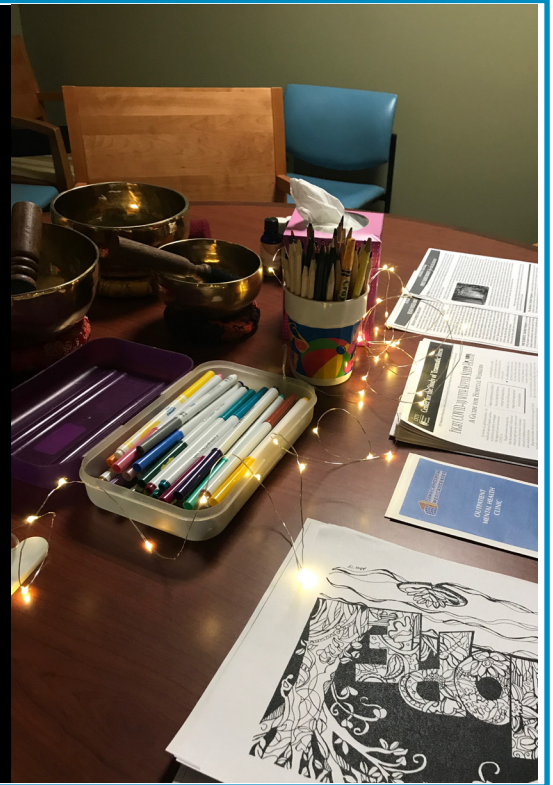


Staff Wellness

- Initial efforts to provide counseling had low response
- Identified need to create an atmosphere of safe engagement that emphasized wellness
- Self-care vs. weakness

Staff Wellness Stations

- Drop-in format
- Located in high traffic areas
- Staffed by Psychiatry Residents and Licensed Creative Arts Therapists
- Provided therapeutic activities: art-making, coloring, writing, aromatherapy, sound healing
- Materials about self-care for health care workers during crises
- Referral information for additional mental health resources

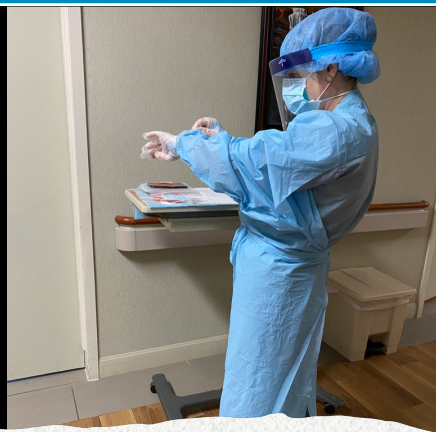


Engagement

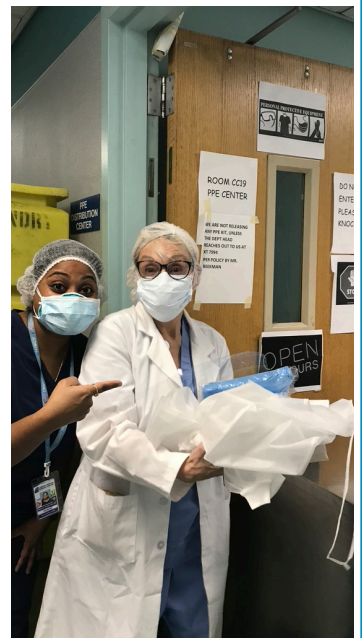
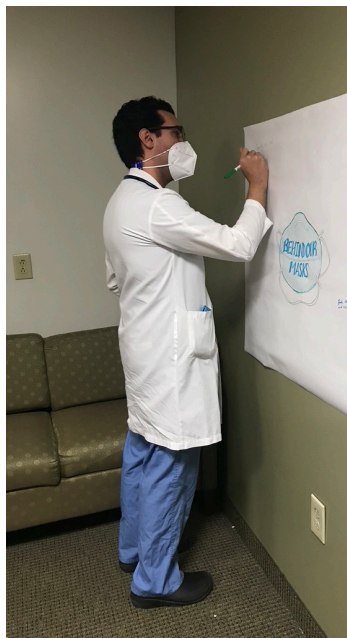
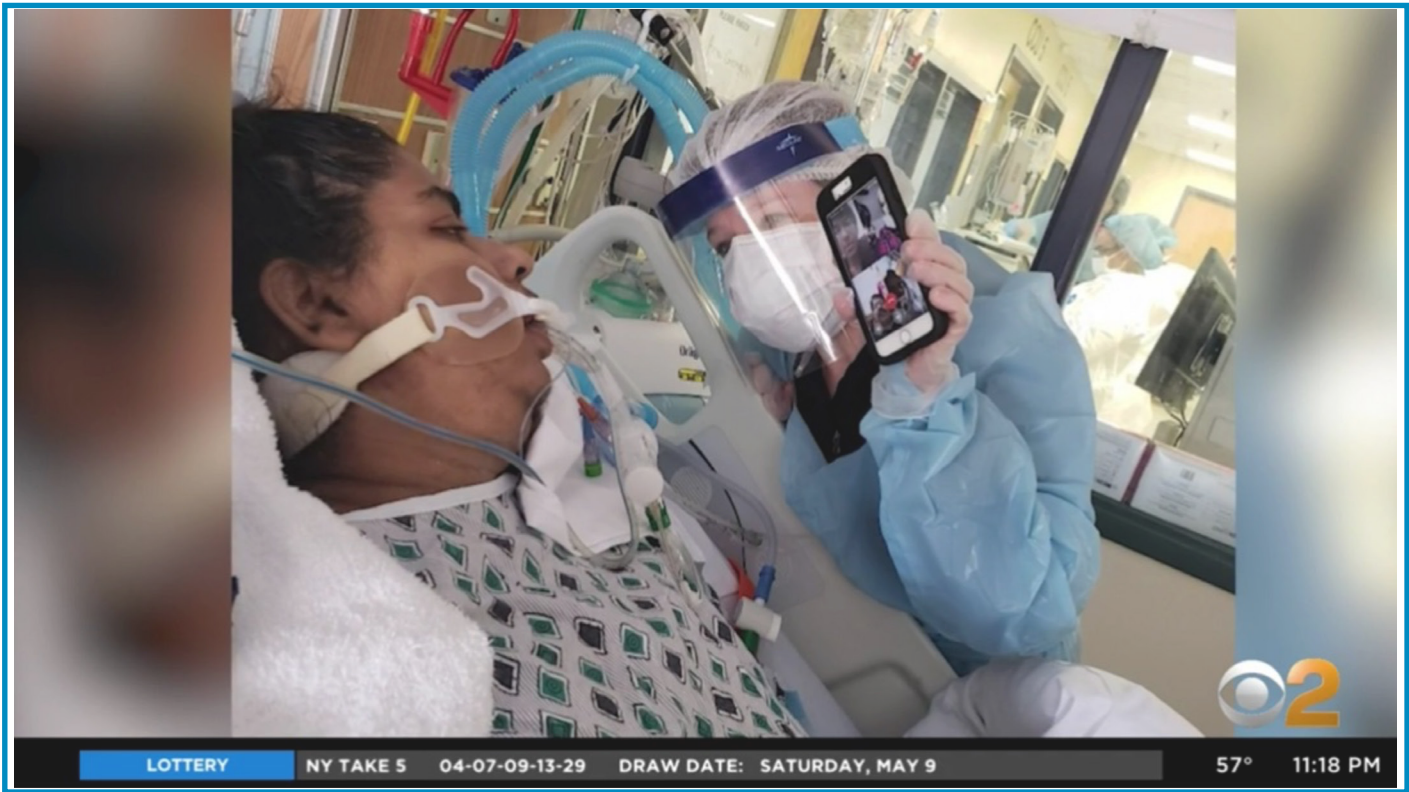
- Expanded availability of services to both day and night shifts
- Each of the two spaces received approximately 15-20 visits per day from nurses, custodians, PCAs, residents, respiratory therapists, attendings, and administrators
- Over 150 visits by staff per week of the project

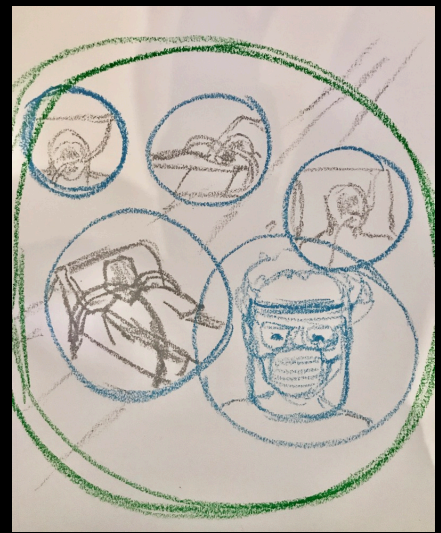
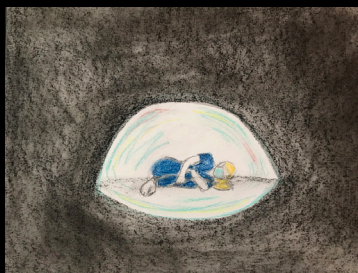


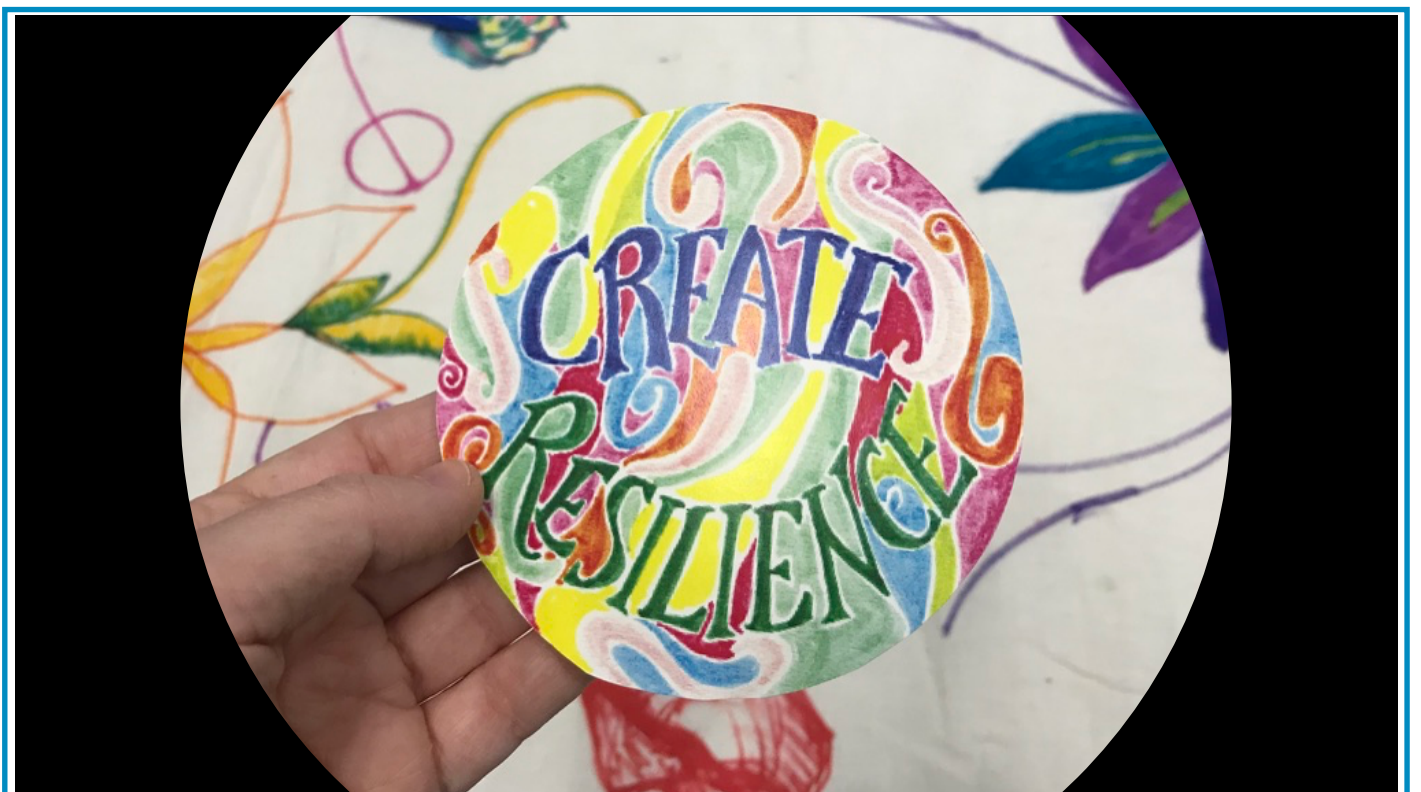
Team
Wellness



Team wellness
on the frontline







Thank You

- ▶ **Bruce J. Flanz**
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ABOUT HEALTHFIRST

Healthfirst is New York's largest not-for-profit health insurer, earning the trust of 1.6 million members by offering access to affordable healthcare. Sponsored by New York City's leading hospitals, Healthfirst's unique advantage is rooted in its mission to put members first by working closely with its broad network of providers on shared goals. Healthfirst takes pride in being pioneers of the value-based care model, recognized as a national best practice. For nearly 30 years, Healthfirst has built its reputation in the community for top-quality products and services New Yorkers can depend on. It has grown significantly to serve the needs of members, offering market-leading products to fit every life stage, including Medicaid plans, Medicare Advantage plans, Long-Term Care plans, Qualified Health plans, and individual and small group plans. Healthfirst serves members in New York City and Long Island, as well as in Westchester, Sullivan, and Orange counties.



Thank you for attending the 2020 Fall Symposium.



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