

CIR VITALS

Spring 2014



The Power of Organized Medicine: Residents Find their Voice

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This is Our Moment

The only thing that's constant in healthcare right now is change. Hospital systems are merging or restructuring, residency programs are downsizing or closing, and our career possibilities post-residency are looking much different than they did just a few years ago.

In New York City, we are seeing a major seismic shift as a giant hospital system takes over a smaller system to become one of the largest teaching hospitals in the country. Mergers mean services are consolidated or downsized, staff are laid off, and in some cases our patients are at a disadvantage because they're losing their hospital.

CIR is also changing – we're growing! Within the past few months, 800 residents have joined our ranks in three newly organized chapters, and there are additional organizing efforts underway that will bring hundreds more new voices into our union.

Residents at UC Irvine wanted the clout and expertise of a national union as they went through the legal process of gaining recognition. After two years of meetings, hearings, and lobbying elected officials, they became an official CIR bargaining unit in February. This is a huge milestone for the nearly 600 housestaff who will be represented and for their colleagues in other academic medical centers, who face many of the same challenges.

At the same time, residents at Dignity Health's California Hospital in Los Angeles have begun to bargain their first CIR contract after a unanimous vote in favor of joining CIR in late December.

And most recently, 142 Elmhurst Hospital residents in Queens, New York won a decisive victory, despite arguments by their employer, Mount Sinai Medical School, that residents are "more akin to graduate students" than to employees.

The challenges of growing our union in the midst of mergers, cutbacks and



restructuring of healthcare systems are daunting. But the good news is, we have a solid foundation to address the underlying causes of the crisis.

Much of the hospital consolidation we're seeing is driven by the rising costs of healthcare. CIR is tackling the cost curve, often in collaboration with hospital management. We're helping residents become more engaged in Quality Improvement and driving initiatives to decrease costs of care while improving patient outcomes and overall patient – and provider – satisfaction.

On another front, CIR members are addressing the root causes of illness with the Healthy Bronx Initiative's Family Health Challenge, which brings doctors into schools to teach children about nutrition, fitness and barriers to good health. A poster of that project was just presented at the ACGME's annual education conference and is a national model for resident involvement in the fight against health disparities.

I'm very proud to have been part of CIR these past six years as we've shaped the union's agenda and forged a vision of how we can transform our hospitals and our healthcare system. I'd like to thank everyone for a great year and for being true pioneers. We've developed robust QI programs, forums for Women in Medicine discussions, and a legislative agenda that focuses on our members' and our patients' needs.

I look forward to the year ahead and hope the articles in this issue of Vitals about residents finding their voice in the midst of these challenges will inspire you to take up the charge and become more involved in the coming year too.



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Cover image: Brooklyn Hospital residents
celebrate the settlement of their new contract.



CIR Welcomes 800 New Members

UC Irvine Residents Gear Up to Bargain First CIR Contract

CIR membership in Southern California has grown by nearly 30 percent in the space of a few months, and momentum is building for even more California housestaff to add their voices.

Resident physicians at the University of California at Irvine Medical Center became the first in the University of California system to join CIR and are poised to negotiate a first union contract this summer for the 594-person bargaining unit.

“Having our resident union officially recognized by the University of California is awesome!” said Dr. Tracy Burns, a pediatric-anesthesiology resident. “It’s been a long time coming. My colleagues and I look forward to working with hospital administrators to construct an equitable contract that acknowledges resident physician contributions and reflects the mission of this institution to discover, teach, and heal.”

UCIMC housestaff originally filed a petition for recognition as PAPSA, the Patient and Physician Safety Association, in 2011

and then voted to affiliate with CIR in 2013. California’s Public Employee Relations Board (PERB) heard arguments from both the union and the hospital administration and ultimately ruled that interns, residents and fellows are in fact employees and legally entitled to form a union.

“At this pivotal time of transformational change in health care, it is more important than ever that those at the front line of health care delivery be a collaborative partner in making decisions that impact the care of the Orange County community,” said Dr. David Safani, a psychiatry fellow UCIMC.

“The collective voice of UC Irvine resident physicians will be heard as we join in the process of improving the quality of medical services provided in Orange County.”

Dignity Health Residents in Los Angeles Vote to Join CIR

The housestaff at the USC-affiliated California Hospital in Los Angeles are on their way towards a first contract that they hope will eventually set state-wide standards. The hospital is part of Dignity Health, which operates a chain of 30 hospitals statewide.

Seeking a way to improve their education and training, strengthen patient care, and enhance the hospital, the 25 family medicine residents at California Hospital reached out to CIR in late 2013 about organizing a new CIR chapter. They moved swiftly to gather the signatures of 100 percent of their colleagues on a petition for unionization and in December they voted unanimously to join CIR.

“Being part of CIR is the first step in uniting our voice to improve our work conditions, our place at CHMC and patient care,” said Dr. Michael Downing after the vote. “Now we are CIR and have 13,000 residents from across the country standing with us.”

It’s Official: Elmhurst Hospital Residents Vote to Join CIR

Elmhurst Hospital became CIR’s newest chapter in late March, after a favorable decision from the National Labor Relations Board and a majority vote to make CIR the official bargaining agent for the 140 housestaff.

While Elmhurst is part of HHC, New York City’s public hospital system, its residents are on the payroll of Mount Sinai’s Icahn School of Medicine. The resident physicians at the hospital filed for union recognition in September, in hopes of a greater voice to determine their salaries, working conditions, and the delivery of patient care.

“I’m very glad about the result, and I’m glad the waiting is over and we can finally move forward to come up with a contract that both sides can agree on and that hopefully will make our situation and the patients’ situation better,” said Dr. Fabian Engelbertz, a second year Pediatrics resident.

Mount Sinai argued in hearings before the National Labor Relations Board that resident physicians are students, not employees, and therefore not eligible for union representation. The regional NLRB decided in favor of the residents, reaffirming a 1999 ruling in the Boston Medical Center (BMC) case stating that resident physicians are employees.

“Now it’s time for next step, which is the contract negotiations,” said Dr. Yasmin Sanchez, a Pediatrics resident. “We hope to continue to have a strong relationship with our program directors and Mount Sinai administrators. We are optimistic for the future and ready to sit down and talk.”



Family Medicine Residents at California Hospital voted unanimously in favor of joining CIR.



New Contracts Deliver Better Salaries, Empower Residents to Improve Care

Mergers, hospital closures, and the ailing fiscal health of hospitals across the country have made the future of medicine uncertain for many residents. As physicians try to navigate new systems, residents across CIR have made significant improvements at their hospitals by negotiating strong contracts and demanding that patients have access to quality healthcare.

Bergen Regional Medical Center

In New Jersey, Bergen Regional housestaff negotiated and won 2 percent increases each year for the next four years (2014-2017). Chief residents gained an increase in their educational allowance and an increase in the conference reimbursement to \$950.

Boston Medical Center

BMC's strong, engaged and representative committee showed in the turnout at their final negotiating session, with 15 departments represented. Boston residents negotiated for the hospital to cover licensing fees and provide support in the event of a program closure. The contract provides increases in salary, meal benefits and their professional education allowance.

Brooklyn Hospital

Brooklyn residents negotiated for salary increases each year and maintained their coverage by the CIR benefits plan. In addition the committee negotiated a new medical education benefit: a \$200 per year reimbursement covering books, board exams, medical licensure fees, dues to medical societies, subscriptions or journal fees and/or electronic medical devices.

Brookdale University Hospital

On December 16, 2013, the CIR bargaining committee and Brookdale reached an agreement on a groundbreaking new contract. Leaders prioritized quality improvement as a way to collaborate with administration and improve the lives of patients in the community.

"CIR approached Brookdale to propose a patient safety curriculum and adverse

event reporting project," explained Dr. Hemant Sindhu, CIR Regional Vice President and a Hematology-Oncology fellow. "This initiative will engage residents and fellows in working to improve patient care while also enhancing the quality of education at the hospital."

Institute for Family Health

This winter, CIR welcomed 24 new members from The Institute for Family Health's Harlem residency program. After organizing the housestaff in IFH's inaugural class of residents beginning in the winter of 2012, residents successfully bargained their first contract.

"Being a member of the CIR bargaining committee has granted me a vantage point into the realm of union negotiations that could have been easily overlooked simply due to the vigorous responsibilities of residency. With a new contract, I look forward to establishing a rapport among CIR, the Institute of Family Health and of course the residents," said Dr. Krishna Baumet, PGY 2, Family Medicine.

Jersey City Medical Center

At Jersey City Medical Center, CIR members led an active negotiation to secure a new contract with major improvements.

Residents won salary increases of 3 percent for interns as well as increases in the Chief Resident allowance, which went up from \$2,350 to \$8,000, along with bonuses for all other housestaff. The CIR bargaining team also won an increase in meal money and in the Education, Equipment and Travel allowance to \$1,500, which was expanded to include medical equipment. In addition to these major economic gains, the administration agreed to additional protected educational time and improvements in call rooms.

Jamaica & Flushing Hospital

Quality improvement was a priority at Jamaica and Flushing Hospitals as leaders won \$55,000 for the continuation of the physician-patient communication project called the i-Listen initiative, where at least one faculty champion and one resident champion from each department will come together to create a series of didactics focusing on effective physician-patient communication through skills such as active listening, empathy and mindfulness.

Kingsbrook Jewish Medical Center

The new agreement at Kingsbrook includes salary increases each year and calls for the formation of a Resident Quality Council to organize Quality Improvement projects with the opportunity for incentive bonuses (up to 1 percent bonus per year) upon completion of successful projects.

LAC+USC and Harbor-UCLA

Covering over a thousand residents, LAC+USC and Harbor-UCLA Medical Center residents' most recent contract will make an a huge impact in their day-to-day work. Not only did residents win 2 percent wage increases for the next three years, they also negotiated a professional education allowance of \$800-\$850 per resident, orientation pay for incoming interns, and they increased the Harbor-UCLA patient care fund to \$990,000.

NY Methodist Hospital

Residents at Methodist add to the list of wins this year with a contract that promises wage increases, \$50,000 per year to support the development of a house staff safety

continued on next page



council, and \$75,000 per year into the Patient Care Fund. The new contract also continues the QI/IT fellowship established in the CIR contract three years ago.

St. Luke's-Roosevelt

Negotiations took place in the midst of a merger, with Mount Sinai acquiring Beth Israel, St. Luke's-Roosevelt and New York Eye and Ear. The merger has created an air of uncertainty among housestaff.

"Residents were very concerned about how this would affect our day-to-day life and, yes, our salaries and benefits," said Dr. Craig Forleiter, General Surgery, PGY3. "It was very reassuring that the St. Luke's and Roosevelt administration met with us amicably and bargained with us fairly. We're very proud of the contract that we came away with."

Residents said the strong CIR leadership at the hospital and the large turnout by housestaff at bargaining sessions led to an agreement they could feel proud of. The collective bargaining agreement guarantees salary increases, secures health benefits, doubles their educational allowance and lays the groundwork for QI collaboration.

NYC Conference Promotes Just Culture and Patient Safety

Battling a snowstorm on February 3rd, residents, nurses, faculty and administrators of New York's Health and Hospitals Corporation gathered for a one-day conference to plan how to implement a system-wide approach to educating healthcare professionals in patient safety and promoting just culture.

The goals of the conference were threefold: 1) Understand what it means to be truly "patient-centered". 2) Improve patient safety outcomes by understanding the root causes of errors. 3) Improve communication and teamwork amongst the interdisciplinary teams.

Three CIR regional vice presidents presented at the conference. Dr. David Eshak of Jacobi Medical Center began the conference with opening remarks. Dr. Samrina Kahlon of Metropolitan Hospital Center presented alongside HHC's Vice President of Patient Safety and Registered Nurse Mei Kong to reveal the results of a resident-led survey project to assess the level of resident understanding of patient safety literature and best practices across the HHC system. Dr. Say Salomon of Woodhull Medical Center gave a presentation on just culture and patient safety barriers to reporting.

Keynote speaker Dr. James Pelegano led attendees through a discussion and series of exercises on root cause analysis. Multi-disciplinary teams of residents, attendings, nurses and administrators workshopped scenarios to identify root causes of patient safety problems. The teams plan to take the concepts they worked through back to their respective facilities and implement root cause analyses on their services.

Jackson residents roll out groundbreaking QI projects

The CIR Jackson Housestaff Involvement Fund came into existence as part of the new contract negotiated by CIR leaders in 2013. The Fund incorporates the previous \$25,000 Patient Care Fund into a much larger \$125,000 annual fund for Jackson housestaff who want to make a difference – for their patients, the Miami community and resident education.

Jackson housestaff leaders have identified three uses for the Fund. Residents can apply for funding to attend patient safety and QI conferences – and bring what they learn back to their colleagues. They can apply for funding to bring safety and QI speakers to their departments for grand rounds presentations. And Jackson residents can apply for funding to do their own QI projects. The first round of projects was approved by CIR leaders in the fall of 2013 and a second round of applicants is underway now. Some of the projects approved so far include:

Diabetic Retinopathy Pipeline: Residents have found it difficult to get patients with advanced diabetic retinopathy primary care appointments. This project will establish a pipeline to identify high-risk patients for expedited clinic appointments with a primary care provider.

Let's Talk—An nou parler—Hablamos: There is only one part-time Creole interpreter on the Pediatric Mobile Clinic and residents have recognized how language access impacts care. This project allows access to free interpretation software. Using iPads, the program will help doctors get a medical history of their patients when language is a barrier.

Post-Discharge Courtesy Calls: This project provides courtesy calls to patients two weeks after discharge to help lower readmissions. Residents believe it will help patient satisfaction scores and a trial will begin with the rehab floors.

Tele-Stroke Project: This project addresses a problem that arises at night when no stroke fellows or attendings are present at the hospital and a stroke alert goes off. Residents want access to software that connects the housestaff on-call at night with the stroke fellow or attending via a secure chat room with a camera; this way specialists can give immediate advice without having to wait a critical 30-45 minutes for stroke specialists before arriving to start the procedure.

For a complete list of funded projects, visit www.cirseiu.org/JacksonHousestaffFund

Hospital Mergers Reinforce the Need for a Strong Resident Voice

The 2013-2014 residency year has brought about a number of changes for CIR members as hospitals have merged and formed larger medical systems. In this issue of Vitals, we zero in on one hospital merger, between Mount Sinai Health System and Continuum Health Partners that embodies some of CIR's greatest victories and greatest challenges—strong chapters of empowered residents with a real voice in their hospitals and residents trying to form new chapters and being met with resistance from their employers every step of the way.

The absorption of smaller hospitals into larger healthcare systems is nothing new but the rate at which it's occurring has increased rapidly in recent years. According to the healthcare research firm Irving Levin Associates, 2009 saw 50 hospital mergers and acquisitions but in 2012, that number jumped to 105, and experts say this could be just the beginning of more consolidation and

upheaval. 2013 was a big year for CIR members in this regard, as Continuum Health Partners, a New York City-based hospital network including Beth Israel and St. Luke's-Roosevelt, merged with Mount Sinai Medical Center to form the Mount Sinai Health System – a mega teaching institution with four hospitals and approximately 2200 residents on its payroll.

Residents at St Luke's-Roosevelt have had a CIR chapter since 2001, residents at the Institute for Family Health just won their first CIR contract and Elmhurst residents are ready to start negotiating.

Merging hospital systems always argue that the move improves hospital efficiency and capacity to care for more patients. However, studies in recent years have shown that hospital mergers frequently lead to increased health care costs as larger hospitals are able to strengthen their negotiating power with insurance companies and raise their prices. There

is also concern from the Federal Trade Commission about the legality of large scale hospital system mergers when it comes to the potential for monopolies within a community.

What is known for sure is that merger means change. The new Mount Sinai Health System has already closed down the child and adolescent psychiatry inpatient unit at Mount Sinai Hospital and an inpatient medicine floor at Beth Israel Hospital. The new system has also begun to change graduate medical education, bringing all hospitals into the the Icahn School of Medicine affiliation, altering program oversight and rotation schedules.

Residents have a stake both in how patient care is provided and in the structure and oversight of their own training, but have not been given an opportunity to participate in any of the decision making. This disregard for the needs and expertise of residents has highlighted the ongoing lack of resident voice in the Mount Sinai Health System and inspired housestaff across all hospitals to organize to join CIR. One major challenge is the hospital's claim that residents are students, not employees, and therefore do not have a right to unionize.

Residents Are the Same as Med Students? No Way!

Despite repeated state and federal labor board decisions over the past two decades that have declared residents to be employees with the right to organize, some hospitals continue to insist that

residents are students and should be denied that voice. Case in point: Beth Israel Medical Center and Elmhurst Hospital Center, both a part of the newly merged Mount Sinai Health System. During extensive labor board hearings in 2013 and 2014, the Mount Sinai tried to prevent residents from being able to vote whether to join CIR. The hospitals argued that residents take exams and don't make patient care decisions because they work under an attending.

Elmhurst and Beth Israel residents rose to the challenge to defend the work that housestaff do and testified about the patient care decisions that residents make everyday.

The labor board that heard the Elmhurst case decided in the residents' favor, and ordered that an election be held. And on March 27, residents voted to join CIR. Residents at Beth Israel are still awaiting



the labor board's decision.

CIR members across the country have shown support for their colleagues at Elmhurst and Beth Israel by exposing the myth that residents are students. View their photos (and some of our other favorite doctors) at doctorsnotstudents.tumblr.com.



Mount Sinai Health System Residents Share Hopes and Concerns about Merger

Dr. Demetri Blanas, Institute for Family Health



"I'm especially concerned for patients who don't have insurance," says Dr. Demetri Blanas, a family medicine resident

at the Institute for Family Health. "The cost is always a concern. I think that the merger will probably increase costs, but that's just conjecture."

Dr. Blanas, who is finishing his first year at the Institute for Family Health, is cautiously optimistic about what the merger will bring for both his colleagues and the patients they serve. He's hopeful for the new opportunities that working within a larger hospital system may bring despite the ever-present uncertainty, yet remains concerned about issues such as increased negotiating power for the hospital system with insurance companies leading to increased costs for patients.

"In some ways it may be beneficial because there are more training opportunities, more affiliate sites for medical students and residents to go to get training experiences."

It is still unclear exactly how the merger will affect Dr. Blanas's program and his patients, but the optimism remains. "It's exciting to be in a program that is a part of the changes happening in medicine, where there's a greater focus on keeping people healthy."

Dr. Candrice Heath, St. Luke's- Roosevelt



Dr. Candrice Heath, dermatology chief resident at St. Luke's-Roosevelt, is focusing on the benefits that CIR could bring

to residents at other hospitals in the new Mount Sinai system, particularly in light of how CIR helped the residents at St. Luke's-Roosevelt through the merger.

"Going through the merger, having CIR there has really been vital in the transition not being as painful as it could have been. The infrastructure of CIR really helps us get the institution to divulge more information to us so we can truly understand what is going on, so that we can be part of the process of change and not a group of people that change happens to."

Dr. Heath noted that residents at other facilities are attempting to join CIR in the midst of the merger. "During this process I had a very positive experience with CIR and everything that we stand for and that we do, so it's been very difficult to run into residents from some of the other hospitals who have been mis-educated about CIR. It is my hope that through continuing to educate our colleagues about the benefits of CIR that more of them will be able to recognize it for themselves, as independent thinkers. I hope they decide to reach out to find out more about how CIR can help to shape their residency experience in a more positive way."

Dr. Olga Leibu, Beth Israel



"Lengths of stay have been emphasized much more at our hospital, which I'm sure is an issue throughout the

healthcare system in general now," says Dr. Olga Leibu, psychiatry resident at Beth Israel, one of the newly merged hospitals in the Mount Sinai system. "This has become very apparent with the Sinai entry."

"There are worries that the emphasis could be more on the financial gain of the healthcare system, rather than improvement in the quality of patient care. In particular, with decreasing length of stay, we are now focused on doing the minimal possible that we can do for patients in order to just move them on in a factory-like way."

While Dr. Leibu notes the concern shared by residents about the stability of their programs, she also recognizes the opportunities. "We are now a part of a big academic institution. We're one system and we will be providing the unique elements of each individual institution to the system as a whole, and hopefully growing and learning from each other. Research opportunities, diverse training options, and more educational value has been a highly emphasized goal of the merger, and will certainly be a plus if it comes to fruition, at least this is the hope."

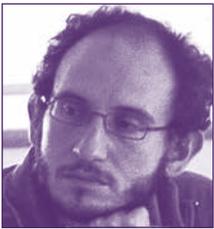
A strong majority of housestaff signed and filed a petition to join CIR. They recently finished hearings at the labor board to secure their right to vote to unionize. On the effort Dr. Leibu said, "The benefit of having CIR is that, as residents working on the front lines, we can at least have a voice at the table where we aren't just bringing up issues and griping but that the administration is truly listening."

CIR is on FIRE! Help fan the flames:

Residents across the country are winning campaigns to join CIR and new members at the UC Irvine Medical Center, the Dignity Health System and Elmhurst Hospital Center are growing our numbers. That means a stronger resident voice, stronger contracts and greater potential to change healthcare for the better!

Many more residents want to join us! Victories are made possible by the power of residents standing together and our would-be members need your support to stay focused on the end goal of an empowered resident community and better patient care.

Become a member organizer and be a spark for resident empowerment!
www.cirseiu.org/memberorganizer.



Patients Lose when Resident Physicians Are Afraid to Unionize

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Just about thirteen percent of the 100,000 plus resident physicians in the US are union members — and many more would choose to join if it weren't for the fierce pressure exerted by some teaching hospitals, chairs and program directors. Although it is illegal to threaten residents with retaliation for expressing their desire to form a union, the law is difficult to enforce. Ought medical educators examine the impact of an atmosphere of intimidation on the positive learning environment that the Accreditation Council on Graduate Medical Education (ACGME) is working so hard to foster? We strongly believe so.

Physicians-in-training are taught that our commitment to patients is sacrosanct and that the ability to provide safe, quality care depends upon trust, honesty and transparency — with our patients and families, colleagues, supervisors, and the public. They must feel safe to report adverse events or a disruptive supervisor even if that is deeply uncomfortable or puts a fellowship recommendation out of reach.

Physicians are taught that this type of ethical decision-making is required of us as medical professionals. We are granted the privilege of practicing with great autonomy in exchange for demonstrating that commitment to our patients always comes first. Unfortunately, the hidden curriculum in many hospitals teaches submission to hierarchy over ethical conduct and relies on subtle (and not so subtle) pressure not to rock the boat.

To help address this cultural dissonance and to emphasize the importance of patient safety, the ACGME introduced the Clinical Learning Environment Review (CLER) program in 2012. The goal of CLER site visits is to gain knowledge about how clinical sites are supporting the training . . . in the areas of patient safety, health care quality, supervision,

transitions in care, duty hours, fatigue management, and professionalism.

The ACGME understands the critical importance of residents being free to accurately and honestly describe their teaching hospital environment in order to ultimately improve it.

But what if a teaching hospital forcefully delivers another message; a message that residents should not exercise their legal right to form a resident organization and that if they do, there will be serious personal and professional repercussions for those who persist? For example:

- ▶ One orthopedic surgery program director told residents that if they sign a petition to unionize, the ACGME will think there are problems and will not grant extra residency slots to the program — meaning a higher workload for existing residents.
- ▶ GME staff has sought to alter or re-interpret the bylaws of an ostensibly resident-run housetaff council after learning that pro-union residents were elected to lead the council.
- ▶ Resident leaders at one hospital were even told that if they went through with the union election, their (beloved) program director would be fired.

This pressure creates ethical distress for residents who are forced to choose between their personal values — a desire for the collective representation of their concerns, which they know to be both legitimate and legal — and their continued security and advancement in the profession.

In 2009, ACGME CEO Thomas Nasca wrote in *Academic Medicine* that ACGME recommends that residents have an “institutional form or other mechanism to raise questions about and discuss educational and working conditions.... the standards acknowledge that a resident association (which could be a union) is one way to accomplish this.”

The authors went on to emphasize the importance of:

... the philosophy that one does not train humanistic practitioners by treating residents in anything other than a humanistic fashion. Unrealistic duty hours, inadequate financial support, harassment or intimidation, absence of the opportunity to eat or sleep during prolonged periods of work, and absence of balance between service and education go beyond employment grievances. The ACGME recognizes these as elements of an informal curriculum, one which produces toxic outcomes such as cynicism and the loss of altruism, empathy, and compassion. Regardless of one's specialty choice, these are outcomes that are unacceptable.

Passions run deep on the subject of resident unions. Some, like Dr. Jordan Cohen, former president of the Association of American Medical Colleges, see unionization as profoundly eroding professionalism, championing self-interest and destroying patients' confidence. They believe that the ACGME is in the best position to address resident concerns.

Others, like Drs. David Sklar, Betty Chang and Benjamin Hoffman, medical educators at the University of New Mexico, have observed that resident unions can provide a welcome and unified voice that encourages inter-specialty communication, resident engagement in quality improvement and service to the community.

These differing perspectives will undoubtedly persist, but everyone — on either side of the argument — should agree on one thing: both the law and the integrity of the clinical learning environment require that residents be able to make up their own minds — free of threats and intimidation — about whether or not to join a union.

Flávio Casoy is a psychiatry fellow and Joanne Suh is a family medicine resident. Together, they are board members of the Committee of Interns and Residents/SEIU Healthcare.



SPOTLIGHT ON KATE MCCALMONT, UNM

CIR New Mexico Gets Technical to Reach The Uninsured

Some 170,000 New Mexicans are newly eligible for Medicaid, and many more will benefit under the Affordable Care Act. To provide the public with reliable information and get the newly eligible to sign up in the state's health insurance exchange, **CIR delegate Dr. Kate McCalmont** teamed up with other professionals at the University of New Mexico to create a mobile app called *Get Covered NM*. By downloading the app, residents, clinicians and community health workers can easily access accurate information about the new law written in plain language. The app also helps people navigate rules about eligibility and how to obtain coverage. Dr. McCalmont's innovative approach to get New Mexicans covered has generated a lot of attention, with stories appearing on Albuquerque's NPR and ABC News stations, and an interview with AAMC's *Wing of Zock* /. We sat down with McCalmont to understand why she developed this tool.

Where did you get the idea to do this?

My colleague Erin Corriveau and I got the idea last spring to help prepare for the rollout of the ACA. We discussed how we could help get people enrolled, and heard about community health workers using iPads to educate residents about the ACA. We thought if they could do it using iPads why not make a mobile app for the general public?

How did you turn your idea into a reality?

We initially tried to build an app that could actually enroll people, but hit a lot of red tape. The next best thing was to create a mobile app that could be used to educate patients and the general public about the intricacies of the ACA. We thought if people understood how to enroll, they would.

Erin identified someone at UNM's business school who could help us build the app, and the NM Center on Law and Poverty also got involved. They reviewed the app and made sure it passed all the legal tape it needed to. They also made sure our language matched that of the new laws and that it could be understood by the general public.

Do you know if it's being used?

It's been very exciting to see the response. *Get Covered NM* has been downloaded

hundreds of times. We think people are really finding it useful.

How have you gotten the word out?

We have been holding enrollment fairs at UNM so patients can learn more about the new health insurance exchange and learn how to get covered. At the fairs we promote *Get Covered NM* and help patients and their families download it.

As part of the wider effort to educate patients about health reform, we also developed 'ACA Badges' for UNM doctors. The badges display some basic enrollment information and tell patients to download the app to learn more. University doctors are wearing the badges and the UNM community as a whole has been very supportive of our endeavor.

What role have medical residents played in spearheading this effort?

Residents thought of the idea, designed it, built it, volunteered their time, organized enrollment events and continue to promote the use of the app. We have built this from the ground up without any funding.

We are doing this because we want to make sure the patients we treat have the resources they need to get enrolled and be protected from the cost of an illness. I work 60-80 hours a week, so this has really been a passion project of mine from the beginning.



Given NM's high rate of uninsured, do you as a medical professional feel it's your responsibility to be doing this?

Yes, absolutely. I support the ACA and if we want people to get health insurance we need to take a stand. Physicians need to take responsibility and make sure they are helping patients navigate the new system.

What are your ultimate goals for this project?

Eventually I would love to see this used across the state and help the younger, healthier population enroll in the exchange. For the state exchange to succeed, healthy people need to be paying into the system. This allows the older, sicker patients to use it and take advantage of its resources.

I would also like to see community health workers use *Get Covered NM* when they are working with the state's more rural, underserved populations who often have low literacy rates.



What's Your QI IQ? Residents Revolutionizing Medicine

As frontline care givers, resident physicians are in a unique position to identify – and correct – unsafe and inefficient practices that lead to less than optimal care, drive up healthcare costs and, in some cases, result in tragic and preventable medical errors.

In the past year, the CIR Policy and Education Initiative (CIR PEI) has sponsored three What's Your QI IQ? conferences, attracting residents and faculty throughout the New York area.

“As physicians on the frontline, we know our patients and we want the best for them. That's why we're leading quality improvement and patient safety endeavors in our hospitals,” said Dr. David Eshak, an internal medicine resident at Jacobi Medical Center in the Bronx and a CIR regional vice president.

How to be Scholarly in Quality Improvement: November 23, 2013

Co-sponsored by the Albert Einstein College of Medicine, the first conference in the series focused on publishing QI projects and attracted more than 120 attendees. Dr. Greg Ogrinc of Dartmouth Medical School led a hands-on workshop on how to plan conduct and publish QI projects using the SQUIRE (Standards for Quality Improvement reporting Excellence) Guidelines. Dr. Karyn Baum, from the University of Minnesota, focused on where and how to get published including how to build a career in QI.

Unlike other types of research, Dr. Ogrinc pointed out, “QI is not the same as drugs, tests, clinical procedures. [It] is performance change, driven by experiential learning, is context-dependent and problems can occur at various organization levels.” Residents especially experience challenges

in conducting their research and finding opportunities for publishing. Rejection, rewriting, working as a team, communication and developing a plan for publication are all keys to successfully getting published during residency. Dr. Baum's tips on finding out where and how to get published include:

- ▶ Attending QI meetings/conferences (such as AAMC Integrating Quality, Academy of Healthcare Improvement)
- ▶ Paying attention to departmental/specialty conferences focused on research
- ▶ Familiarizing yourself with journals that publish QI
- ▶ Using your published posters as a springboard
- ▶ Familiarizing yourself with journal submission guidelines

How to Provide Cost Conscious Care: January 18, 2014

The Costs of Care team, ABIM Foundation, Albert Einstein College of Medicine, and CIR PEI teamed up for an exciting training focused on providing cost-effective care to patients. To open the conference, Daniel Wolfson of the ABIM foundation asked the room of more than 100 residents and faculty to stand if they had seen a patient harmed by unnecessary care; only one person in the room remained seated.

Mr. Wolfson suggested that when it comes to tests, attendings should ask their residents, “Why do you need this test?” as opposed to asking “why didn't you take these tests?” Of the \$700 billion a year wasted on healthcare in the U.S., unnecessary treatment accounts for about 30 percent of that cost—or \$200 billion.

The Costs of Care team highlighted the importance of understanding the impacts of cost on patients and how financial difficulties are often mistaken for “patient non-compliance.” Dr. Vineet Arora, Director of Education, Costs of Care, and an expert in clinical behavioral change, suggested that simply asking patients if they have difficulty paying for their medications is a simple way to determine a course of action in treatment. The team included several tools for practicing medicine with more value. Cost-saving strategies included:

GOT MeDS?

- ▶ Generics (prescribing generic drugs when available)
- ▶ Ordering medications in bulk
- ▶ Therapeutic alternatives (whenever possible such as yoga instead of physical therapy)
- ▶ Medication Review (to ensure all medications are actually necessary)
- ▶ Discount drugs
- ▶ Splitting pills (consumer report has created a list on medications that are safe to split)

The Costs of Care team also provided participants with the “COST” tool to help physicians determine barriers in their home institutions in order to begin to change the culture of their programs to include more cost-consciousness.

The final workshop in the series will take place on April 26. *How to be a Lead Agent of Change: From Bedside to Transformative Care* will teach caregivers effective communications skill to overcome the barriers to patient safety and transparency. For more information visit bit.ly/QIIQ426.

ACGME Selects Bronx Family Health Challenge Poster at Annual Conference

The CIR Healthy Bronx Initiative received national attention in March, when a poster on the Family Health Challenge was presented at the ACGME’s annual educational conference in Maryland

Three years ago, CIR members from various Bronx hospitals launched the Healthy Bronx Initiative (HBI) to address health disparities in the borough they served. Since then, residents from across the city of New York have participated in the program—one which takes physicians out of the hospitals directly into the community to teach 7-11-year-olds about nutrition, exercise and environmental health.

Thirty nine resident physicians participated in the Family Health Challenge in 2013. Faculty from the Albert Einstein College of Medicine and staff from CIR also worked to implement the 8-week course for school children on weekly topics such as choosing water over sugary drinks, eating fruits and vegetables and daily exercise.

Dr. Camille Rodriguez, a CIR member with a background in education and one of the authors of the poster, said, “Usually having a new face [in the



Dr. Camille Rodriguez with her poster at the Feb. 28 ACGME conference, flanked by CIR staff.

classroom] kids get excited—and they were—but they were also open to the information and we definitely developed a relationship over the four weeks that I was there. They were expecting to see a doctor every Tuesday in the classroom and that was exciting for them.”

To determine the impact that the Challenge had on participating residents, the team developed and administered a web-based KAP survey at the end of the year, focusing on residents’ knowledge of the social and environmental

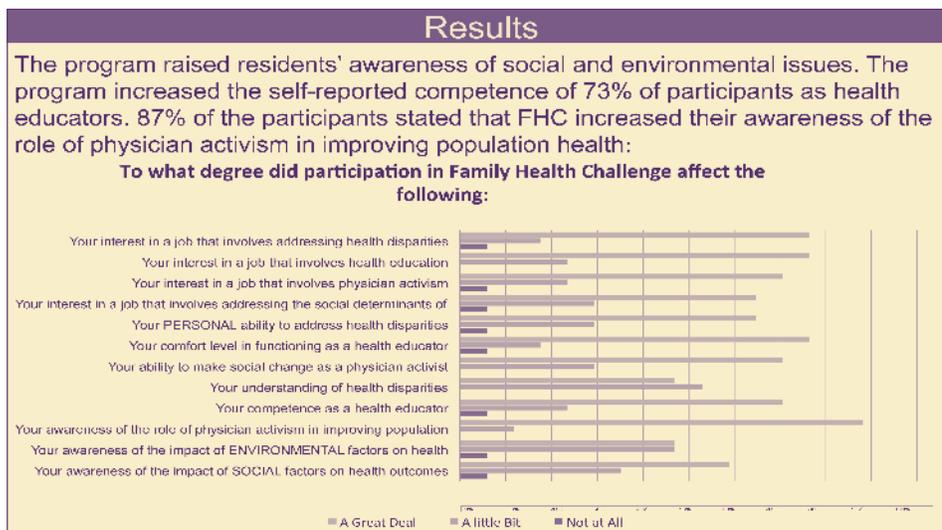
determinants of health and the empowerment of resident physicians in addressing health disparities.

The data from the project revealed that an overwhelming majority of residents felt that the program shed light on health disparities and provided more knowledge about becoming a peer health educator in addition to providing care to their patients.

When the program started three years ago, the HBI team didn’t expect to create a poster of the project but CIR Quality Improvement Coordinator Vivian Fernandez saw a unique opportunity in submitting to the ACGME. With over 60 poster presentations, the “Physicians as Community Health Educators” was the only poster highlighting a community health project. “It shows they want to promote work outside of our hospitals that address health disparities,” said Alyssa Ruiz, Coordinator of Healthy Bronx.

“Practicing medicine in a way that takes health disparities and societal causes into consideration is the future of medicine,” said Marah Ramirez, HBI team member.

For more information on the Healthy Bronx Initiative visit www.healthybronx.org



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Each day leading up to the convention, we'll be sharing victories from our 57 years of resident empowerment. Check out the big impact CIR members have made over the years: [#57wins](https://twitter.com/57wins) on Twitter, facebook.com/cirseiu