



# THE CENTER FOR PRIMARY CARE HARVARD MEDICAL SCHOOL

The Center for Primary Care at Harvard Medical School  
**Annual Summary | 2019**

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## Executive Education

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### “Charting the Future of Primary Care: Leadership, Teams, and Culture”

This fall, the Center partnered with the Ivey International Centre for Health Innovation to present “Charting the Future of Primary Care: Leadership, Teams and Culture,” an executive education program in which participants examined four cases from primary care practices around the world to gain a better understanding of the broad issues facing primary care physicians. The Ivey International Centre for Health Innovation, located within the Ivey Business School at Western University in London, Ontario, aims to be a leading voice for the adoption, cultivation, and deployment of innovation through value-based health management.

The program’s participants—primary care physicians and others on the front lines of primary care practice—learned directly from those who designed the cases and conducted the research, as well as from primary care providers profiled in the cases. By learning how to meet primary care challenges with innovative responses, the participants left the program equipped to effectively lead improvement initiatives in their workplaces and transform their practices in an ever-changing environment. They also left with new connections to colleagues they can call upon throughout their careers.



*Among the program faculty members were Erin Sullivan (pictured here), PhD, the Center’s research and curriculum director and a lecturer on global health and social medicine at HMS, and guest speaker Aaron Hoffman, DO, MPH, a practicing family physician who is actively engaged with the Harvard Home for Family Medicine based at the Center. Sullivan’s team developed and wrote the case studies for this program.*

### Clinical Leadership and Lean Management Virtual Academy

In partnership with the Clinical Directors Network and Virginia Mason Institute, the Center led the Clinical Leadership and Lean Management Virtual Academy. Designed to cover some of the most challenging topics leaders face within their practices, this course combines theory and concepts with practical application, placing emphasis on the principles of lean management. The application of “lean” ideas in healthcare aims to increase efficiency in every process, procedure, and task through an ongoing system of improvement. Using lean principles, all members of a healthcare organization, from clinicians to operations and administration staff, continually strive to achieve greater efficiency through the elimination of elements that do not add value for patients.

The course comprised four sessions held once a month from September 2019 through December 2019, and enables participants—often interprofessional clinical teams—to apply tools and methods to processes in their organizations in order to identify immediate benefits from thinking and acting in a lean framework. Through skills developed during this course, leaders will be able to use a lean framework to promote better stewardship of resources and provide improved care, faster and more affordably, to patients. The course’s instructors include Erin Sullivan, PhD, the Center’s research and curriculum director and Aaron Hoffman, DO, MPH, and a family physician, both mentioned above.

## Medical Director Leadership Institute

The Center will host the third cohort of the Medical Director Leadership Institute this spring. The course leverages expert content, coaching, and peer mentoring to teach leaders how to manage teams, better navigate financial constraints, and lead change in their practices. Program content is tailored for medical directors, chief medical officers, clinical directors, and pipeline primary care leaders, to help them better address the challenges of today's healthcare landscape.

Objectives of the course include:

- Learning the skills of emotionally intelligent leaders.
- Understanding strategies to effectively manage interpersonal teams.
- Identifying strategies to better leverage data for improvement and population health.
- Gaining competencies in influencing, motivating and negotiating.
- Understanding key financial principles necessary to succeed.
- Developing resilience strategies to thrive over the long term.
- Identifying tools to bring back to your practice to address a current specific challenge.

Launched in spring of 2018, the program has brought to HMS a cohort of attendees from care practices all over the country, spanning across 19 states, and has even brought international attendees from as far as South Africa. "I treasured the chance to engage with faculty, learn very useful tools, and to interact with open-minded attendees and network with other medical directors," commented one attendee from the 2018 program. "Finally, an organized approach to the skills needed for this very nebulous job." Another medical director from the first cohort reflected on the experience, noting that "I was considering no longer being a medical director, but after this course I feel rejuvenated and I am looking forward to returning to work with new ideas."



*The Institute this spring promises more networking, knowledge-sharing, innovation, and discussion of tools and strategies to promote change in care delivery. The agenda includes numerous sessions, such as those on understanding the self as a leader, building a culture, leading teams, and promoting positive performance through feedback.*

## Leadership Masterclass for Non-Physicians

On October 4, 2019, the Center hosted the first ever Leadership Masterclass for Non-Physicians. The sold out program offered an interactive session tailored specifically for non-physician managers and leaders. Attendees were provided pragmatic tools to manage the ever-changing primary care environment, including tools to:

- Understand the current primary care landscape and value-based care.
- Gain skills in managing up, down and across.
- Identify specific strategies for working with physician leaders.
- Understand how to prioritize in urgent healthcare environments.
- Develop skills in communication, feedback and difficult.
- Participate in networking opportunities with health center leaders and colleagues.

The class will be offered again in spring of 2020.

# Research and Curriculum

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## Case Studies in Primary Care

The Center's research team has created a framework that highlights key drivers of innovative and exemplary primary care practices. Its case studies aim to create and disseminate knowledge about best practices in primary care, explicate how to best structure primary care delivery, and identify how systems have organized themselves to mitigate contemporary challenges including population health management, high cost, and poor patient and physician experience.

Cases in the primary care case collection are used to train medical students as well as primary care and interprofessional health staff, practitioners, and leaders. The Center uses its case collection in its HMS elective, Physician as Leader, and in its recurring continuing medical education programs, which attract a global audience of interdisciplinary health professionals and leaders. The cases are also appropriate for public health or management audiences seeking to better understand primary care and its fundamental challenges.

## New Cases

### *WV Health Right: Mobilization of Oral Healthcare to the Remote Communities of Appalachia*

This case follows protagonist Angela Settle, DNP, of the West Virginia Health Right clinic and the clinic's Mobile Dental Unit. The Mobile Dental Unit is one of the first of its kind and serves six counties in rural West Virginia, bringing accessible oral healthcare to the uninsured, Medicare, and Medicaid populations of Appalachia.

### *The Cuban Prioritization of Family Medicine*

This case features Dr. Leonardo Cuesta, the deputy director of the Cuban National Primary Care System, and captures his experience in serving as one of the first 10 physicians in Cuba's family doctor-and-nurse model. The case chronicles the development of the family medicine model and offers insights from a community family physician on topics including Cuban medical education, residency training, maintenance of a domestic primary care and specialty workforce, and the challenges of "brain drain" in a country that is intellectually rich and resource poor.

### *Nic Nguyen, MD: Optimizing the Physician Experience*

This case centers on Nic Nguyen, MD, and his efforts to alleviate an emerging epidemic among the physician community: burnout. Research indicates that approximately half of all physicians are burnt out and that there were corresponding increases in staff turnover, depression, and clinical error. In the wake of sobering evidence, Nguyen was determined to cultivate wellness and give his community the relief it desperately sought. In his role as the director of physician experience and professional development at Beth Israel Deaconess Healthcare, he was charged with the task of developing programs and cultivating a new culture that could begin turning the tide against burnout within his organization.

### *Family First Health: Integrating Substance Use Services in Primary Care*

This case focused on Dr. Debra Bell, a family physician at Family First Health, a Federally Qualified Health Center (FQHC) in York, Pennsylvania. In collaboration with other primary care physicians, case managers, social workers, and nurses, Bell runs a team-based approach to substance use disorder treatment focused on augmenting the efficacy of Medication-Assisted Treatment (MAT) with consistent touchpoints for all patients. The case explores the development of the substance use program and the challenges and benefits of integrating these services in primary care.

## **MIT-HMS Healthcare Innovation Bootcamp**

In June 2019, the CPC facilitated the second MIT-HMS Healthcare Innovation Bootcamp, held on both campuses. Nearly 100 people joined the bootcamp from more than 20 countries around the world, from France, Germany, and Belgium, to Australia, India, Thailand, and South Africa. Areas in which participants worked included biotechnology, education, health, wellness and fitness, management consulting, health devices, medicine, mental healthcare, and research.

The MIT-HMS Healthcare Innovation Bootcamp is an accelerated-learning program by MIT Bootcamps and the HMS Center for Primary Care. Students attend lectures on healthcare, innovation, and entrepreneurship from faculty at both universities, and work on project teams to start a new healthcare venture in one week.

During the June bootcamp, participants attended sessions on a range of topics. These included talks such as “Identifying a Clinical Need and Understanding the Disease State,” “How to Think about Innovation in the Context of Health Policy: A Simple Framework,” and “Backable: How to Get People to Believe in Your Ideas.”

Within the three learning areas of healthcare, innovation, and entrepreneurship, participants develop their knowledge and apply their understanding as they tackle the creation of a venture to address a current challenge in healthcare. Throughout the week’s program, they gain an in-depth look into the healthcare industry while networking with healthcare professionals and faculty from Harvard and MIT. They learn of cutting-edge developments in healthcare innovation and where the industry is rapidly developing, and then have the opportunity to apply this knowledge as part of the bootcamp process. In working with their team on a new healthcare venture, participants are able to network with industry experts and build relationships with thought leaders in the healthcare industry through the collaborative and iterative process.

By the end of the program, participants have learned how to identify key challenges, present their solutions, and use constructive feedback to excel in their endeavors. They emerge from the program with a comprehensive toolkit for healthcare innovation and join a global community of innovators passionate about solving healthcare-related problems and other innovation challenges. The third cohort of the bootcamp will be offered in March of 2020 and the fourth cohort will be offered in November of 2020.

## **The 2019 Primary Care Conference**

On October 5, the HMS Center for Primary Care and Brigham and Women’s Hospital Center for Community Health and Health Equity jointly sponsored the 2019 Primary Care Conference. The conference, which drew hundreds of students, clinicians and clinical faculty, and interprofessionals from the Boston healthcare community, offered a wide range of talks and workshops exploring primary care challenges and ways to overcome them. Participants also did some networking and viewed posters during a poster session.

Among the speakers was Eileen Reynolds, MD, vice chair for education in the Department of Medicine at Beth Israel Deaconess Medical Center, where she oversees the educational programs at all levels in the department. In addition, she is chief of the Division of General Internal Medicine and faculty director of the Linde Family Fellowship in Primary Care Leadership. Dr. Reynolds, whose clinical practice is in internal medicine and women’s health, conducts research in the areas of feedback, evaluation, and mentorship of clinical residents. Michaela Kerrissey, PhD, MS, assistant professor of management in the Department of Health Policy and Management at the Harvard T.H. Chan School of Public Health, also participated. Dr. Kerrissey’s research explores how healthcare organizations innovate, improve, and integrate services. In particular, her work has examined the factors that enable care integration, teamwork, quality improvement, and organizational learning.

## **Anatomy of Innovation: The Biodesign Process (Spring Course)**

In this course, which is predicated on the proven Biodesign innovation framework, we teach the design thinking method used to transform real healthcare challenges into business ideas that change medicine. We work from a curriculum that brings together medicine, technology, and entrepreneurship, augmented by inspiring talks from experts in health IT, intellectual property, medical devices, and medtech.

In small teams, students will apply classroom lectures and project based work to a real-life unmet clinical challenges. At the end of the course, teams will develop a real, competitively sound pitch to address that challenge.

## **Harvard 2020 HealthTech Fellowship**

The Center is offering a 10-month fellowship that teaches the next generation of healthcare innovators how to harness technology, engineering, business, and cutting-edge science to define a new standard of medical care. The fellowship embeds teams in clinical settings to expose urgent, unmet healthcare needs, then design and test innovative solutions with guidance from mentors in the medtech, healthcare, and innovation sectors. Fellows will work side-by-side with world-class physicians, gaining a first-hand perspective on what is and isn't working every day in our healthcare system. They will learn how providers, hospitals, and payers think about introducing new products and services before putting those insights to work via a project. The project entails transforming an identified challenge into a viable business opportunity with the support of Harvard faculty and coaches, including entrepreneurs, inventors, and venture capitalists. The fellowship runs from August 2020 to May 2021.

HealthTech is a collaborative effort that leverages the faculty and resources from Harvard Medical School and its affiliated hospitals, Harvard John A. Paulson School of Engineering and Applied Sciences, and Harvard Business School. The fellowship will be facilitated through the Center for Primary Care at Harvard Medical School.

# Education

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## **Harvard Home for Family Medicine (HHFM)**

The Education team is home base for the Center's Harvard Home for Family Medicine, led by Drs. Kathe Miller and Aaron Hoffman. In addition to teaching, student and peer mentorship, and hosting office hours, this academic year the HHFM launched a series based on a student-identified need. Students of many professions felt they were being trained to ask hard questions, but didn't always understand the best way to support their patients when that support fell outside of a traditionally medical response. "My patient screened positive..." is an interdisciplinary, interprofessional series focused on the approach to and resources for patients when they screen positive for issues like housing insecurity, domestic violence, or trauma.

HHFM has also designed a professional development series to understand and apply positive interventions to improve resiliency and joy in family medicine practice. The series, which will run monthly in spring 2020, includes four interactive learning sessions on topics including Leading with Authenticity; and Clinical Reasoning During Patient Sessions and Tips to Improve Efficiency in Clinical Teaching; Peer Coaching and Developing One's Mentoring and Support Networks; and Mindfulness and Self Care.

## **Scaling Community Outreach in Primary Care Education (S.C.O.P.E.)**

The Center's Education team has undertaken an evening seminar series for the past 4 years entitled "Perspectives in Primary Care" with the goal of building primary care community in the Boston area. We evolved, and re-launched in the 2019-2020 academic year as S.C.O.P.E., or Scaling Community Outreach in Primary Care Education. Via S.C.O.P.E., the education team coordinates monthly, live webinars, drastically changing the way the Center delivers educational content. This format opens up our community to those previously limited by geography, as well as allowing for a greater diversity of speakers. In addition, archiving sessions on our website allows us to create a library of important, primary-care focused content that our community can access easily and for no charge. In 2019-2020, our theme is health equity, and we have already hosted a session on climate change, and will host sessions on LGBTQ health, barriers to access, and weight stigma in the coming months. Next academic year, we intend to focus on professional wellness and resilience. Leveraging this content via a digital learning platform will enable us to forge collaborations outside of the Boston area, extend the impact of primary care at HMS, enrich the diversity of our primary care teachings, and empower the wider primary care community through an innovative curriculum.

## **The Student Leadership Committee (SLC)**

The Center for Primary Care Student Leadership Committee inspires and prepares students across the health professions to become leaders in primary care, and continues to grow in number, diversity, and impact. SLC members work together on teams to undertake well-defined, high impact primary care projects, responding to current events and perceived needs in nimble and dynamic ways. Each month, all SLC members come together for leadership trainings on topics including advocacy, teamwork, planning, and presentation skills. The SLC is one of the Center's most interdisciplinary groups, welcoming medical, dental, nursing, social work, and other health professions students across multiple institutions in the Boston area. In the recent past they have:

- Hosted a symposium focused on health equity, social determinants of health, and theories of change;
- Produced narrative medicine projects on finding stories of hope in the opioid epidemic;
- Developed a series that introduces students to culturally competent and trauma informed care;
- Designed and taught healthy cooking classes for youth at local community health centers;
- Conducted hands-on training to educate others on topics including women's health, addiction treatment, LGBTQ care, and underserved populations
- Traveled to Washington DC to learn about health policy and connect with policy makers;



## Q&A with David Duong, MD'15, MPH

### Director, Program in Global Primary Care and Social Change, HMS

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David Duong is the director of the Program in Global Primary Care and Social Change at the Center for Primary Care. He is also associate director of partnerships and health systems for the Partnership for Health Advancement in Vietnam (HAIVN), an HMS Global Program. In these two positions, Duong leads the formation of, and continued engagement with, private sector partners, country governments, and multilateral organizations to create an ecosystem for meaningful partnerships that improve human resources for health training and primary care health service delivery. Duong currently manages a \$15 million public-private partnership among the governments of Vietnam and the United States, the World Bank, and 10 private-sector partners to improve the healthcare workforce in Vietnam. Duong is co-chair of the Technical Working Group for

Primary Healthcare Strengthening with the Vietnam Ministry of Health. This multi-stakeholder working group provides technical expertise, coordination of investments, and management of activities relating to building and scaling innovative primary healthcare delivery models for the country.

Duong received his MD from Harvard Medical School and completed his internal medicine residency at the Brigham and Women's Hospital, where he is a primary care physician. In 2018, the World Health Organization named Duong one of 21 Young Leaders in Primary Care. He is a member of the World Economic Forum's 2020 Global Future Council on Health and Healthcare, co-president of the Harvard Alumni Association in Vietnam, and a former Fulbright Research Scholar.

#### **Q. What brought you to the Center for Primary Care and Social Change?**

**A.** I initially came to the Center as part of the inaugural Student Leadership Committee back in 2010 when it was launched. I found the community engaging and lots of excellent mentorship. That is the reason why I stayed. My experience with the CPC influenced my career decision to combine my interests in global health and health systems with primary healthcare delivery.

#### **Q. What is the focus of your work as director of the Program in Global Primary Care?**

**A.** The Program in Global Primary Care and Social Change (PGPCSC) recently drafted a vision statement that lays out our goals for the next four years. Our goal, as expressed in this statement, is for the Program “to play a catalytic role in the global effort to achieve Universal Healthcare (UHC) by 2030 by building on the global movement and commitment for Primary Healthcare (PHC), expanding Harvard's network of relationships and partnerships to accelerate knowledge creation, and through innovation in education and healthcare delivery.”

The PGPCSC aims to achieve this goal through four pillars of programming:

- Inspiring and Training Future Leaders in UHC and PHC
- Convening and Creating Learning Collaboratives and Community
- Developing New Partnership Models
- Conducting Research on How to Scale Innovative Models of Care Delivery

The generation of new knowledge will be an integral component in each of these areas, enabling the PGPCSC to disseminate our work to a larger audience, establish the Program as a leading voice for achieving UHC through Universal Primary Care, and maximize the Program's impact in local, national, and global communities.

The focus of my efforts as program director is, and will continue to be, on achieving these goals.

**Q. What are two central achievements of the Center that have critically informed your work in global primary care?**

**A.** Some of our central achievements include:

- The Center's role in inserting primary healthcare into the education curriculum for medical students at HMS and into longitudinal experiences at clinic sites, and increasing the importance of primary healthcare as critical to the healthcare delivery system. I took these lessons to Vietnam and we introduced them into the national curriculum there. In particular, we adapted the HMS Practice of Medicine course for MD students and introduced it within the Vietnamese context.
- The research Erin Sullivan, the Center's director of research and curriculum, has done on high-performing PHC systems domestically and around the world, and seeing what themes we can pull out to inform our work at the national and subnational level in different countries, backed with evidence. [Sullivan was profiled in the Q&A section of the last stewardship report of March 2019.]

**Q. Given your experience with the Center over its first decade as a student, a resident, and now a faculty member, can you speak to the Center's global impact in the years to come?**

**A.** We will strive to become a focal point or hub for high-quality, high-performing primary healthcare delivery—a virtual and physical place that can study, research, and disseminate innovative ideas on primary healthcare delivery that leverage the experience of HMS and Harvard University. Additionally, the CPC will be a convener for frontline health workers—from community-based, national, and multinational organizations—who are passionate about high-quality, high-performing primary healthcare delivery. The CPC will be a place for health workers to meet, share, disseminate, and work together. I also envision the CPC as a convening space for students, trainees, and junior faculty at Harvard and across our affiliate hospitals who are passionate about primary healthcare delivery. For this community, the CPC will provide a space to come together, nurture, and support our collective ideas and careers, and mentor each other.

# AHRQ Federal Grant: Closing the Loop on Diagnostic Tests, Referrals, and Symptom Evaluation

The Center was recently awarded 2.4 million dollars to facilitate a four-year project aimed at closing the loop. Diagnostic errors in primary care often are due to failures to follow up (“close the loop”) on diagnostic tests, referrals, and symptoms. More specifically, (1) diagnostic tests and referrals often are not completed, (2) results of diagnostic tests and referrals often are not conveyed to patients and their primary care physicians, and (3) primary care physicians frequently are not informed when symptoms evolve that could alter a diagnosis. Diagnostic errors are costly and can be attributable to failures or delays in follow up on diagnostic testing, referrals, and patient symptoms. To address these gaps, our multidisciplinary team of clinicians, systems engineers, and patients are employing an engineering life cycle to design systems that decrease the number of associated diagnostic errors by preventing each of these types of failures in a large primary care practice.

## Principal Investigators

**Russell S. Phillips**, Director, Center for Primary Care, Harvard Medical School

**Gordon D. Schiff**, Associate Director, Center for Patient Safety Research and Practice, Brigham and Women’s Hospital

**James C. Benneyan**, Director, Healthcare Systems Engineering Institute, Northeastern University College of Engineering

## Project Sites

**Primary Site:** Beth Israel Deaconess Medical Center (BIDMC) Healthcare Associates (HCA)

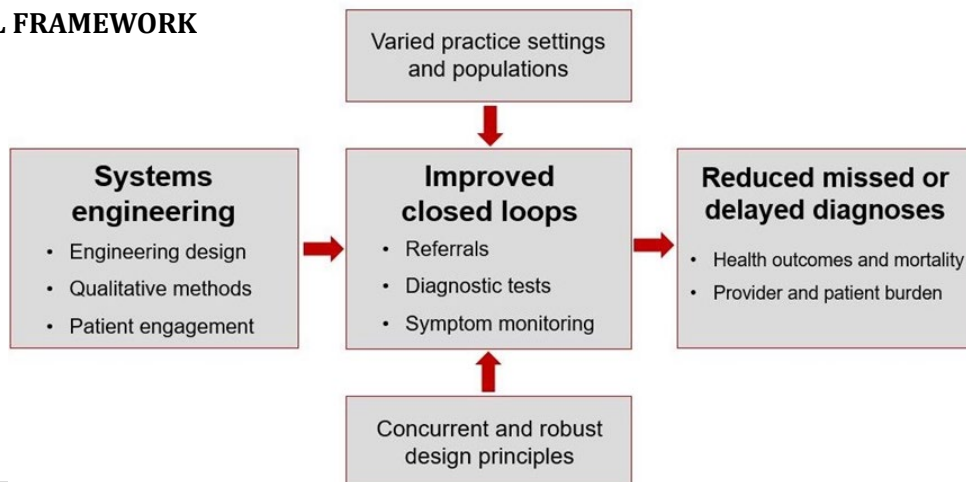
**Secondary Site:** Bowdoin Street Health Center

**Secondary Site:** Teladoc, Inc.

## AIMS

1. Design, develop, and refine highly reliable “closed loop” systems for diagnostic tests and referrals that ensure these occur within clinically- and patient-important timeframes;
2. Design, develop, and refine a highly reliable “closed loop” symptom monitoring system to ensure clinicians receive information about evolving symptoms of concern; and
3. Ensure broader generalizability of results of Aims 1 and 2 by ensuring these new processes are effective in a community health center in an underserved community, a large telemedicine system, and a representative range of simulated other health system settings and populations.

## CONCEPTUAL FRAMEWORK



## Publications (2018-2019)

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Rotenstein L., Perez K., Wohler D., Sanders S., Im D., Kazberouk A., **Phillips R.S.** (2019). Preparing health professions students to lead change. *Leadership in Health Services*, 32, 182-194.

**Baum A, Song Z, Landon BE, Phillips RS, Bitton A, Basu S.** (2019). Healthcare spending slowed following state regulation of commercial insurers through Rhode Island's affordability standards. *Health Affairs*, 38, 237-245.

Mahan, K., & **Alpert, J.L.** (2018). Robert Tepper, MD: Paving a New Path to Patient Impact. Boston, MA USA: Harvard Medical School Center for Primary Care.

**Dwiel, K., Hesketh, M.A., Alpert, J.L., Cellini, J., Goodell, K., Phillips, R.S., Sullivan, E.E.** (2019). The Impact of Oral Health Training for Primary Care Clinicians: A Systematic Review. *Family Medicine*, 51(3), 251-261.

**Basu S, Phillips RS, Song Z, Bitton A, Landon BE.** (2018) Finance and time use implications of team documentation for primary care practices under alternative payment systems: A microsimulation model. *The Annals of Family Medicine*, 16, 308-313. PMID 29987078.

Chien AT, Kyle MA, Peters AS, Nguyen KH, Rosenthal MB, Tendulkar S, Singer SJ. (2018) Establishing Teams: How Does It Change Practice Configuration, Size, and Composition? *Journal of Ambulatory Care Management*, 41(2), 146-155.

Meyers, D.J., Chien, A.T., Nguyen, K.H., Li, Z., Singer S.J., Rosenthal, M.B. (2018). Association of TeamBased Primary Care with Healthcare Utilization and Costs among Chronically Ill Patients. *JAMA Internal Medicine*. Published online Nov 2018.

**Sullivan, E. E., Arabadjis, S., Alpert, J., Ellner, A.** (2018). Culture: The Unexpected Key to Exemplary Primary Care. *Journal of Organizational Psychology*, 18(5), 108-120.

**Singer SJ,** Kerrissey M, Friedberg M, **Phillips RS.** (2018). A comprehensive theory of integration. *Med Care Res Rev*. PMID29606036. [E-publication ahead of print] [A copy of this article

**Basu S,** Berkowitz SA, Phillips RL, **Bitton A, Landon BE, Phillips RS.** (2019). Association of Primary Care Physician Supply and Population Mortality in the United States, 2005-2015. *JAMA Internal Medicine*.

TL Henry, S Petterson, **RS Phillips,** RL Phillips, A Bazemore. (2019). Comparing Comprehensiveness in Primary Care Specialties and Their Effects on Healthcare Costs and Hospitalizations in Medicare Beneficiaries. *Journal of General Internal Medicine*, 34 (12), 2708-2710.

**K Dwiel, T Weilnau, L Hunt, J Azzara, R Phillips, E Sullivan** (2019). Building Improvement Capacity to Create Strong, Effective Primary Care Teams in Community Health Centers. *Joint Commission Journal on Quality and Patient Safety*.

Wells RE, Kerr C, Dossett ML, Danhauer SC, **Phillips RS....** (2019). Can Adults with Mild Cognitive Impairment Build Cognitive Reserve and Learn Mindfulness Meditation? Qualitative Theme Analyses from a Small Pilot Study. *Journal of Alzheimer's Disease*, 1-18.

S Ticku, **E Sullivan, R Phillips,** J Savageau, H Silk, C Riedy. (2018). Center for Integration of Primary Care and Oral Health (CIPCOH): Year 1 Research Review. 2018 *IG Pre-Conference Sessions*.

H Wang, A Baum, **Z Song, B Landon, R Phillips, A Bitton,** S Basu, (2018). Changes in Health Care Spending and Quality Following the Adoption of Insurance Affordability Standards in Rhode Island. *7th Annual Conference of the American Society of Health Economists*.