2012 Annual Report
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Mission Statement

Lack of access to affordable health care affects a large proportion of the East Harlem Community. Since its creation in 2004, the East Harlem Health Outreach Partnership (EHHOP) has been committed to providing high quality primary and preventative health care at no cost to uninsured residents of East Harlem. It is our mission to offer our patients confidential, compassionate care in a safe and respectful environment. We aim to establish collaborative relationships and shared goals with our patients. By emphasizing shared goals between patient and provider, EHHOP patients are encouraged to participate actively in their own physical and emotional well-being. We work with many partners within the Mount Sinai Medical Center (MSMC), in the East Harlem Community, and in the greater New York City area to help us achieve these patient-centered goals. As medical students, we are committed to serving our patients' health care needs in a comprehensive and holistic way, as well as to expanding our own knowledge, skills, and ability to practice patient-centered medicine.
A Message From EHHOP’s Medical & Program Directors, Dr. David C. Thomas and Dr. Yasmin S. Meah

This year EHHOP experienced tremendous growth in volume and quality of services. We provided a record number of patient visits in the history of the clinic; this is due to our expansion of integrated specialty services, such as mental health, as well as to our strong commitment to providing longitudinal interdisciplinary care to patients afflicted with chronic diseases. Quality improvement was a central focus of efforts. The outcome was a number of innovations that have dramatically transformed clinic flow, staffing and patient navigation of benefits and referrals: a smartphone app to assist clinicians at the point-of-care to understand the systems-flow of benefits enrollment and access to specialty services; a novel ambulatory care sign-out system to assist student clinicians in the responsible transition of care; patient reminder systems to minimize no-shows; and an enhanced patient navigator program emphasizing continuity between student providers and patients to minimize patient confusion in attending specialty care appointments across the hospital. Students have taken on other striking initiatives to improve the health of our patients such as a free, bilingual exercise program to get our patients moving through zumba, yoga and walking in local Central Park and enhanced self-management through weekly “El Grupo” meetings led by mental health providers and students. The Patient Advisory Group has continued to provide invaluable insights on how to improve our services. Students disseminated scholarship on these efforts widely with an unprecedented volume of representatives at the national meetings of the Society for Student Run Free Clinics and the Society for General Internal Medicine.

Finally, long-term stability was a principal focus of the leadership this year with the culmination of EHHOP’s first-ever Advisory Board. Bringing together community stakeholders and experts from several disciplines, the Advisory Board promises to stabilize our mission to serve the medically vulnerable and teach students the value of learning through service while enhancing our vision of sustained growth, high quality care and continuity. We are thrilled to forge ahead with this new collaboration and look forward to continued student-driven progress and transformation.
Health of East Harlem

According to the 2011 NYC Department of Health and Mental Hygiene Community Health Survey, East Harlem residents continue to experience challenges in accessing care, poorer perception of personal health status, and greater morbidity from chronic illness than the rest of Manhattan. In terms of access to care, 17.6% of East Harlem residents surveyed had no insurance, compared to 15.6% in Manhattan as a whole, and 44.2% had no primary care provider compared with 18.4% in Manhattan as a whole. For 19.9% of the East Harlem population necessary medical care had to be deferred during this year vs. 11.2% in Manhattan as a whole.

East Harlem residents report worse self-perception of overall health. Thirty-three percent of East Harlem residents reported their health was fair or poor, which contrasts with the bordering neighborhood of the Upper East Side, where only 8.8% report fair or poor health. Preventative screening rates were also reduced in East Harlem; for instance, colon cancer screening occurred in 60.9% vs. 71.5% in Manhattan as a whole and 50.4% received the flu vaccine compared to 60.2% in Manhattan. Chronic illness morbidity was also significant within East Harlem compared to Manhattan as a whole. For instance, 13.3% suffer from Diabetes, 34.7% from high blood pressure, 41.8% from high cholesterol, and 25.2% from asthma. Over thirty percent of the population is obese compared to 13.9% in Manhattan, with greater obesity rates in the Black and Latino residents. Six of the top 10 causes of death in East Harlem residents result from the complications of chronic disease.

Source: 2011 NYC Department of Health and Mental Hygiene Community Health Survey
Overview of EHHOP Clinic Structure

East Harlem Health Outreach Partnership

Medical Clinic

- Social Work
- Nutrition
- Nursing
- Mental Health Clinic
- Women’s Health Clinic
- Opthalmology Clinic
Year in Review

Over the past year, EHHOP has redoubled its focus on service expansion. We strive to achieve an increasingly patient-centered medical home with organizational sustainability, so that the endeavor can provide high quality patient care for years to come.

2012 Accomplishments at a Glance

- Patient care
  - Approximately doubled the number of clinic visits.
  - Secured free or low cost MRIs, CT scans, mammograms, breast ultrasounds, colonoscopies, dental care and hearing aids for EHHOP patients through coordination with select Mount Sinai specialty departments.
  - Established relationship with Mount Sinai’s Financial Service Office to provide faster track to referrals for EHHOP patients requiring specialty care.
  - Developed and introduced mobile phone app to relay specialty referrals protocols, costs, and wait times to EHHOP providers at point of care.
  - Launched free, bilingual exercise program for EHHOP patients.
  - Doubled size of interpreter program, expanded language services to all clinics and outreach programs and ran first interpreter training course in coordination with Mount Sinai’s Medical Spanish program.

- Education and research
  - Established and formalized a curriculum for the Chronic Care program.
  - Initiated work on seven new research studies and achieved significant progress on two existing studies.
  - Conducted two oral presentations and eleven poster presentations at national and regional conferences.

- Clinic sustainability and organization building
  - Transitioned to a new & improved website (icahn.mssm.edu/ehhop) and expanded social media presence on Google Sites, Facebook, and Twitter.
  - Initiated EHHOP Alumni Relations initiative, including collaboration with Mount Sinai’s Alumni Relations and Development offices and circulation of the EHHOP alumni newsletter.
  - Recruited and established inaugural EHHOP Advisory Board.
New Initiatives

Referrals Managers & App Development
This year, seven first year medical students were recruited as an inaugural Referral Management team to oversee the extensive specialty referrals process at EHHOP. The managers worked with the Access to Care Team, Patient Ambassadors, Teaching Seniors, and EHHOP clinicians to ensure that patients were able to complete specialty referrals in a timely manner.

Referral managers collaborated extensively with specialty departments at Mount Sinai to investigate the barriers to specialty care that EHHOP patients face; as these managers represented a single, consistent liaison between EHHOP and Mount Sinai specialty departments, this collaboration was more successful than in previous years. Using the information they collected, referral managers developed strategic protocols to streamline the process of completing specialty referrals from a clinician’s first meeting with their patient to the patient’s attendance of his/her appointment. These protocols, together with the cost, wait time, and requirements for specialty appointments, were coded into a novel smart phone app that EHHOP clinicians can now use to make referrals in clinic.

Expanded ACT training
In 2010, EHHOP recognized the need for greater follow-up for EHHOP patients who have needs outside of the services that EHHOP delivers. To address this need, the Access to Care Team (ACT) was founded to help EHHOP patients navigate the specialty care referrals process, link patients to community resources, screen patients for insurance eligibility and assist with outstanding medical bills. For the first time in 2012, the selection process for this team was competitive, to limit the size of the team to a group that could communicate effectively about patient care and thus maintain improved longitudinal follow up. Twelve first year student members were selected. They all underwent a restructured training program consisting of one-on-one shadowing for an entire day in clinic, 6 group classroom training sessions and continued weekly management by the EHHOP Benefits Chair and the Referrals Chair. Increased training and management of ACT members increased the capacity of the ACT members and have made them an integral part of the EHHOP care team. ACT members frequently collaborate with EHHOP clinicians, Mount Sinai Specialty care departments and Mount Sinai financial departments to provide services to our patients that extend beyond EHHOP’s walls.
New Initiatives, Continued

Exercise Program
In the fall of 2012, EHHOP students launched a free, bilingual exercise program for patients. Twenty-five patients are currently enrolled. Two classes, led by medical students, are offered each week: the Walking Group takes patients for a brisk stroll around the Central Park Reservoir, and the indoor Fitness Class teaches patients aerobic exercises that can be practiced at home. Such wellness programming is a convenient and crucial option for patients who are prescribed exercise as part of treatment regimens for various metabolic conditions. The groups create a fun and safe social space that aims to make physical activity and lifestyle modification a less daunting task for our patients. For the upcoming year, we hope to launch Zumba and yoga classes, and to collaborate with the EHHOP nutritionist in order to create an integrative “healthy diet and living” curriculum for pre-diabetic patients.

Patient Ambassadors Program
In October 2012, EHHOP launched the Patient Ambassadors Program to advocate for patients referred for specialty care outside of EHHOP. Previously, patients encountered numerous barriers to care in Mount Sinai specialty clinics, including erroneous co-pays or rejection of charity care status. Language and health literacy barriers were especially difficult for our most vulnerable patients to overcome. These barriers frequently led to long delays in effective treatment.

Patient ambassadors are medical and graduate students who help patients with the numerous logistics of referral appointments. They walk patients to appointments, greet front desk staff to sign in patients and ensure payment proceeds smoothly, and assist in coordinating follow-up care. All patients who receive referrals for specialty care are now offered the option of being accompanied by a Patient Ambassador. Since the program’s inception, Patient Ambassadors have helped 12 patients receive specialty care.
New Initiatives, Continued

Chronic Care Curriculum
This year, EHHOP continued to make substantial leaps in the expansion and improvement of the Chronic Care program. This year’s Chronic Care program included 17 senior clinicians and 14 teaching seniors who provided longitudinal care for approximately 51 patients. Each clinician team was responsible for the management of an average of 3 patients, under the mentorship and supervision of our program director. Students were required to attend didactic sessions that focused on topics relevant to chronic care in an underserved setting. Topics included the following: introduction to health care maintenance; cost-effective management of hypertension, diabetes, and hyperlipidemia; practical EKG interpretation skills; nutrition counseling; depression screening and management; identifying victims of torture.

Medical Interpretation Course
The EHHOP Spanish Interpreter Program provides language assistance for our many Spanish-speaking patients by supplying onsite interpreters each clinic day. The interpreter team doubled in size during 2012, drawing students and staff from the medical school, graduate school, and hospital. Incoming interpreters were required to participate in a new six hour training course. Participants studied the EHHOP patient population, interpretation techniques and ethics, medical Spanish vocabulary, and practiced interpreting in interactive scenarios. After the course, self-reported comfort with interpreting and understanding of roles in clinic significantly increased. As the team grew, the program expanded to provide consistent language services to all ancillary clinics, including Mental Health, Ophthalmology, and Gynecology, as well as programs such as the Access-to-Care Team and the Aerobic Fitness Class. In addition, support for the medical clinic was expanded by providing up to three interpreters a day. In the future, we hope to improve recruitment and training, advocate more actively in clinic for patients with language needs, and expand our language capabilities.
New Initiatives, Continued

Collaboration with Department of Medical Education on physician recruitment

Many of EHHOP’s volunteers come from the Department of Medical Education. In 2012, EHHOP leadership and the Quality Improvement Council worked closely with the medical school leadership to address persistent difficulties in physician recruitment. As part of the proposed solution to these difficulties, Dean of Medical Education, Dr. David Muller, worked with our leadership to offer several faculty incentives for volunteerism at EHHOP, including secondary appointments to the Department of Medical Education, Institute for Medical Education service credit, departmental service credit and faculty awards for service and teaching. These incentives were broadcast through a faculty-wide email. Since this communication, EHHOP has experienced a number of new physician volunteers, and physicians now sign-up well in advance of scheduled dates. Previously, physicians offered to volunteer precept an average of 28 days before their scheduled dates; now, physicians volunteer more consistently, an average of more than 40 days before scheduled. We hope that this enthusiasm indicates the potential for a consistent, broad base of volunteers and increasing visibility for EHHOP within the Mount Sinai community.

Advisory Board

Under the advisement of Mount Sinai’s Development Office and leaders of successful local non-profit organizations, EHHOP established its first Advisory Board. Financial sustainability represented an important goal for the 2012-2013 Steering Committee, and the possibility of creating an Advisory Board to help EHHOP generate a strategic approach toward this goal emerged as early as April 2012. Throughout the summer of 2012, EHHOP leadership held a number of meetings to assess the acceptability and feasibility of this endeavor. These meetings included regular Steering Committee meetings, a Vision Retreat with EHHOP alumni and a meeting with Geoffrey Canada, president and CEO of the highly successful Harlem Children’s Zone. The EHHOP leadership worked closely with Mount Sinai’s Development Office through the fall and winter on Advisory Board recruitment. By early 2013, EHHOP recruited its first Advisory Board comprised of individuals from diverse professional backgrounds, including medicine, law, public health and finance. The first meeting is scheduled for March 2013.
EHHOP achieved 1,173 patient visits this year, an increase from 710 in 2011. We served 225 individual patients, an increase from 188 in 2011. As EHHOP has continued to advance its chronic care model, 45% of these visits were return visits. Patients were seen in clinic an average of 5.2 times, up from 4 times the previous year. Many of the 225 individual patients we treated in 2012 were young, working, Latino immigrants living below the poverty line. A significant portion of EHHOP patients were also American-born citizens who did not receive health benefits through their low-wage employment, but made too much money to qualify for Medicaid.

### EHHOP VISITS 2004-2012

- **2004**: 278 visits
- **2005**: 388 visits
- **2006**: 363 visits
- **2007**: 392 visits
- **2008**: 458 visits
- **2009**: 489 visits
- **2010**: 624 visits
- **2011**: 710 visits
- **2012**: 1,173 visits

**Notes:**
- Visits: **Visits**
- Discrete Patients/yr: **Discrete Patients/yr**
The average age of EHHOP patients was 43 years, and 56% were female. The most common diagnoses at each encounter were health care maintenance, diabetes, depression, high blood pressure, and high cholesterol. These conditions, as in most urban primary care clinics, are consistently the most common reasons for healthcare visits at EHHOP since its opening nine years ago. However this year there was a notable increase in healthcare maintenance diagnoses, likely due to evolution of EHHOP’s model from an urgent - transitional care model to a chronic care- preventative care model. Diagnoses of depression also increased, likely due to the expansion of EHHOP`s mental health clinic, increased interdisciplinary collaboration between the mental health and medical clinic and augmented use of screening tools such as the Patient Health Questionnaire nine item depression scale (PHQ-9).

### Patient Snapshot (2012)

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<tr>
<td># of Patients in 2012</td>
<td>225</td>
</tr>
<tr>
<td>Total Patient</td>
<td>1,173</td>
</tr>
<tr>
<td>Encounters</td>
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<tr>
<td># of Female Patients*</td>
<td>126</td>
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<td># of Male Patients</td>
<td>99</td>
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### Top 5 Encounter Diagnoses

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<tbody>
<tr>
<td>Health Maintenance</td>
<td>202</td>
</tr>
<tr>
<td>Diabetes</td>
<td>195</td>
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<tr>
<td>High Blood Pressure</td>
<td>122</td>
</tr>
<tr>
<td>High Cholesterol</td>
<td>113</td>
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<tr>
<td>Depression</td>
<td>90</td>
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### Encounter Types (2012)

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<th>Encounter Type</th>
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<tr>
<td>GYN Follow-Up Visit</td>
<td>35</td>
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<td>GYN Initial Visit</td>
<td>9</td>
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<tr>
<td>Labs Only</td>
<td>156</td>
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<tr>
<td>Mental Health Initial Visit</td>
<td>21</td>
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<tr>
<td>Mental Health Return Visit</td>
<td>96</td>
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<tr>
<td>Medical Initial Visit</td>
<td>155</td>
</tr>
<tr>
<td>Medical Quick Visit</td>
<td>176</td>
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<tr>
<td>Medical Return Visit</td>
<td>354</td>
</tr>
<tr>
<td>Nutrition Visit</td>
<td>5</td>
</tr>
<tr>
<td>Ophtho Initial Visit</td>
<td>19</td>
</tr>
<tr>
<td>Ophtho Follow-Up Visit</td>
<td>27</td>
</tr>
<tr>
<td>Social Work Initial Visit</td>
<td>68</td>
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<tr>
<td>Social Work Return Visit</td>
<td>52</td>
</tr>
<tr>
<td><strong>Grand Total Visits</strong></td>
<td>1173</td>
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Financial Highlights

In 2012, EHHOP totaled $42,197.88 in revenue and $49,539.54 in expenditures. Main revenue sources were from the annual Fast-a-thon, the Brick Church and Atran Grants, the Advancing Idealism in Medicine award, and the Annual Letter Writing Campaign. This year’s Fast-a-thon raised a record $11,544, up from last year’s $9,777. Faculty, Departmental, and Alumni donations account for a significant proportion of EHHOP revenue.

Due to anticipated declines in grant funding including yearly sustainer, the AAMC Caring for the Community Grant, increased efforts were placed in developing new relationships with the Alumni Office and the Development Office at Mount Sinai, as well as applying for new sources of funding through grants that support free clinics in New York. New grants from the Brick Church and the Advanced Idealism in Medicine Award are among our proudest achievements this year.

EHHOP continues to receive invaluable support from the Icahn School of Medicine and the Mount Sinai Hospital. The School of Medicine donates administrative personnel and accounting/financial services, and the Mount Sinai Hospital’s Internal Medicine Associates, Ophthalmology, OB/GYN, Clinical Laboratory, Pathology and Radiology departments donate clinical space, supplies, laboratory, and radiologic services.

Numerous Mount Sinai physicians, including a large number of faculty from the Departments of Medicine, Geriatrics, OB/GYN, Psychiatry, and Ophthalmology offer care at no cost or at reduced costs. An estimated value of these donated services provided is included below:

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<tr>
<td>710</td>
<td>258 students + 45 physician = 303 vol.</td>
<td>4,700 (student)+ 300 (provider) = 5,000 hrs</td>
<td>$125,00 (students)(^1) + $275,000 (provider)(^2) = $400,000</td>
<td>$10,704</td>
<td>Unknown</td>
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Financial Highlights, Continued

The Icahn School of Medicine at Mount Sinai Student Council and the Alumni Council donated a total of $8,100 in 2012 for volunteer development and education. These funds have allowed EHHOP to focus nearly all of its fundraising on patient care including social work, nutrition, medications, and specialty referrals. In 2012, we used 93.8% of donations, fundraising earnings, and external grants for patient services, 4.8% for conference travel and 1.4% for general operation expenses.

Expenditures this year increased significantly, driven primarily by an increase in pharmacy spending to $31,902.08, up from $22,875.00 in 2011. This increase in pharmacy spending paralleled an increase in clinic volume. Further fundraising endeavors will focus on covering increased pharmacy costs, and is a priority to be addressed by EHHOP’s inaugural Advisory Board.

<table>
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<tr>
<th>EHHOP Revenue: 2012</th>
<th>EHHOP Expenditures: 2012</th>
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<tr>
<td><strong>Grants</strong></td>
<td><strong>Patient Services</strong></td>
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<tr>
<td>Atran Foundation Grant</td>
<td>Pharmacy $31,902.08</td>
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<tr>
<td>Brick Church Grant</td>
<td>Social Work Services $13,772.37</td>
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<td></td>
<td>Nutrition $2,251.07</td>
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<td>Advancing Idealism in Medicine Award</td>
<td>HIV Testing $885.75</td>
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<tr>
<td>Individual Donations</td>
<td>General operations, supplies, misc. $728.27</td>
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<tr>
<td>Amazon Donations</td>
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<tr>
<td></td>
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</tr>
<tr>
<td>Amazon Gift-Card Donation from Dept. of Medical Education</td>
<td>TOTAL EXPENSES, 2012 $49,539.54</td>
</tr>
<tr>
<td>TOTAL REVENUES, 2012</td>
<td></td>
</tr>
<tr>
<td>$42,197.88</td>
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Clinical Care

EHHOP continues to strengthen existing clinical services through the provision of comprehensive, patient-centered care that prioritizes provider continuity and multidisciplinary teamwork. While EHHOP remains a medical home for every one of our patients, we have made strategic strides to improve the structure and delivery of care to those living with chronic illness through the sustained development of the Chronic Care and Teaching Senior Programs.

The Chronic Care Program

This year, Chronic Care Senior Clinicians comprised a total of 16 students: 5 third-year MD track students participating in the InterACT clerkship, 6 third-year MD track students exclusively in the EHHOP Chronic Care Program, and 5 MD/PhD track students in their PhD years. We increased the total number of Chronic Care patients from 42 to 52 after identifying both newly and previously established patients with complex medical conditions that required frequent dedicated follow-up. Chronic Care Seniors had "check-in" meetings with the Chief Teaching Senior and Dr. Yasmin Meah to formulate short- and long-term clinical management goals, discuss patient specific barriers to care, and reflect on their own abilities to advocate for patient panels. Building off of last year's accomplishments, this year's Chronic Care Seniors truly assumed the role of primary care provider. They coordinated longitudinal care within a diverse team that included physicians, social workers, nutritionists, and mental health providers. Recognizing a critical need to provide closer follow-up for challenging patients with uncontrolled diabetes or low health literacy, we developed a protocol for Chronic Care Senior co-management with our Nurse Practitioner. As a result, our patients received greater one-on-one diabetic teaching and behavioral counseling to improve self-management of diabetes through understanding and adherence to medications, dietary changes, and other lifestyle modifications. The above measures sought to encourage continued inter-provider collaboration, communication, and safe patient handoffs to improve clinic accountability, remove barriers to care, and promote holistic patient well-being.

Interclerkship Ambulatory Care Track (InterACT):

EHHOP continued to serve as a major clinical site for the InterACT clerkship. Five InterACT students participated in the EHHOP Chronic Care Program this year, providing longitudinal care to a panel of patients with complex chronic illness. EHHOP remained a highly rated InterACT clinical site, allowing participants to directly advocate and care for their patients. The InterACT clerkship is funded by a grant from the Josiah Macy Jr. Foundation. Substantial funds from the grant support dissemination of EHHOPs scholarly efforts.
Clinical Care, Continued

MD/PhD Program
EHHOP remains a critical venue in which MD/PhD students in their PhD phase engage directly in the care of our patients as Senior Clinicians. As in previous years, a select few MD/PhD students also participate in the Chronic Care Program, and were given extra curricular support and in-clinic training if they have not yet their third year clinical rotations. They worked closely with the Student Education Chair and fourth-year Teaching Senior mentors to strengthen their knowledge and skills in primary care topics relevant to our EHHOP patient population.

Interdisciplinary Rounds
Striving to meet the primary care medical home model, EHHOP provides access to a range of services to support our patients in both their medical and social needs. To help care for complex patients who interface with multiple services within EHHOP, we held two sessions of Interdisciplinary Rounds this year in which our providers and colleagues from mental health, nutrition, and social work met with the medical teams to discuss co-management and interdisciplinary care with particular focus on patients with complex behavioral issues. The success of interdisciplinary rounds was experienced this year when one of our patients, with diabetes that had been out of control for over 5 years, had a substantial drop in her hemoglobin A1c after her chronic care student utilized the strategies suggested by our mental health team and nutritionist.
Clinical Care: Teaching Senior Program

There were 15 total Teaching Seniors (TS) this year: 11 Medical Clinic TSs, 3 Gynecology Clinic TSs, and 2 Ophthalmology Clinic TSs. TSs continue to assume the role of senior medical students who 1) promote continuity of care, 2) assure high quality, cost-conscious care, and 3) serve as dedicated mentors to junior medical students, especially Chronic Care Seniors.

In an effort to improve weekly patient handoffs and streamline communication between TSs and our supervising physicians, TSs send their weekly “sign-ins” the Friday before clinic to physician preceptors, the Chief TS, and Dr. Meah. As in the previous year, these sign-ins contain a succinct yet detailed assessment and plan for each patient being seen that week, and are created through after extensive chart review and coordination with Chronic Care Seniors for patients who participate in this program. Recently, through a partnership with EPIC and Information Technology, we have optimized the TS “sign-out” process. TSs create detailed sign-outs at the end of clinic day, containing patient results and updated plans of care that gets handed off to future TSs. In an effort to make these plans more visible in patient charts and decrease the amount of time spent triaging and pre-rounding on patient charts, we have included a special “TS sign-out” section in EPIC.

In recognition of the numerous ancillary services and referrals that patients often receive, the TS works alongside the ACT and Referrals Teams prior to clinic, to prioritize urgent patient needs and coordinate necessary patient navigation services. The day of clinic, the TS now “pre-rounds” with the ACT team in order to check-in with each clinic team and inform them of what other services their patients may need (i.e.: a dental referral or transition of care to another clinic). This has greatly improved continuity of the comprehensive clinical care we provide our patients, emphasizing the dire need for better follow-up of services in our patient population. In a similar vein, TSs have made it a priority this year to have in-clinic check-ins with Social Work, Nutrition, Nurse Practitioner, and Mental Health providers, who together form a team of crucial multidisciplinary partners.

TSs have worked closely with the Pharmacy Chair this year to promote the high-value, cost-conscious prescribing. This project not only included updating our formulary to include the most recent prices for all commonly prescribed medications, but also designating additional “preferred” EHHOP medications based on available evidence and cost parameters. Educating our students and staff on how to prescribe safely and intelligently in a limited resource environment has always been EHHOP’s philosophy.
Clinical Care: Teaching Senior Program, Continued

This year, TSs have started to include targeted “clinical pearls” in pharmacology, the purpose of which is to introduce student clinicians to appropriate first- and second-line drugs for medical conditions frequently encountered in clinic, such as diabetic neuropathy or GERD. It is our hope that TSs can also incorporate teaching about the cost of labs and other diagnostic exams, such as imaging, into informal and formal teaching opportunities.

TS Quick Visits

TS Quick Visits have increased in both number and the scope of purpose. Last year, these visits prioritized brief encounters for patients with chronic illness who required a blood pressure check, diabetic fingerstick review, or medication titration in between their regular clinic visits. This year, TSs conducted 156 Quick Visits, compared to approximately 20 Quick Visits last year. The purpose of the visits now includes: transitions of care coordination for patients being discharged, urgent follow-up for an acute medical issue, and colonoscopy preparation instruction.

Labs TS

The Labs TS position continues to assist the primary Head TS with all lab and in-clinic procedures, such as phlebotomy, pap smears, urine testing, rapid HIV testing, and EKGs. All TSs, including Gynecology and Ophthalmology clinic TSs, participate as Labs TS.
Clinical Care: Teaching Senior Program, Continued

Becoming a Medical Teacher

All Medical Clinic TSs this year participated in a two-day training course taught by Dr. Rainier Soriano, focused on teaching skills development and adult learning. Each TS recorded at least two of their four morning didactics, ideally teaching the same lesson twice. They then met with Dr. Soriano for feedback and an individualized plan to improve areas such as small group facilitation and content delivery. Beyond morning didactics, TSs were also called on to teach in other settings, such as Clinical Skills Night, Radiology Seminars, and other non-clinic didactics.

Chronic Care Program Mentorship: All 11 Medical Clinic TSs were individually paired with a Chronic Care Senior in order to supervise and guide the clinical care of their patient panels. As mentors, they provided regular feedback on patient care plans, were involved in important aspects of clinical decision-making for their mentee’s panel (comprised of 3-4 patients), and provided teaching points on evidence-based primary care medicine. Of note, these TSs were also responsible for these patients during the few summer months prior to the selected Chronic Care Senior assuming primary care provider as a third-year medical student. They were also charged with meeting regularly with their Chronic Care Senior to evaluate short- and long-term goals and offer advice and encouragement. They also liaise with Dr. Meah and the Chief TS to assure appropriate continuity of care.
Ancillary Services

Mental Health Clinic

The mental health clinic continued to provide excellent care for EHHOP patients in 2012. This year, twenty-one new patients were referred to the clinic and ninety-six follow-up visits occurred to address a range of psychiatry issues including anxiety, depression and posttraumatic stress disorder. This year, our clinic was well staffed by three psychiatry residents (Caitlin Stork, Hiwot Woldu, and Diana Samuel), who dedicated their time at the clinic learning to care for the mental health needs of underserved communities. In addition to residents, Daniela Sloninsky and Danielle La Rocco, both fourth year medical students, served as Mental Health Seniors where they conducted and coordinated the mental health care for a panel of EHHOP patients, with mentorship and guidance from Dr. Craig Katz and the residents. This year, the mental health clinic managers, Anees Benferhat and Hilary Haimes, worked to streamline the referrals process and communication with the medical teams, to ensure coordinated, interdisciplinary care. The mental health clinic managers also gave junior clinicians the option to write the sign-out note to the TS, which helps create a dialogue between the clinician and the junior about the patient, his or her problems, and treatment. In addition to the twice-monthly Saturday clinics, the mental health team continued to run El Grupo, a weekly group session for Spanish speaking patients with depression.

Ophthalmology Clinic

Under the guidance of Dr. Tamiesha Frempong and our dedicated student team consisting of Shaily Shah and Chris Lo as teaching seniors, and Anna Darby and Sonya Makhni as clinic managers, EHHOP's monthly ophthalmology clinic continued its outstanding work providing diabetic retinopathy screenings and evaluation of urgent ophthalmological complaints for eighteen new patients and twenty-seven follow-up patients in 2012. This year, the ophthalmology team solidified our partnership with New Eyes for the Needy, a voucher-based program that enables those in financial need to purchase new eyeglasses, resulting in 15 patients receiving needed prescription eyeglasses. Our student leaders and referrals team also served as great advocates for a patient in need of cataract surgery by working with ophthalmology attendings and the REAP office to schedule the surgery at a low cost.
Ancillary Clinics, Continued

Women's Health Clinic
The women's health clinic had a busy year, with forty-four patient encounters during eleven clinic sessions in 2012. Of the forty-four patient encounters, 35 patients were seen for follow-up of their gynecology issues and nine new patients were referred to the clinic. The women's health clinic continued to provide valuable outpatient procedures for our patients by performing three colposcopies, four hormonal IUD insertions, and two endometrial biopsies. This year, Elena Brown, a 3rd year Ob/Gyn resident, recruited eleven volunteer attendings to staff our clinic sessions, with many attendings volunteering more than twice this year. Aleha Aziz, a 4th year medical student, served as the Chief Gynecology Teaching Senior, providing guidance to the senior clinicians and continuing to strengthen EHHOP's relationship with the administrative staff at the E-level clinic, who graciously donate the space to us.
Referrals

In 2012, EHHOP made 312 referrals for specialty services, including several to external specialty clinics such as dentistry, ophthalmology, dermatology, gastroenterology and cardiology.

EHHOP made significant strides this year to improve access to specialty services for its patients. Thanks to greater patient navigation by the Access to Care Team (ACT) and coordination with Patient Financial Services, the wait time for charity care was reduced from 80 days to 40 days. In addition, new relationships with Radiology Associates, Sinai Breast Health Center, and the Gastroenterology, Dentistry and Audiology Departments allowed us to secure free or reduced cost MRIs, CT scans, screening colonoscopies, dentistry appointments, and hearing aids for our patients. Several physicians at Mount Sinai have generously donated their services to our patients who needed dermatology, cardiology, rheumatology, psychiatry, ophthalmology and surgery services. EHHOP continues to support most specialty services through grant funds.

The 2012 Referrals Team worked with Patient Navigators, EHHOP’s IT team, and specialty departments at Mount Sinai to develop an iPhone app to increase transparency regarding specialty appointments. The app contains protocols, cost, requirements, and wait times for specialty appointments at the hospital and can be used by clinicians at the point-of-care to understand barriers to completion when making referrals.

External Referrals made in 2012-2013

- Cardiology: 10%
- GI: 11%
- ENT: 7%
- Ophthalmology: 11%
- PT: 9%
- Other: 36%
- Dental: 16%
Pharmacy

EHHOP has worked with the Mount Sinai Hospital Employee Pharmacy and Metropolitan Pharmacy to provide all medications and medical supplies to our clinic at low cost. Through our grant and philanthropic funds, we are able to provide a limited formulary at no out-of-pocket cost to patients. The EHHOP Pharmacy Chair works with the Chief Teaching Senior, the EHHOP Medical Directors, and the Pharmacy to create and maintain an EHHOP-formulary of affordable, commonly prescribed medications. For patients who require expensive or off-formulary medications, the Pharmacy Chair works with those patients to enroll them in Prescription Drug Assistance Programs (PDAPs), which provide to the patient brand-name medications free of charge or at a low cost (which the patient pays). This ensures that EHHOP’s medication expenditures are well-maintained and sustainable.

In 2012, we spent $20,461.72 in medications through the Hospital Employee Pharmacy, and $11,440.28 in medications and diabetes care supplies (including insulin syringes, alcohol wipes, glucometers, and test strips) through the Metropolitan Pharmacy. This total of $31,902 for 245 patients represents an average of $130.21 per patient, roughly a ten percent increase in per patient cost over last year’s average cost of $117.48 per patient. At least nine patients were enrolled in PDAPs for conditions such as severe persistent asthma, atrophic vaginitis, depression, erectile dysfunction secondary to long-standing diabetes, osteoporosis, and HPV vaccination.

* Data only through July 2012

Pharmacy Expenditure Breakdown

Diabetes Expenditure Breakdown
Social Work Services

EHHOP is deeply committed to improving the psychosocial and economic well-being of its patients. Our patients’ low socioeconomic levels result in numerous hurdles to attaining good health. All three of our social workers—Omayra Rolon, Maia Alejandro and Leslie Garcia—are deeply committed to EHHOP patients and are essential to EHHOP’s ability to provide social work services during every Saturday clinic. In addition to their clinical services, the social workers serve as invaluable educators for our Access to Care Team and for all students at EHHOP. It is through their guidance and support that EHHOP student volunteers learn a more comprehensive understanding of the biopsychosocial aspects of disease.

A total of 120 social work visits were provided in 2012; a total of 68 of these visits were for new patients.
Nutrition Services

At EHHOP we recognize that nutrition plays a vital role in health and wellness, particularly in patients with chronic conditions such as hypertension, diabetes, and hyperlipidemia. Our Nutrition program was re-launched in 2011, through funds supplied by the Atran Foundation. Our expert nutritionist, Ina Flores, provides monthly nutrition services on Saturdays. With fifty-one patient visits in 2012, Ms. Flores continued to provide excellent counseling and guidance to patients on dietary habits and exercise habits to achieve weight loss goals or glycemic control. In addition to offering a needed counseling, Ms. Flores provides EHHOP students with the unique opportunity to observe and practice skills in dietary counseling, an area that is often under-emphasized in formal medical school curricula.

![Image showing exercise and nutrition services](image-url)

EHHOP emphasizes the importance of lifestyle modification with exercise and nutrition services
Community Outreach

Community Outreach underwent some restructuring in 2012, transitioning a number of former initiatives to the newly-formed Patient Navigation chair and launching several new ones. We have rededicated our efforts towards activities and networking outside the clinic in the East Harlem community at large, with Patient Navigation assuming roles such as the Patient Advisory Group that deal more directly with in-clinic activities. We are now increasingly focused on improving our patients’ access to resources that we are unable ourselves to offer and serving as a general source of information about the clinic and the community.

The Community Outreach Subcommittee of 20 students, working with guidance from Ann-Gel Palermo, Director of Operations at the Center for Multicultural and Community Affairs, has revamped the Community Resource documents used in clinic by the Access to Care Team to inform our patients and their families about available resources such as legal aid, housing, elderly and child care services, updating old information, streamlining their organization, and improving the documents’ accessibility by integrating them with our website and the Referrals iPhone Application. We have been working to increase our online representation in other ways too, through increased Facebook (EHHOP) and Twitter (@EHHOPMountSinai) presence.

The new EHHOP patient newsletter was launched this year, which in its first issue included clinician’s tips for managing diabetes; updates on new programs launched by the clinic; and a patient’s story of how EHHOP helped her cure her cataracts and regain her sight. We’ve also incorporated the Greenmarket informational program at the local farmer’s market into the subcommittee, and are excited to continue reaching out to people about healthy eating when the market reopens this spring. Finally, we continue to be active participants in the East Harlem Community Health Committee, representing the clinic among the other health organizations that work in East Harlem and facilitating our patients’ access to the fantastic education, exercise, and health maintenance programs available through these partnerships.
Student Education

Student education is one of the main priorities of EHHOP. As such, the role of Student Education Chair was recently created in 2011 to formalize the role EHHOP plays in medical education. This year’s educational activities included: EHHOP Grand Rounds, Case-of-the-Month, clinical skills nights, junior and senior clinical training, and the chronic care curriculum. Additionally, we are currently researching the role of EHHOP in medical education and hope to publish our results in the near future.

Grand Rounds
This past year, EHHOP held two Grand Rounds, one in the fall and one in the spring. The first Grand Rounds focused on a patient with liver cirrhosis and was presented by students Annie Levenson, MSIII, and Jordan Kunkes, MSIV. The spring Grand Rounds focused on the interdisciplinary management of EHHOP patients and was presented by Tom McBride, MSIII. Approximately 40 students and faculty attended both of these events.

Case of the Month
As per EHHOP tradition, we continued our EHHOP Case of the Month this year. Approximately each month, a particularly interesting case is selected from clinic. The student team that saw this patient then writes this patient case and the case is distributed to all students. The goal of the cases is to educate, engage, and showcase some of our clinic's more interesting cases to the student body, especially first and second year medical students.
Clinical Skills Night and Senior Clinician Training
Clinical Skills Night was held in the fall this year for first and second year medical students. Students were instructed on and practiced the following skills: venipuncture, IM injections, needlestick injury protocol, diabetic foot exam, vital signs, and taking a focused history.

This year we held senior clinician training for new third year medical students during the first week of third year. Senior clinician training included sessions on: orientation to EHHOP and clinic flow, services offered at EHHOP, how to conduct a patient interview and write notes within time constraints, EPIC navigation, and how to sign-out patients efficiently. Senior clinicians are required to complete this training session prior to volunteering at EHHOP.

Chronic Care Curriculum
This year, EHHOP continued to make significant progress in the expansion and improvement of the Chronic Care program. This year’s Chronic Care program included 17 senior clinicians and 14 teaching seniors who provided longitudinal care for approximately 51 patients. Each clinician team was responsible for the management of an average of 3 patients, under the mentorship and supervision of our medical director. In addition to following patient panels, students were required to attend didactic sessions that focused on topics relevant to chronic care. Topics covered in the didactics included: an introduction to health care maintenance, hypertension, diabetes, and hyperlipidemia; practical EKG interpretation skills; nutrition counseling; depression screening and management; identifying torture victims; and insulin management.
Quality Improvement Council

In 2012, EHHOP supported a Quality Improvement Council (QIC) for the second time. This group of 28 students worked under the guidance of the student Steering Committee and internal medicine faculty to formally assess and test interventions to meet five challenges that EHHOP faces in delivering optimal quality care:

1. Increasing completion of external specialty referrals
2. Improving mammography referral completion rates
3. Reducing the frequency of patient no-shows to clinic
4. Expanding the pool of physician volunteers
5. Improving clinic efficiency to shorten patient visits.

QIC teams presented their findings and interventions at a special QIC Grand Rounds on February 5th, 2013. We are currently finalizing improvements to the QIC based on feedback, and converting it into an elective for the third QIC which will take place in 2013.
Scholarly Research

As EHHOP completes its ninth year serving the patients of East Harlem, an ongoing challenge created by the complexity and dynamism of our clinic is how to critically appraise the effectiveness of our care, to test interventions intended to improve care and to assess initiatives designed to improve the quality of student education. Research and dissemination of our model are cornerstones of our efforts and scholarship from our program continues to flourish.

Publications

- Danielle N. La Rocco, David C. Thomas, Noa Simchoni, Yasmin S. Meah. The Evolution of Integrated Mental Health in a Student-Run Primary Care Clinic: Changes in Diagnostic, Referral, and Prescribing Practices. Voluntary Participation in a Medical Student-Organized Clinic for Uninsured Patients Significantly Augments the Formal Curriculum in Teaching Underrepresented Core Competencies. (Submission pending)

Poster Presentations

In 2012, EHHOP presented 6 research projects at 11 poster sessions around the country, at the Society of Student Run Free Clinics National Meeting, at the Mid-Atlantic and National Conferences of the Society for General Internal Medicine and at the Northeastern Group on Educational Affairs Annual Meeting. These posters covered a variety of topics, including EHHOP’s patient navigation model, Quality Improvement Council, and education of students on the management of chronic illness and involved partnerships with other student groups at the Icahn School of Medicine at Mount Sinai, including the Medical Spanish team.
Scholarly Research, Continued

Oral Presentations
In addition to participation in poster sessions around the country, representatives of EHHOP delivered oral presentations at the Northeastern Group on Educational Affairs Annual Meeting, the Society for Student Run Free Clinics National Conference and the Society for General Internal Medicine Mid-Atlantic Annual Meeting.

New and Ongoing Projects

- Assessing how well EHHOP clinicians adhere to guidelines for Mammography Referrals
- Assessing the impact of an interpreter’s training program on student interpreters’ performance
- Assessing how participation in the Chronic Care Program influences student ability to care for chronically ill patients
- Assessing the educational impacts of participation in the Quality Improvement Council
- Assessing emergency department utilization by EHHOP patients and identifying systems-based interventions to reduce inappropriate visits
- Assessing the impact of incorporation of mental health services into a primary care clinic
- Assessing the educational impact of creating and using the iPhone app created to assist in systems navigation when referring patients for specialty care
- Hemoglobin A1c outcomes from EHHOP diabetic care and quantitation of cost-effectiveness of EHHOP in providing diabetic care
- Assessing patient satisfaction with EHHOP services with an anonymous survey
Future Directions

Clinical Services

- *Expansion of nutrition program.* As EHHOP patients continue to experience high rates of hypertension, hyperlipidemia and diabetes, we hope to expand our year-old nutrition program to help our patients improve their lifestyles and to adopt nutrition habits that will help control these conditions. We suffered some setbacks in our Nutrition program this year, in the loss of one of our Nutritionists, but our remaining nutritionist Ina Flores has demonstrated a real passion to formalize group or waiting room education sessions in the near future. We hope that this incoming Steering Committee can support Ina in realizing this goal.

- *Increased integration with community resources; more longitudinal follow-up of community referrals.* This year has seen tremendous improvement in the ability of the Access to Care Team to coordinate many services for our patients; innovations in the Team’s use of EPIC have improved longitudinal follow up with our patients on hospital referrals. We hope in the coming year to provide the same kind of longitudinal follow up with those referrals we make to community providers, both to increase the number of services to which we can successfully connect patients and to strengthen our partnerships with these community providers.

Development

- *Inaugural year of Advisory Board:* We hope that the inaugural year of the Advisory Board finds its members with a clear sense of their role at EHHOP and plenty of excitement about the opportunity together on devising a strategic approach to clinic sustainability and on raising EHHOP’s visibility on the local and national level.

- *Alumni Group Foundation* As EHHOP approaches the 10th anniversary of its founding, we hope to establish an organization through which EHHOP alumni can come together and keep in touch with each other and with the clinic as it grows and develops. Such an organization would provide future Steering Committees with an opportunity for additional fundraising events, as well access to important institutional memory.

- *10 year anniversary celebration* 2014 will mark the 10th anniversary of EHHOP’s founding, and we are excited to celebrate this milestone. We hope the Advisory Board, EHHOP leadership and Mount Sinai Development can work together to plan an event that celebrates EHHOP’s previous accomplishments and looks forward to a bright future with the support of its alumni, its Advisory Board and its partners in the Mount Sinai and East Harlem communities.
2012-2013 Steering Committee

**Clinic Co-Chairs**
Matthew Spinelli
Alexandra Bachorik

**Operations Chair**
Radeyah Hack

**Chief Teaching Senior and Chair of Clinical Care**
Linda Wang

**Chief Clinical Manger and Chair of Clinic Management**
Jacqueline Rankine

**Referrals Chair**
Ammar Siddiqui

**Benefits Chair**
Chloe Ciccariello

**Patient Navigation and Wellness Chair**
Mark Kurzrok

**Pharmacy Chair**
David Chiang

**Physician Recruitment Chair**
Elizabeth Pedowitz

**Student Recruitment Chair**
Marti Demobowitz

**Student Education**
Nandini Palaniappa

**Research Chair**
Noa Simchoni

**Finance Chair**
Arjun Yerasi

Steering and Executive Committees

The EHHOP Steering Committee (SC) is composed of sixteen 2nd and 4th year medical students and MD/PhD students. Each of its thirteen student members is tasked with managing one aspect of clinic operations or patient care, in collaboration with Coordinators. Together, the group defines the future direction of the clinic and collaborates on projects and initiatives to help EHHOP improve. Many SC members also operate with the assistance of sub-committees of student volunteers. This allows EHHOP to utilize the strength of an active Mount Sinai student body. The Steering Committee officially meets once a month while its members collaborate with each other on a constant basis.

The Clinic Co-Chairs, Operations Director, Student Education Chair, Program Director, and Medical Director compose the Executive Committee (EC). The EC meets once a month to plan new initiatives and ensure that EHHOP is appropriately integrated into the Mount Sinai School of Medicine and Hospital.

**2012-2013 Coordinators**

**Events & Alumni**
Rajan Dang

**ESIP**
Jennifer Diaz

**Community Outreach**
Nathan Raines

**IT**
Alexa Gips


Not Pictured:
Linda Wang
2012 Student Volunteers

Teaching Seniors
Linda Wang
Matt Spinelli
Jordan Kunkes
Hari Shankar
Gillian Heinecke
Ed Chu
Kris Stensland
Charles Snyder
Nandini Palaniappa
Radeyah Hack
Chris Lo
Shaily Shah
Aleha Aziz
Ben Grimmnitz

Clinic Managers
Anees Benferhat
Nadim Choudhury
Chloe Ciccariello
Anna Darby
Justin De Biasio
Marti Dembowitz
Nydia Ekasumara
Jocelyn Jiao
Annie Kim
Jennifer Li
Alex Peters
Christopher Pool
Chris Su
Eddie Zhang

Referrals Managers
Daniel Choi
Neeraja Konuthula
Kapil Mishra
Chiaki Nakata
Kristen Ng
Alex Rosen
Ann Wang

Interpreters
Mark Kurzrok
Ronnie Tisdale
Beatriz Cole
Christian Pean
Annalays Garcia
Guido Lancman
Susanna O’Kula
Michael Chary
Lily Recanati
Marie Henelly
Alexander Gomez
Renita Kim
Max Sobrero
Carlos Plata-Martinez
Alexa Mieses
Andres Ramirez Zamudio
Sonali Tatapudy
Joseph Leanza
Joseph Lerman
Edwin Homan
Masha Jones
Ashley Acosta
Omar Khan
Alexandra Douglas
Carine Davila
Ericka Jaramillo
Efrain Riber0
Alejandro Chavez-Moreno
Jose Morillo
Carlo Lutz
Lucy Goodson
Amalia Kane
Helena Villalobos
Jennifer Diaz

Mental Health Clinic Coordinators
Hilary Haimes
Anees Benferhat

Ophthalmology Clinic Coordinators
Anna Darby
Sonya Makhni

Women’s Health Clinic Coordinators
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Nydia Ekasumara

Access to Care Team
Kenji Fujitani
Armand Gottlieb
Yotam Arens
Rebecca Blank
Elizabeth Adler
Edwin Homan
Zachary Sherman
Zachary Lorsch
Tahsin Khan
Masha Jones
Cassie Mintz
Kate Mayans

Community Outreach
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Paul Trubin
Sumedha Chablani
Mark Kurzrok
Ashley Titan
Nate Glasser
Gal Barak
Laura Krinsky
Ann Wang
Kyle Pasternac
Joshua Uhr
Olubunmi Okunlola
Kenji Fujitani
William Levine
Jeremy Nathaniel
Priya Seghal
Julien Lanoue
Allison Thaler
Masha Jones
Kate Mayans
Ruyan Rahnama
Cindy Law
Daniel Choi
Uloma Abii
Michael Richter
Robert Merrill
David Laiku
Hillary Jenny
Medical Clinic
Faculty Volunteers

- Shahla Baharlou
- Stephen Berns
- Nicole Bouvier
- Sara Bradley
- Marianne Camargo
- Christine Chang
- David DeLaet
- Newsha Ghodsi
- Peter Gliatto
- Steven Itzkowitz
- Minal Kale
- Reena Karani
- Elizabeth Kiefer
- Paul Knoepflmacher
- Katie Krauskopf
- Mikyung Lee
- Rosanne Leipzig
- Jenny Lin
- Sandeep Mallipattu
- Becky Mazurkiewicz
- Yasmin Meah
- Doreen Mensah
- Jennifer Neuman
- Vinisha Patel
- Olga Prystupa
- Jonathan Ripp
- Brijen Shah
- Dhenu Solanki
- Rainier Soriano
- Theresa Soriano
- David Thomas
- Joseph Truglio
- Rajesh Vedanthan
- Eva Waite
- Matthew Whitson
- Paloma Zeballos

Women’s Health Clinic
Faculty Volunteers

- Laura Schiller
- Shari Leipzig
- Lisa Jackson
- Diane Tarr
- Shari Brasner
- Jamie Goldstein
- Lisa Loerkhe-Sichart
- Jenny Tang
- Joanna Shulman
- Ami Shah
- Rebecca Nachamie
- Frederick Freidman

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- Steven Itzkowitz, MD
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- Jacob Levitt, MD
- David Muller, MD
- Linda Pagan, MS RNC
- Ann-Gel Palermo, PhD
- Anna Rosen MD
- Michelle Sainte
- Brijen Shah, MD
- David Skovran, NP
- Rainier Soriano, MD
- Medicina En Espanol Team
- The Mount Sinai Dept of Audiology
- EHHOP 2012-2013 Steering Committee

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http://www.mssm.edu/education/medical-education/east-harlem-health-outreach-partnership
Email: eastharlemhealth@gmail.com
Faculty Guidance

The success of our student-run clinic would not be possible without the supervision and direction provided by our two well-accomplished and dedicated faculty mentors. Their guidance allows EHHOP to meet organizational challenges and to maintain a high standard of clinical excellence every week. Program Director Yasmin Meah was awarded the prestigious 2007 AAMC Humanism in Medicine Award, while Medical Director David C. Thomas has won the esteemed 2008 Mount Sinai Physician of the Year Award and the Society of General Internal Medicine’s Mid-Atlantic Region Internal Medicine Clinician-Educator Award.

Our Partners

Our endeavor would not have been possible without our the contributions of our partners.

Space and Office Equipment
Mount Sinai Internal Medicine Associates and the Visiting Doctors Program

Medications
Mount Sinai Employee Health Pharmacy
Metropolitan Pharmacy

Home Care
Visiting Nurse Service of New York

Laboratory Services
Mount Sinai Laboratory Services

Radiology Services
Mount Sinai Radiology Department

Mammogram Services
Italian American Cancer Foundation

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