BMS Implements Expanded Medical Capacity Services

In September ’07, BMS formally launched an Expanded Medical Capacity (EMC) Program at BMS-Main, so that we could offer critically needed after-hours healthcare to our community.

Two major events have occurred in the past couple of years which were the catalytic factors which prompted BMS to first identify the need and secondly, achieve the necessary resources and funding, to construct this plan for expanded care for our community. These events were the health center closings, starting in 2005 with St. Mary’s Hospital and the subsequent closing in 2007 of four former St. Mary’s primary healthcare centers; and the announcement of the New York/New York III Agreement by the Mayor and Governor to fight homelessness, respectively.

In September 2005, 20,000 outpatients lost their medical homes and access to essential medical services when their previous healthcare facility, St. Mary’s Hospital, officially closed. St. Mary’s, whose main facility was located on Buffalo Avenue in Brooklyn, was a 123-year-old inpatient facility with 11 outpatient satellites. Since the closing Central Brooklyn has witnessed an overwhelming increase in the need for health services for those community members affected. On a related note, later that year, in November, Mayor Bloomberg and Governor Pataki announced the New York/New York III Agreement, a $1 billion plan designed to end chronic homelessness in the city by increasing (by over 50%) the existing 20,000 units of supportive housing available today in New York City.

In a bid to take full advantage of the city’s subsidies, supportive housing providers have been partnering with community-based medical and social services providers to fully meet the needs of the residents of their existing and planned housing facilities. The target population for this plan includes and emphasizes underserved communities such as our own. BMS, through the provision of resources that were made possible as a result, has been able to embark confidently upon its vision to provide sorely needed expanded healthcare services to the residents of our community.

The EMC program, made possible through a $600,000 grant from Health Resources and Services Administration (HRSA), and the hard work of a dedicated BMS staff team provides expanded access to adult medical, pediatric, dental, and OB/GYN care; social services; Saturday hours; enhanced clinical staffing; and medical equipment upgrades. Effective since September 25th, 2007, BMS has increased its evening hours by adding 3.5 additional hours each Tuesday, Wednesday, and Friday (4:30pm - 8pm) and 2 more hours each Saturday (2:30pm - 4:30pm). Those benefiting from the EMC project are primarily lower-income, uninsured or underinsured, men, women and children residing in Brownsville and East New York, BMS’ primary service areas.

See photos of the BMS EMC Conference inside…
A glance back at Summerfest 2007

“It sounds like the voices of angels,” exclaimed an excited community member, upon hearing the Lenoz Road Baptist Youth Choir, one of several featured entertainment groups at the BMS Summerfest 2007, our most successful and largest ever. Every July, Rockaway Avenue, between Blake and Dumont, becomes a hub of bustling movement and excitement. Each year, residents revel in the summer fun, when BMS brings together staff, neighborhood members, entertainers and politicians to celebrate the vitality and solidarity of the BMS community. A giant balloon space walk for children, prize raffles, health practitioners offering free screenings, crafts, vendors offering health resources and insurance discounts, and fresh fruit and vegetable farm stands are all just some of what comprises the BMS Summerfest.

As community members enjoyed a free barbeque, along with complimentary juicy ripe slices of watermelon, fruit juices and spring water, they had the opportunity to hear Brooklyn Borough President, Marty Markowitz and Councilwoman Darlene Mealy address the crowds. Mr. Markowitz presented a proclamation to Mr. Harvey Lawrence, EVP and COO of BMS, acknowledging the BMS legacy of quality community care and service. Councilwoman Mealy took the opportunity to encourage residents to organize and work together to reduce violence in the community.

Summerfest 2007 attendees included Brooklyn Borough President, Marty Markowitz, Councilwoman Darlene Mealy, The New York City Fire Department, Cornell University Cooperative Extension, The New York City Department of Health and Mental Hygiene, Love Heals, The Stone Zone, Brooklyn Public Library, AmeriChoice, Affinity Health Plan, MetroPlus, Healthfirst and many more. When asked about their experience, all indicated they’d love to come again. Casual inquiries at the end of the day revealed a sense of high satisfaction by vendors and community members alike.

This assessment of Summerfest’s high level of success as a generator of goodwill and neighborhood spirit was formally confirmed through written survey results, obtained thanks to the hard work of several dedicated volunteers from the WATCH High School.

Last year and the past several months of 2008 were eventful here at BMS and amongst our community. In the ever-changing world of community healthcare, now more than ever, it is not only important, but critical for a successful organization to be able to “roll with the punches,” adjust itself accordingly, and appropriately adapt to new, and sometimes difficult, situations. In the spirit of a marathoner aiming to maintain his stride, BMS has continued to persevere, despite the challenging times and shifting terrain. Our resilience is the nourishment that sustains and replenishes us; it enables us to achieve success in the face of sometimes insurmountable obstacles.

Over the course of 2007, our community was impacted by primary care health center and WIC program closings. This wholesale withdrawal of services seriously threatens the already medically underserved neighborhoods of Central Brooklyn.

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BMS boasts a staff of some very proactive people when it comes to healthy and innovative self-help wellness techniques. In August, after consulting with their respective health care providers, the entire Development team embarked on a 10-day “Master Cleanse”—a detoxification fasting regimen which entails a daily routine of drinking the juice of freshly squeezed organic lemons/limes—each glass mixed with Grade B Maple Syrup and Cayenne pepper. The strict regimen includes a laxative tea every evening and “salt water flush” every morning.

Each component of the “Cleanse” has a role to play: The lemons/limes provide an alkaline environment, live enzymes and important nutrients; the syrup provides vitamins, minerals and sugar; and the cayenne pepper dilates blood vessels to stimulate the system to operate optimally. The laxative tea and sea salt flush ensure that released toxins are eliminated regularly and thus do not harm the body.

The “Master Cleanse,” developed by Stanley Burroughs in 1976, was re-popularized when Peter Glickman recently wrote his best-selling book, Lose Weight, Have More Energy, and Be Happier in 10 Days. It’s important to remember that the “Cleanse” is a means to revitalize the body; weight loss is a perk, not the main goal.

The “Master Cleanse,” piqued the interest of the Development team when Renee Muir, Director of Health Programming for W.A.T.C.H. High School, told Yanick Manigat (Manager of Nutrition Education (FSNE) Program, who reached out to the community and provide nutrition education programs, workshops, field trips to farms and more. As a means to address our neighborhoods’ health disparities, BMS also began participating in a federally-sponsored Diabetes Collaborative to help reduce the disturbing diabetes rates in Central Brooklyn. BMS was thrilled at the turnout for the 2007 Summerfest, demonstrating the growing vitality of our neighborhoods. We are presently in the process of creating our first website (www.bmsfhc.org), anticipated to “go live” by mid-2008 and, as you can see here, we have newly designed our BMS Community Health News newsletter, which we are proud to introduce, as we aim to keep improving our communication with you: our valued patients, staff, community members and supporters.

Sincerely,

Maurice A. Reid, President and CEO
Combating diabetes has always been high on the agenda for BMS, as our healthcare practitioners strive to reduce the alarming spectrum of the health disparities in our community; diabetes taking the lead with a disturbing 200% higher rate of mortality in Central Brooklyn than in the whole of New York City.

In 2004, Dr. Camille Taylor-Mullings began “Diabetes Group Visits” at BMS. In 2007, BMS became a participant in the National Diabetes Collaborative. This Collaborative is an initiative developed by The Centers for Disease Control and Prevention (CDC) and the Bureau of Primary Health Care (BPHC), in conjunction with the Institute for Health-care Improvement (IHI) with the aim of improving diabetes care within federally funded health centers. The purpose is to improve diabetes performance measures through improved health care delivery systems and to increase access and decrease health disparities among medically underserved populations.

The group visits at our BMS@Genesis site (360 Snediker Avenue) have been demonstrating significant levels of impact and success for our diabetic patient population. The structure of the sessions, in small gatherings of no more than ten participants, helps the patients feel comfortable “opening up” to the health care providers and to each other. The feelings of camaraderie and support boost their willpower and improve their chances of success. The sessions begin with a short presentation about the Collaborative, followed by a healthy breakfast.

Before the breakfast commences, all participants undergo a blood glucose and blood pressure test with a finger stick. During the breakfast, participants are educated about making healthy choices in a realistic framework. For example, although it would be ideal for diabetic patients to always choose the best foods to suit their health needs, sometimes they are presented with situations where the best food selections are not available. Patients are taught that even if they don’t follow a strict regimen, they can limit certain foods in terms of portion size, and make ‘best of the worst’ selections to still create a somewhat balanced meal. Breakfast options presented include a variety of food choices, some of which are considered “taboo” for a diabetic patient. Examples of how to “make the bad food better” include advice such as: taking only half the bagel, cutting danishes into squares of ½ or ¼, and choosing Sugar in the Raw if they are going to take sugar because it has beneficial ingredients lacking in white sugar such as chromium and molasses. Our nutritionist explains what happens when wrong choices are made. She talks to participants about what to eat, how much, what to do if you cheat, how much you can cheat, and how to balance what you do with other good habits.

After breakfast, there is an educational presentation, which reviews the different types of diabetes, their causes, complications and available treatments; and self-management: what the patients should be doing for themselves. In addition, patients are told what their doctors and clinicians should be doing for them; for example, doctors should administer the Hemoglobin A1c test, a measure of long-term blood sugar control. Patients should have it three-four times per year. Other important regular tests include a microscopic urine test, which checks for protein deposits to make sure there is no protein in the urine. This test is an earlier and better marker for kidney disease in diabetics than regular urinalysis, and should be done annually. In addition, it is important for the diabetic patient to visit their eye doctor and foot doctor and to have a regular exam for each once a year. This educational component stresses doctor accountability, with an emphasis on prevention.

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BMS is committed to a model of primary care that is patterned on a progressive private practice rather than on a clinic setting. Our Philosophy of Care that stresses, “a commitment that information about a proposed treatment, its risk and alternative approaches is shared with each patient,” guides all of our medical, dental, behavioral health practices and supportive services.

BMS honors this commitment by expanding treatments within our scope of services. Recently, our efforts in this area have been greatly advanced by a linkage agreement with NYC Department of Health & Mental Hygiene (DOHMH) to provide tuberculosis (TB) screening and treatment for those with latent TB infection (LTBI) at the NYC Health Department’s Brownsville facility, located at 259 Bristol Street in Brooklyn. On January 15 this year, BMS opened the BMS Institute for Specialty & Integrative Services at Bristol (BMS-ISIS@Bristol). (*Note: LTBI is not contagious; patients with active tuberculosis will continue to be referred to the Department of Health.)

BMS-ISIS offers the following services to the adult population of Central Brooklyn:

- Primary care;
- Infectious disease services;
- Pulmonology
- Gastroenterology
- Podiatry
- TB skin testing
- Chest X-rays
- Surgical consultation and treatment for patients diagnosed with latent (non-contagious) TB infection.

Clients will be served regardless of their ability to pay, and referrals to all other BMS services will be provided as appropriate. Follow-up services and transportation will be offered as needed.

NYC DOHMH will remain an active partner in this new practice, providing BMS-ISIS with:
- A chest x-ray technician one day per week,
- TB testing and supplies,
- Bureau of TB Control’s (BTBC) clinical practices manual as the standard of care for patients receiving TB-related services,
- TB care training for BMS-ISIS clinicians, and
- medical consultation regarding management of TB patients as requested.

This unique partnership provides us with an extraordinary opportunity to enhance the scope of our TB respiratory care services and logically co-locate our complementary subspecialties with our expanding primary care services.
Another component to the visit is a behavioral assessment in the form of depression screening. Patients are also given a “Self-Care Analysis” where they select two items from a list of conditions that they would like to improve. These “Self Management Goals” are copied into the patient’s chart, and their physician then follows up to review their goals at their next visit. Participants also take a “Focus Physical” where they select a particular body area for evaluation. Other regular physical components, such as cardiovascular health, are also addressed at this time.

Many patients in the program are showing a substantial reduction in Hemoglobin A1C. Most of our patients are getting their reading down to 6 or less—better than the AMA target guideline of 6.5. They are also seeing strong results with regard to reducing blood pressure. One patient, Ms. Sarah Algood, stopped smoking after 30+ years. Her husband had developed lung cancer, but even this did not deter her at the time; she kept smoking. After the group visits however, she quit cold turkey. Ms. Allgood, when interviewed, stated that she is very pleased with the program. She reports that as a result of her participation she has been exercising a great deal, eating healthier and is more conscious about her health. Ms. Allgood is also now off of her diabetes medication [Medformin]. She is feeling better than she has “in many years.” When asked if she would recommend the program, Ms. Allgood remarked, “Definitely! I would definitely recommend the program!” Dr. Taylor, she says, has been completely involved with the progression of her health since 1995, and she would not be comfortable switching doctors, “ever.” Another patient did so well that Dr. Taylor was able to stop two of her blood pressure medications. Shortly thereafter, she was gradually able to stop ALL her medications—all within 3-4 months of attending the program. According to Dr. Taylor, this type of outcome for patients is not surprising, stating that, “after they attend the program and get intense education and hands-on information, they see a dramatic improvement in their glucose control.” Another noteworthy accomplishment is that patients are finding that when they do their fasting sugar (i.e., two hours after they eat breakfast they do another sugar test) about 50% have a glucose that is either the same or less than what they started with. This is impressive because they are eating a normal non-diabetic diet, but they have learned to balance their food choices properly. This demonstrates that if they know what to do, patients can maintain very good glucose control.

The Diabetes Collaborative Team meets weekly to enter data into the system using software provided to all Collaborative members. This allows BMS to store and track seven core clinical information measures on each patient, ranging from specific blood tests to referrals. This process will be more than a year long, so we can effectively implement actions that will sustain the program.
And the **SURVEY** said...

During Summerfest, people were asked to complete a survey designed to gather information that BMS will use to improve our operations and response to the community. We asked residents to tell us about themselves and their feelings on health and wellness issues, BMS initiatives and the Summerfest. Here is just some of what we learned:

- 53% indicated that they heard about the Celebration through word of mouth; 20% through posted fliers.
- Approximately 76% of respondents live in Brownsville, with Canarsie & East New York tying for 2nd place with 6.03% each.
- 75% identified themselves as a BMS patient or related to a BMS patient.
- When asked about illnesses/conditions prevalent in their families, almost 30% indicated that high blood pressure is a primary concern; diabetes is an issue for 22%; and arthritis/joint problems affected 15%.
- 26% of survey respondents availed themselves of some form of health screening or services during the Summerfest; blood pressure screening was by far the favored health screening, engaging approximately 26% of respondents. Almost 20% applied for health insurance, and another 16% received HIV testing/counseling.
- When asked, “What other services/activities would you like to see at next year’s Summerfest Celebration,” The large majority indicated that the celebration was perfectly satisfactory already; 11.43% asked for more children’s games; and 5.71% requested pregnancy testing.

**This year, BMS Summerfest 2008 will be Saturday, July 19,** and we are planning to have as much fun, if not more, than we had in 2007! We’ll have games, entertainment, a word from our elected officials, food, raffles, giveaways and more! The Summerfest will also be the official launch of this year’s Brownsville Farmers’ Markets season, running from July through November. At the Brownsville Farmer’s market you can obtain nutritious, fresh fruits and vegetables at low cost. Every year BMS Summerfest has become increasingly successful, and with your help we plan to carry on that tradition. Please mark your calendars for the BMS Summerfest 2008 on July 19; we hope to see you all there!

**Expanded Medical Capacity activities incite community interest**

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Long Island College Hospital’s (LICH) President and CEO, Ms. Rita Battles and her staff; Councilwoman Darlene Mealy and staff; Ms. Viola D. Greene-Walker, District Manager for Community Board 16; and a variety of HMO representatives, including Affinity, MetroPlus and AmeriChoice gathered on October 16, 2007 at BMS to discuss developments underway and the community impact being realized as a result of the recent EMC grant.

**Pictured left to right:** BMS’ Chief Medical Officer, Dr. Katherine Golar, Councilwoman Darlene Mealy, BMS’ EVP and COO, Mr. Harvey Lawrence, LICH’s President and CEO, Ms. Rita Battles, District Manager of Community Board 16, Ms. Viola D. Greene-Walker, and BMS’ Manager of Planning and Project Development, Ms. Yanick Manigat.
Congratulations to Harvey Lawrence, Executive VP and COO, for having completed the Johnson & Johnson UCLA Health Care Executive Program. Mr. Lawrence will implement the strategic action steps he developed during the 2-week course, which trains participants to optimize organizational operations in the provision of quality health services to low income, special needs and uninsured patients in the community.

Dr. Camille Taylor-Mullings participated in the National Diabetes Panel in October 2007, and shared knowledge and ideas with like-minded health advocates working to combat the high levels of diabetes in underserved neighborhoods.

At the invitation of Congressman Ed Towns, our own Dr. Claude E. Offord and Dr. Katharine Golar recently shared with The National Black Council Session on Medicine and Technology BMS’ experience with Electronic Health Records (EHR) technology at our health center.

BMS continually strives to assist patients without medical insurance in receiving optimal care, and the 340-B Prescription Drug Program offered through the BMS Pharmacy helps our patients get their medications at a reduced rate, while also assisting senior citizens with the costs of their prescriptions.

BMS and 6 partner CBO’s were selected to institute Opportunity NYC, a cash-incentive program sponsored by NYC, aimed at helping families with limited resources to access needed services. Families in the program at BMS worked very hard and demonstrated “great motivation” according to Opportunity NYC Project Coordinator, Dolores Owens.

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VISIT US at www.bmsfshc.org!