



# Population Health Clerkship: The Lemuel Shattuck Hospital

## Incarcerated and Urban Working Poor

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A large blue sign with white text and a logo. The logo is a stylized heart shape. The text reads "LEMUEL SHATTUCK HOSPITAL" in large, bold, sans-serif capital letters. Below this, in smaller white text, it says "Massachusetts Department of Public Health" and "NO EMERGENCY SERVICES AVAILABLE". The sign is set against a background of a hospital building, trees, and a cloudy sky.

**LEMUEL  
SHATTUCK  
HOSPITAL**

Massachusetts Department of Public Health  
NO EMERGENCY SERVICES AVAILABLE

# The Shattuck Mission

- Mission: To address public health needs through the delivery of compassionate medical and psychiatric care to patients requiring multidisciplinary treatment and support.
- Lemuel Shattuck Hospital (LSH) is one of 4 Department of Public Health hospitals in the state.
- Other hospitals include the Pappas Rehabilitation Hospital for Children, Tewksbury Hospital, and Western Massachusetts Hospital.
- LSH is committed to serving patients who are economically and socially disadvantaged.

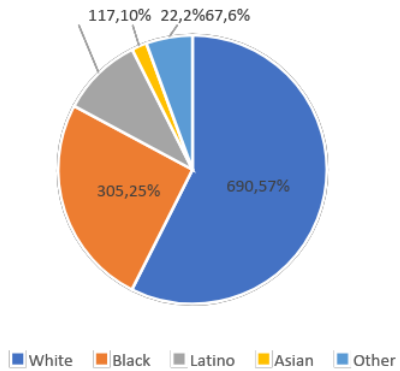
# Hospital Snapshot

Lemuel Shattuck Hospital - 2017 Admissions*	
Male, Female	80%, 20%
Racial Minority	43%
Incarcerated	40%
Average Age	49 years
Average Length of Stay	36.7 days

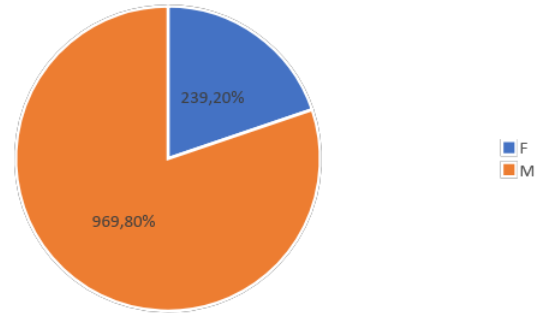
Common Inpatient Diagnoses*
Schizophrenia, Schizoaffective Disorder
Infective Endocarditis
Bacteremia
Osteomyelitis

Common Outpatient Visit Conditions*
Hepatitis C
Opioid Dependence
Dental Caries
Essential Hypertension

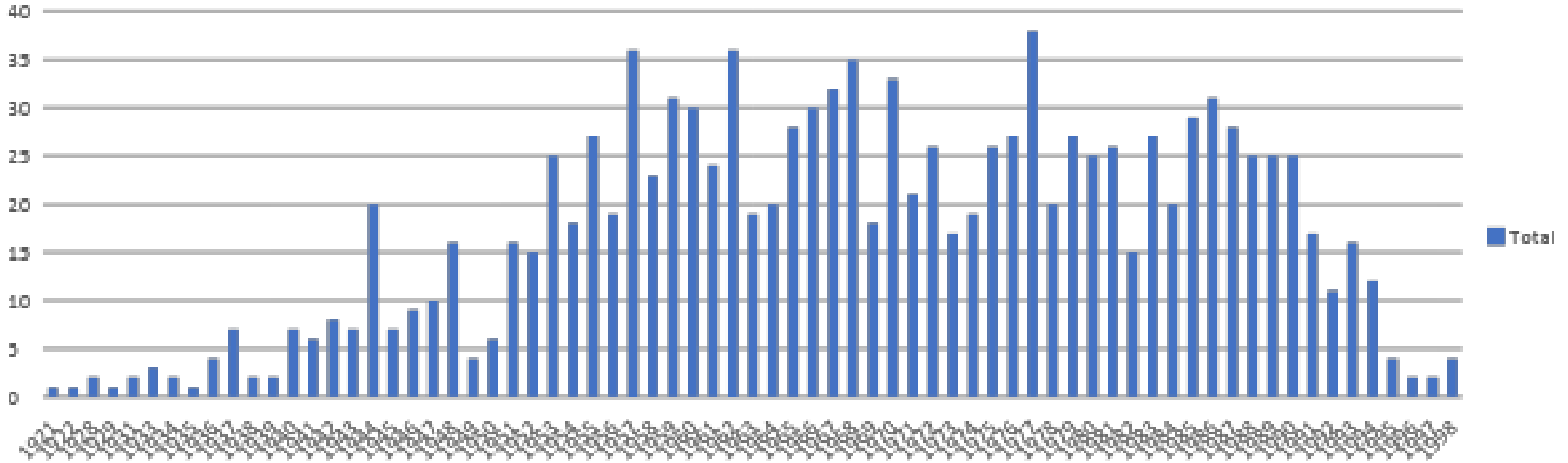
Inpatient by race



Inpatient by sex

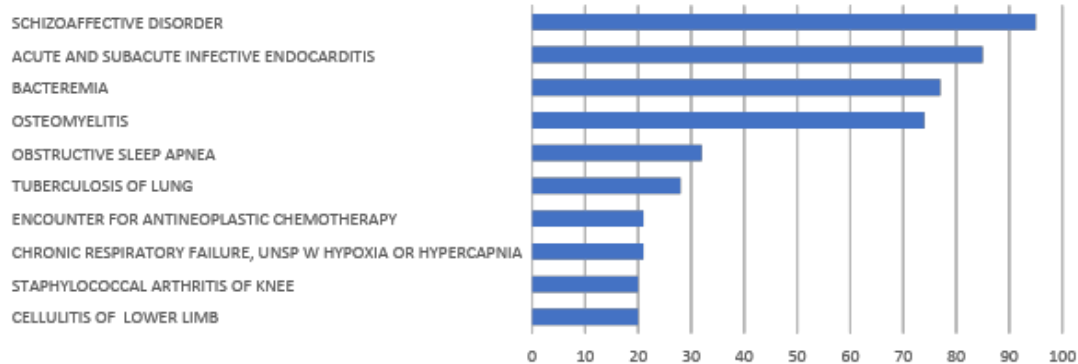


### Inpatient Birth Year Distribution

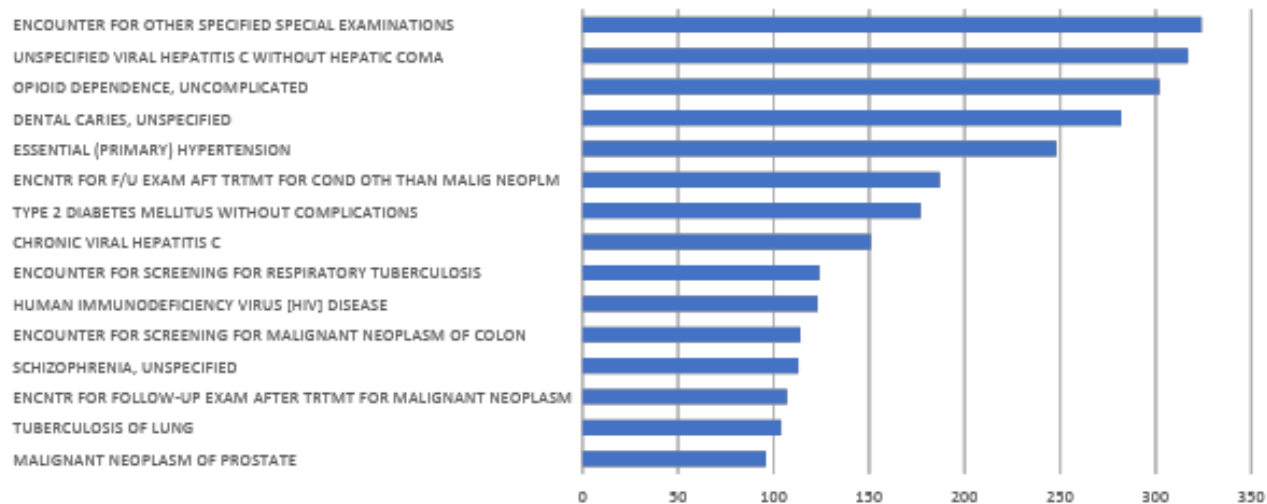


Average inpatient age: 49  
years

### Top 10 Inpatient Admission Condition



### Top 15 Outpatient Visit Conditions





# Medical Risk Exposures

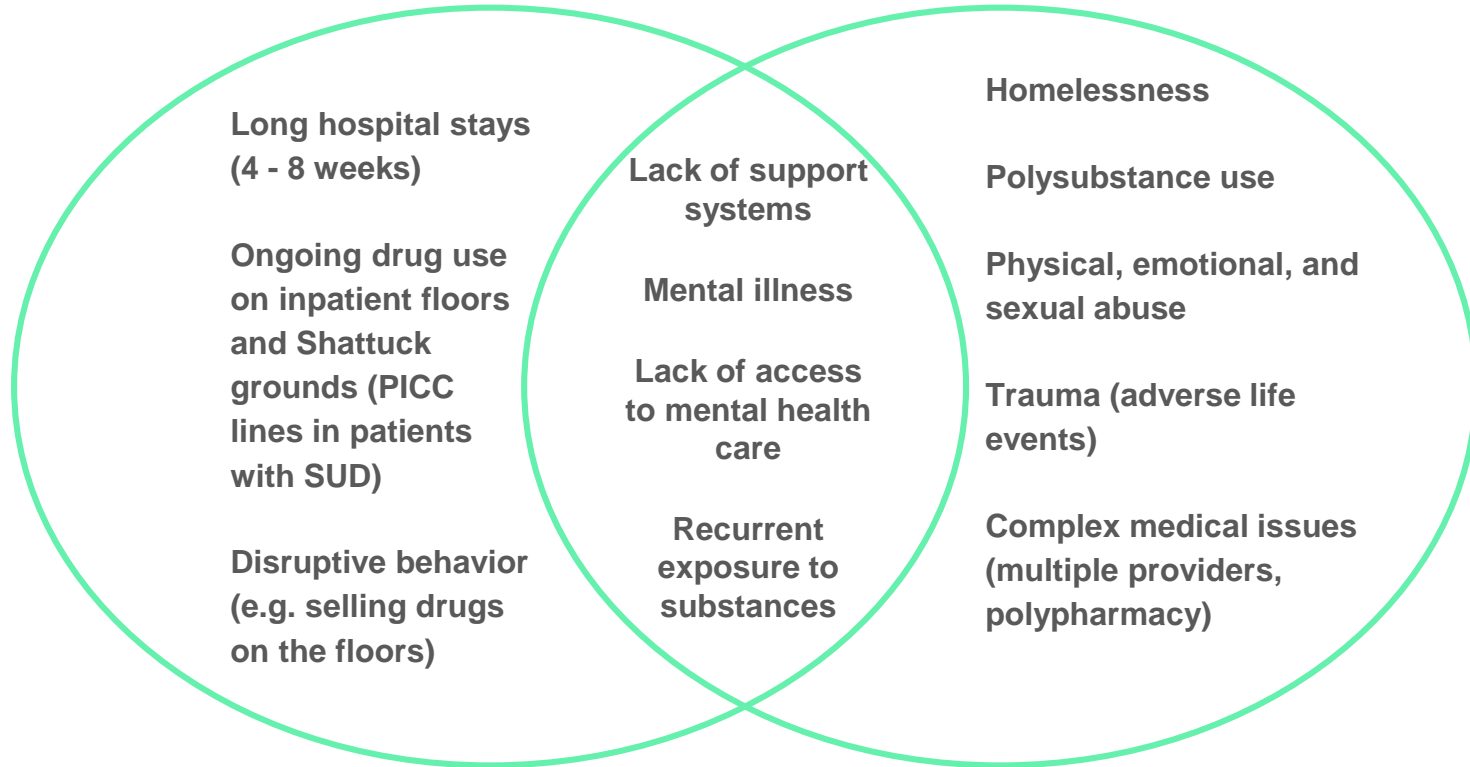
- IV drug use→ endocarditis, osteomyelitis, bacteremia, abscesses
- Lack of access→ untreated or poorly controlled chronic illness
  - Diabetes
  - Hypertension
  - Mental Health Disorders
- Homelessness→ exposure to extreme temperatures, difficult to manage meds for chronic conditions, violence/injuries



# Social Risk Exposures

In the Hospital

Outside of the Hospital



# Professions at the Shattuck

Milieu Therapists

Social Workers

Addictions Counselors

Psychologists and Psychiatrists

Case Managers

Physician Assistants and  
Nurse Practitioners

Certified Nursing Assistants

Administrators

Students (Medical, PA, NP)

Medical Doctors

Nurses

Certified MAT Prescribers

Pharmacists

Pharmacy Techs

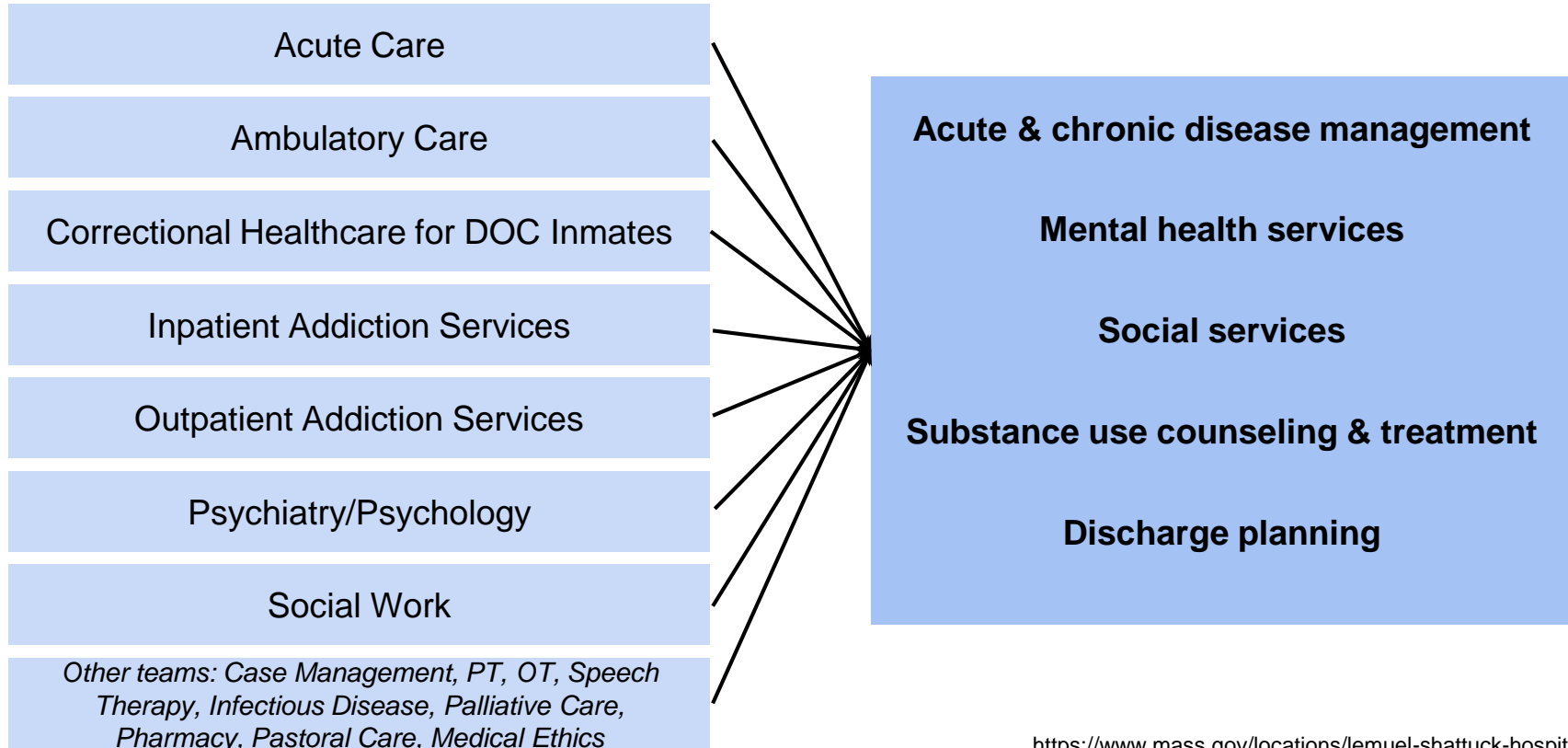
Dieticians

Therapists (PT, OT, SLP)

Correctional Officers (8 North inmate floor)

Interpreters

# Interprofessional Care at the Shattuck



# The Interdisciplinary Team

## Strengths

- Increases access to specialized care
- Can cover medical and “upstream” social needs in one place
- More idea sharing and systems in place to provide individualized treatment plans for patients
- Patients can connect with and form relationships with a variety of different people, some of whom they may connect with better than others
- Patients have more options in what kinds of treatment they can receive

## Limitations

- Large teams can make communication more challenging
- May have disagreements about the best way to care for a patient
- Different team members may have better or worse relationships with the patients, and may have access to varying information about the patient’s history - makes communication and documentation especially important

# On- Site Departments

- Medical and Surgical
- HIV Health Care
- Ambulatory Services
- Tuberculosis Care
- Geriatric Evaluation and Treatment
- Correctional Health Care
- Metro Boston Mental Health Units
- On-Site Supported Services

## On-Site Bed Summary

Medical	Psychiatry	Shelter	Residential Treatment	<b>Total</b>
145	115	125	162	<b>547</b>



# On-Site Supported Services



Pine Street Inn - Shattuck Emergency Shelter

Substance Abuse Transitional Beds

Primary Care Program for the Homeless

Housing and Employment Search

Living and Recovering Community (LARC)

Women's Hope

High Point Detox

PSI: Shattuck Shelter and Stabilization Program

# Advocacy for Our Population

1. **National level:** Substance Abuse and Mental Health Services Administration
2. **State level:** Massachusetts Association for Mental Health
3. **Locally:** Pine Street Inn



# About SAMHSA

- **Who they are:** a government agency that is part of the Department of Health and Human Services
- **Advocacy work:** raising awareness of/decreasing stigma around MAT, “Too Smart to Start” campaign, provide grants to related research
- **Criticisms:** current leader, McCance-Katz, has been critiqued for over-emphasizing pharmacological treatment, and under-emphasizing behavioral and community-based treatment; 2012 congressional investigation on the Sandy Hook shooting found SAMHSA partially at fault

Source: <https://www.samhsa.gov/>, New York Times

# About MA Association for Mental Health

- **Who they are:** Non-governmental non-profit with 100+ years of history
- **Advocacy work:** five-tiered approach-- health promotion, prevention, access improvement, system reform, legal advocacy. Allows them to target patients and their families, communities, lawmakers, and healthcare providers in a systematic, purposeful way. Contribute to research on local population health.
- **Criticisms:** Unknown. Boston Globe has published several op-eds lauding their work.

Source: <https://www.mamh.org/>

# About the Pine Street Inn

- **Who they are:** non-governmental, non-profit shelters/housing assistance in Boston, expanded across New England, plus a vendor at LSH!
- **Advocacy work:** helping folks that are unhoused get registered to vote, street outreach and job training, policy-level advocacy, participation on local community research and dialogue
- **Criticisms:** From a donor/volunteer's perspective, it is highly rated on Charity Navigator, variable success for clients

Source: <http://www.pinestreetinn.org/>

# Clinicians as Advocates

- Get educated about pharmacological treatments for SUD, such as Suboxone and methadone; talk about them openly with peers and patients.
- Encourage patients and peers to view behavioral treatment as a vital part of healthcare.
- Help to integrate social work into inpatient discharge planning, and avoid discharge to settings that are not conducive to sobriety.
- Do not refer patients to sober living that are not “ready” for recovery.
- Understand that “recovery takes a village.”

Source: Liz Burden, MSW, MPH, Director of Social Work at LSH

# Relevant Legislation

**The Substance Use Disorder Prevention that Promotes Opioid Recovery and Treatment (SUPPORT) for Patients and Communities Act** was signed by President Donald Trump on October 24, 2018.

- Will allow physicians, advanced practice nurses, and physician assistants to deliver MAT in settings other than opioid treatment programs.
- Previously, MAT prescribers were limited to a 30-patient limit within the first year of their MAT prescribing authority; Now, MAT prescribers are limited to a 100 patients. Select prescribers, such as those board certified in psychiatry or addiction medicine, may prescribe up to 275 patients.
- A one-time requirement of 24 education hours was made mandatory for all prescribers to obtain a waiver.

# Acknowledgements



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