

Practicum Abstracts 2024

Degree: MPH-45

Field of Study: Health Policy

Project Title	Project Summary or Abstract
Outlining the competitive landscape of drug and vaccine development	Conducted competitive landscape analysis and pipeline review for a large biopharmaceutical player.
Advancing Bill S.750 to Enhance the Primary Care System in Massachusetts	<p>Nationally, the United States is seeing a decline in the rates of medical graduates entering primary care, the quantity of primary care visits, and the number of individuals with designated primary care physicians. MA experiences many of the same issues.</p> <p>Bill S.750, introduced by Senator Cindy Friedman, aims to improve the access and quality of primary care - while also furthering efforts to recruit and maintain providers through investment in the primary care system. Broadly, my work focused on making recommendations to advance this bill.</p> <p>First, I researched primary care payment models implemented by public and private payers in other states. Second, I investigated strategies by other states to heighten investment into primary care. Third, I attended biweekly meetings with primary care physician-advocates across MA to complement my research. Fourth, I developed questions for stakeholder interviews to bolster approaches to the implementation of S.750. Finally, I presented to Senator Friedman's team with recommendations for S.750.</p>
Expanding Welcome Family: An Opportunity to Address Maternal Health Inequities in Massachusetts	For my Practicum, I interned with Health Care for All (HCFA), a Massachusetts nonprofit advocacy organization working to promote health equity. First, I created a comprehensive research packet on HB.985/SB.672, a current bill in the state legislature to increase the reach of a universal postpartum home-visiting program in Massachusetts. Through interviews with key stakeholders, including organizations providing home-visiting services, I gained insights into the home-visiting landscape. I also developed a presentation and fact sheet outlining the key elements of the bill, including costs,

	<p>challenges, and program reach, for utilization in HCFA’s advocacy initiatives. One of the highlights of my Practicum was meeting with legislators at the Massachusetts State House to describe my work on HB.985/SB.672 and advocate for its passage.</p>
<p>Integrating Foreign Care Workers to the Long-Term Care System of Taiwan</p>	<p>Taiwan's rapid population aging has created a pressing demand for care services. However, the country's formal long-term care system excludes foreign care workers, leaving them as a separate and less regulated part of the workforce. This differs from Japan and South Korea, where foreign care workers are integrated into the long-term care system. Taiwan treats foreign care workers as temporary guest workers without requiring adequate training or language proficiency. As a result, there are concerns about inconsistent quality of care. Additionally, Taiwan does not offer sufficient labor rights protection or immigration benefits to foreign care workers, rendering the current system unsustainable. This practicum presents new policy approaches to address these issues, such as improving training standards and creating a certification process while also recruiting international students.</p>
<p>AI Will See You Now: Integrating Artificial Intelligence Diagnostic Software Into Dental Practice</p>	<p>My host organization, 42 North Dental, integrated an FDA-approved artificial intelligence (AI) diagnostic software created by VideaHealth across its entire practice network between July and November of 2023. The AI software is used in collaboration with dental radiography to identify certain findings on images as potential concerns for the dentist to verify clinically during an exam. The objectives of my project were to assess the effectiveness of integrating AI software into dental practice, as well as to identify solutions for improving the user dental AI experience. I completed a quantitative analysis by collecting and interpreting key performance indicators (KPI’s) that were impacted by the introduction of AI into dental practice and provided policy recommendations to 42 North Dental for achieving data-driven clinical performance metrics. Second, I completed a qualitative analysis by developing and distributing surveys to dentists, hygienists, and patients with the aim of identifying strengths, weaknesses, and barriers to user experience with AI software. Survey feedback was incorporated into my recommendations to VideaHealth for improving the AI user interface product design. Third, I delivered a clinical practice guideline to 42 North Dental that incorporated data and stakeholder feedback from my quantitative and qualitative analysis to provide best practice recommendations to using AI software. To summarize, the introduction of AI diagnostic</p>

	<p>software into dental practice is new, fast-evolving, and a significant game-changer to impacting patient care. My recommendations aim to improve patient care for the foreseeable future.</p>
<p>International Comparisons of Health Policy in the Accessibility of Innovative New Drugs</p>	<p>This practicum project focused on analyzing the outcomes of policy efforts aimed at accelerating patient access to innovative new drugs. We compared drug authorization policies and outcomes using a decade-long record from publicly available databases of the US Food and Drug Administration and the European Medicines Agency. To investigate the impacts of these policies during the study period, we analyzed new drug authorization data from these regulatory agencies, comparing outcomes that included review times, characteristics of clinical trial data, and the utilization of regulatory programs.</p>
<p>Crisis Pregnancy Centers (CPC) in Massachusetts: Measuring the Problem & Finding Policy Solutions</p>	<p>During my practicum, I worked with Planned Parenthood League of Massachusetts on a project on Crisis Pregnancy Centers. The project aims to advance health equity by reducing the harm anti-abortion crisis pregnancy centers (CPCs) impose on communities across Massachusetts, especially those often targeted by CPCs: people with limited English proficiency (LEP) undocumented communities, and college students.</p> <p>CPCs are facilities, often operated by major national religious organizations, that advertise offering all pregnancy-related services, but do not actually offer abortion or emergency contraception. CPCs are rarely licensed as medical facilities and primarily attempt to dissuade people from obtaining abortion or contraceptive care. In addition, CPCs also do not provide comprehensive prenatal care or medically accurate information.</p> <p>Typically located in low-income communities and communities of color, CPCs prey on people in need by offering free pregnancy-related resources and services.</p> <p>The project consisted of research, community engagement, and advocacy. In the first stage, policy research was conducted to inform further action. Firstly, the research was used to equip Massachusetts policymakers, advocates, and stakeholders with workable policy solutions. Secondly, the obtained research is being shared with communities across Massachusetts through community events, events on college campuses and translated materials to reach LEP populations. Focusing on</p>

	<p>these vulnerable populations helps support larger, community-wide efforts to mitigate the harm caused by CPCs.</p>
<p>Physician Advocacy in State Health Policy</p>	<p>Primary care in the U.S. is in crisis and in need of reform. In Massachusetts, a dedicated group of providers, patients, and advocates are working to pass legislation that would create an opportunity to transform the landscape of primary care to make care more accessible, equitable, and sustainable. The legislation is S.B. 750, commonly referred to as Primary Care for You or PC4You.</p> <p>The practicum experience centered around communications, and how to effectively communicate the urgency and details of the proposal to legislators and other stakeholders. Key aspects of the practicum included researching the state of primary care and details of the legislation to address key stakeholder questions as well as drafting figures and presentation slides to communicate the intricacies of the financial aspects of the legislation to a variety of audiences.</p> <p>The opportunity to work with an inspiring group advocating for impactful change and to see the legislation's progress over the course of the year was an incredible opportunity to apply policy and economic concepts learned in the classroom to a contemporary advocacy initiative. As someone aiming to pursue a career in physician advocacy, the experience has been influential in my career growth.</p>
<p>Advancing Access to 12 Month Contraceptive Supplies through Provider Outreach APPROVED</p>	<p>With the reversal of Roe vs. Wade in FY 2022, reproductive justice is at stake. The ACCESS Law was passed in 2017, requiring insurance coverage of a 12mo supply of self-administered contraception. However, in 2022 only 382 MassHealth patients received 12mo contraceptive prescriptions. Uptake of prescriptions has been low due to barriers amongst pharmacists, insurances, providers, and patients. Since January 2024, pharmacists are also now able to prescribe contraception. After conducting semi-structured qualitative interviews with providers, we found that there are cultural shifts that are hard to break in prescribing habits; little infrastructure to support at the pharmaceutical level; lack of centralized communication between providers; questionable demand for a 12mo contraceptive supply. Additionally, when creating a pharmacist-prescribed birth control guide, we found that registering with MassHealth presents major time and cost barriers.</p>

<p>Early Warning System at WHO</p>	<p>WHO developed the Early Warning System to monitor potential side effects of COVID-19 vaccination and medications. Due to the lack of information about adverse effects, WHO needed a method to complement the official reporting process for pharmacovigilance. During my practicum, I explored the EWS system and observed potential challenges.</p>
<p>Data Sharing in Genomic Research: Ethical Concerns and Policy Recommendations for the International Common Disease Alliance</p>	<p>This practicum project involved researching and developing recommendations for an organizational policy on data sharing and embargoes for a genomics research consortium. A key goal was to analyze policies at similar organizations to identify best practices that incorporated concerns about both practicality and ethics.</p>
<p>Health Care Landscape and Strategic Planning for NEHI</p>	<p>This project dovetailed into NEHI’s strategic planning process and is essential to the growth and future relevance of the organization. As background, NEHI was established 20 years ago by Henri Termeer and a group of forward-thinking healthcare pioneers who wanted to create a ‘safe’ place where organizations representing every healthcare sector could sit, discuss, and solve the most difficult challenges facing both the implementation of and policies surrounding innovations. Now, after Termeer’s passing, the COVID pandemic, and changes in the healthcare economic landscape that are affecting its members and how they view the value of NEHI, the organization finds itself in a period of strategic self-reflection as it considers what its future as a member-supported organization can (or should) look like.</p> <p>The objectives of my practicum were to:</p> <p>Conduct structured interviews over Zoom with the members of NEHI to research and analyze the following matters:</p> <ol style="list-style-type: none"> 1. Trends in membership support for policy-oriented non-profit organizations. 2. Number and types of policy-oriented non-profits 3. Common issues facing NEHI’s three major stakeholders (pharma/biotech organizations, hospitals/clinicians, and payers) 4. Is NEHI addressing its members’ imminent concerns? If not, how can it improve or not?

	<ul style="list-style-type: none"> - Conduct a competitive landscape audit that will lead to an analysis of organizations that could be considered ‘competitors’ to NEHI for members, projects, and the like. - Identify potential organizations for a merger and acquisition possibility.
<p>A Virtual Kidney Palliative Care Patient and Family Advisory Council: Empowering Patient and Caregiver Voices in Medical Care</p>	<p>The practicum aims to empower the voices of patients and caregivers in medical care through the establishment of a Patient and Family Advisory Council. This council is dedicated to collecting insights from patients and their families regarding kidney failure care, palliative care, alternatives to dialysis, and their overall illness experiences. Its primary objective is to refine care methodologies to more effectively meet their needs. I contributed to the recruitment process, coordinated virtual meetings, and facilitated sessions with the preceptor and advisors to gather insights on kidney failure care, palliative care, and overall illness experiences. The overarching goal is to enhance healthcare practices to better align with the needs of patients and their families.</p>
<p>Advocating to Expand HUSKY Eligibility to All Residents of Connecticut Through a Reproductive Justice Lens</p>	<p>Worked with REN as part of their coalition work with the HUSKY4Immigrants coalition in Connecticut to advocate for expansion of Connecticut's Medicaid program (HUSKY) to all residents regardless of documentation status. In This session, we were focus on securing appropriation of funding for 0-15 year olds and expanding to 18years old , especially since this is a critical age group to access family planning resources. I did a comparative policy analysis and political strategy analysis on approaches from other states, premed and spoke at the Appropriations Committee hearing, and presented potential future strategies to advocate for expansion to other age groups.</p>
<p>The Relationship Between Transportation Insecurity and Influenza Vaccination Among Pregnant Individuals in the US: An Opportunity for a Bundled Intervention</p>	<p>Background: In the United States (US), transportation insecurity (TI)—the inability to access safe, reliable transportation—has been associated with low influenza (flu) vaccination rates. We examined the association between TI and flu vaccination in pregnant individuals, which has not been investigated previously.</p> <p>Methods: Using the 2022 Behavioral Risk Factor Surveillance System (BRFSS), a US-based telephone survey, TI was measured with the question: “During the past 12 months, has a lack of reliable transportation prevented you from attending medical appointments, meetings, work, or obtaining necessities for daily living?” We used logistic regression to estimate odds ratios (OR) and 95% confidence intervals</p>

	<p>(CI) for the association between TI and flu vaccination. We used the change-in-estimate approach to assess potential confounders (sociodemographic and comorbidities). Variables that had a 10% or greater change in the adjusted beta were included in the final adjusted model if $p < 0.1$.</p> <p>Results: Of the 1,428 pregnant individuals included in the final analysis, 12.2% had TI, and 37.7% reported receipt of a flu vaccine in the last 12 months. Flu vaccination was lower among individuals with TI (16.3%) versus those without TI (40.7%) [crude OR = 0.28, 95%CI = 0.15 – 0.56; $p = < 0.001$]. This association was attenuated by adjusting for race, income, and health insurance [adjusted OR = 0.48, 95%CI = 0.21 – 1.12; $p = 0.089$]. Income was the most influential covariate, resulting in a 40% change in the beta coefficient.</p> <p>Conclusion: TI was not significantly associated with flu vaccination after adjusting for income. The interplay of these factors presents an opportunity for comprehensive multi-pronged interventions, such as expanding mobile services for prenatal care and vaccinations and increasing access to state-based maternal cash benefits.</p>
<p>Strengthening Nutrition Services Guidance within the NC Medicaid Healthy Opportunities Pilot Program</p>	<p>The Healthy Opportunities Pilots, facilitated by the NC Medicaid Office within the North Carolina Department of Health and Human Services, is the nation’s first program to test and evaluate the impact of providing select evidence-based, non-medical interventions targeting health-related social needs to high-need Medicaid enrollees. The Pilots operate in three geographic regions of the state, with three organizations serving as Network Leads to oversee the provision of 29 distinct services across 4 domains (Food, Transportation, Housing, and Toxic Stress) by Human Services Organizations (HSOs) within their respective regions. This project, under the Food domain, focused on the creation of guidance documents for HSOs to effectively provide food-related services to the Medicaid enrollees referred to the program. The student worked with the interdisciplinary Food Services Guidance Working Group to craft documents related to the production and facilitation of healthy food boxes, medically tailored home meals, a fruit and vegetable prescription program, a diabetes prevention program, and evidence-based group nutrition classes.</p>

<p>Evaluating access to linguistically and culturally appropriate care for patients with health insurance through the Massachusetts Marketplace</p>	<p>I completed my practicum with the Massachusetts Health Connector, which is a state-run health insurance Marketplace that supports individuals and small groups in enrolling in affordable health and dental insurance plans as described under the Patient Protection and Affordable Care Act (ACA). Although ACA insurance Marketplaces have decreased uninsurance rates in the U.S. by enrolling millions of Americans in comprehensive insurance plans, racial and ethnic health disparities persist in Massachusetts and throughout the U.S. Given that adequate provider training in caring for patients with distinct linguistic and cultural preferences may improve patient safety and outcomes, I choose to review the Massachusetts Health Connector’s current policies and practices related to the provision of linguistically and culturally sensitive care. I also compared the Connector’s initiatives to those of other state-run Marketplaces and MassHealth. I then wrote a policy memo and gave a presentation detailing my project findings and recommendations for how the Health Connector could improve patients’ access to linguistically and culturally appropriate care. Three of my key findings are as follows:</p> <ol style="list-style-type: none"><li data-bbox="579 781 1850 854">1. The Massachusetts Health Connector is a national leader in providing individuals and small groups with affordable and high-quality health insurance,<li data-bbox="579 862 1860 935">2. Providers should strive to practice “cultural humility” as opposed to “cultural competence”, and<li data-bbox="579 943 1866 1016">3. Measurable goals and robust data collection are needed to evaluate the efficacy of provider training programs in improving patient access to linguistically and culturally appropriate care.
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