FENWAY HEALTH

PROMOTING HPV VACCINATION AMONG ADULT PATIENTS

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PRESENTER DISCLOSURE INFORMATION

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Consultant	No relevant conflict of interests to declare
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Other Financial or Material Interests	No relevant conflict of interests to declare
Off Label Use of Vaccines	May be discussed, but in accordance with current ACIP recommendations

LEARNING OBJECTIVES

1. Describe HPV vaccination recommendations
2. Review disparities in HPV vaccine uptake according to age, sexual orientation, gender identity, race and ethnicity
3. Identify effective communication strategies to increase HPV vaccine uptake
4. Analyze and provide solutions to address provider and systems barriers to HPV vaccination.

HUMAN PAPILLOMAVIRUS

- Double stranded DNA virus
- More than 150 types
  - ~ 40 types defined by genital/mucosal sites of infection
    - Low-risk (6, 11) associated with 90% of genital warts
    - High-risk (16, 18) associated with anogenital & oropharyngeal cancers

Schiffman M, Castle PE, Jeronimo J, Rodriguez AC, Wacholder S. Human papillomavirus and cervical cancer. *Lancet* 2007; 370(9590):890–907.
Muñoz N, Bosch FX, Castellsagué X, et al. Against which human papillomavirus types shall we vaccinate and screen? The international perspective. *International Journal of Cancer* 2004; 111(2):278–285.]
Watson M, Saraiya M, Ahmed F, et al. Using population-based cancer registry data to assess the burden of human papillomavirus-associated cancers in the United States: overview of methods. *Cancer* 2008; 113(10 Suppl):2841–2854.

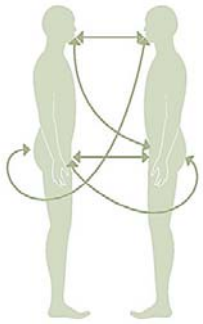
HPV EPIDEMIOLOGY

(PRE-VACCINE)

- HPV infection is prevalent
  - **79** million Americans are currently infected
  - **14** million people become newly infected annually
  - **75 to 80%** of unvaccinated sexually active adults will acquire a genital tract HPV infection before the age of 50
- Usually acquired shortly after onset of sexual activity
- Cancer is a rare outcome

Beutner KR. Nongenital human papillomavirus infections. Clin Lab Med 2000; 20:423.Winer RL et al.
Satterwhite CL, Torrone E, Meites E, et al. Sexually transmitted infections among U.S. women and men: prevalence and incidence estimates, 2008. Sex Transm Dis 2013;40:187–93.

HPV TRANSMISSION



EPIDEMIOLOGY
SEXUAL MINORITY POPULATIONS (MSM)

- Prevalence of high-risk anal HPV (types 16,18) among MSM is high:
  - 37% among HIV-uninfected MSM
  - 74% among HIV-infected MSM
- Since HPV is spread via any sexual contact, everyone should be vaccinated

Machalek DA, Poynten M, Jin F, et al. Anal human papillomavirus infection and associated neoplastic lesions in men who have sex with men: a systematic review and meta-analysis. Lancet Oncol 2012; 13:487.

EPIDEMIOLOGY
SEXUAL MINORITY POPULATIONS (WSW)

- HPV is transmitted via all kinds of sex and sharing of sex toys
- Lesbians and other WSW are at risk for infection from both F and M sex partners
- Same prevalence of cervical HPV (13-30%) among exclusive WSW and WSM
- Increased cervical cancer risk factors (less likely to access screenings, more likely to smoke)

Kerker BD, Mostashari F, Thorpe L. Health care access and utilization among women who have sex with women: Sexual behavior and identity. J Urban Health. 2006;83(5):970-979
Marrazzo JM. Papanicolaou test screening and prevalence of genital human papillomavirus among women who have sex with women. Am J Public Health. 2001 Jun;91(6):947-52.
Roberts SJ, et al. Health related behaviors and cancer screening of lesbians: Results of the Boston Lesbian Health Project II. Women Health. 2004;39(4):41-55.

	HPV9	HPV4 (Gardasil)	HPV2 (Cervarix)
Manufacturer	Merck		GlaxoSmithKline
Types	6, 11, 16, 18, 31, 33, 45, 52, 58	6, 11, 16, 18	16, 18
Indications	**Females:** Anal, cervical, vaginal and vulvar precancer and cancer; Genital warts **Males:** Anal precancer and cancer; Genital warts		**Females:** Cervical precancer and cancer **Males:** Not approved for use in males
Contraindications	Hypersensitivity to yeast	Hypersensitivity to yeast	Hypersensitivity to latex (latex only contained in pre-filled syringes, not single-dose vials)
Schedule (IM)	3 dose series: 0, 2, 6 months		3 dose series: 0, 1, 6 months

YOU ARE THE KEY TO CANCER PREVENTION

ACIP HPV9 RECOMMENDATIONS

- Routine HPV vaccination recommended for males and females ages 11-12 years
- Catch-up recommended:

Age	13-21	22-26*
Females	3 Doses	
Males	3 doses	3 doses**

* Until 27th birthday
**For men who have sex with men or immunocompromised individuals

Advisory Committee on Immunization Practices Recommended Immunization Schedule for Adults Aged 19 Years or Older — United States, 2014 Source: MMWR, February 7, 2014; 63(5):110–112

VACCINE SCHEDULE

Advisory Committee on Immunization Practices Recommended Immunization Schedule for Adults Aged 19 Years or Older — United States, 2014 Source: MMWR, February 7, 2014; 63(5):110–112

SAFE, EFFECTIVE, LASTING PROTECTION

- HPV Vaccine is SAFE
  - Safety studies findings for HPV vaccine similar to safety reviews of MCV4 and Tdap vaccines
- HPV Vaccine WORKS
  - High grade cervical lesions decline in Australia (80% of school aged girls vaccinated)
  - Prevalence of vaccine types declines by more than half in United States (33% of teens fully vaccinated)
- HPV Vaccine LASTS
  - Studies suggest that vaccine protection is long-lasting; no evidence of waning immunity

Garland et al, Prev Med 2011; Ali et al, BMJ 2013; Markowitz JID 2013; Nasuli-Maktabi MSMR 2013

YOU ARE THE KEY TO CANCER PREVENTION

HPV9 VACCINE

- FDA approved in December 2014
  - Females 9-25
  - Males 9-15
- 96.9% reduction in cervical, vulvar, vaginal intraepithelial hyperplasia and adenocarinoma caused by HPV types 31, 33, 45, 52, 58
- 78% effective in anal cancer prevention (same as Gardasil)

Merck, EUROGIN Abstract SS 8-4, Nov 2013

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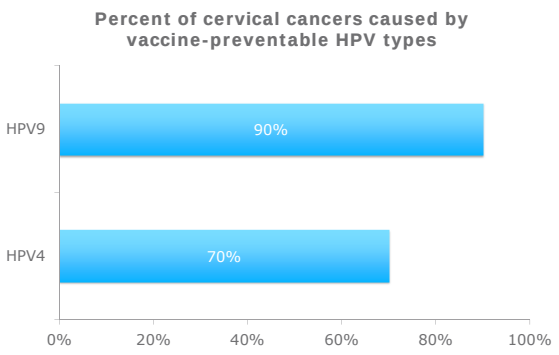

Elmar, J, et al. A 9-Valent HPV Vaccine against Infection and Intraepithelial Neoplasia in Women. N Engl J Med 2015; 372 (8): 711

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CONSIDERATIONS: HPV9

- HPV4 likely will continue to be available for 12-18 months post HPV9 licensure
- ACIP: HPV9 recommendations currently under discussion
  - Switch to HPV9 if mid-series with HPV4
  - Revaccination?
  - Clarify age eligibility for males

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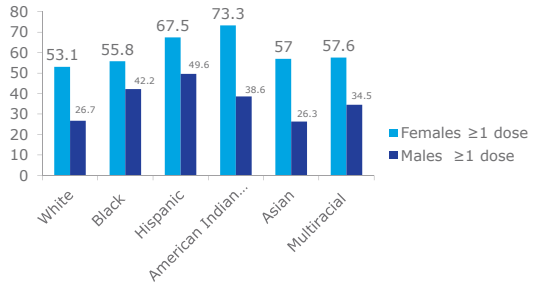
WHAT SHOULD PROVIDERS DO WITH HPV4 CURRENTLY AVAILABLE

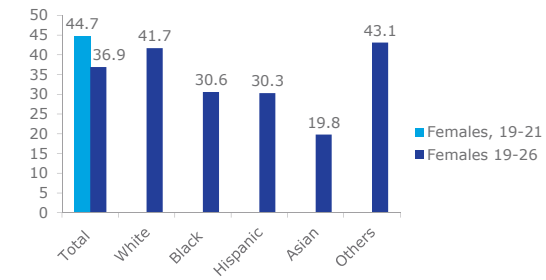
- Keep vaccinating with HPV4
- Do **not** postpone vaccination until HPV9 available
- Avoiding missed opportunities is critical.

HPV VACCINE INITIATION, US ADOLESCENTS 13-17, 2014



National, Regional, State, and Selected Local Area Vaccination Coverage Among Adolescents Aged 13–17 Years — United States. MMWR 2014, 63(29);625-33.

HPV VACCINE INITIATION FEMALE ADULTS 19-26, US, 2013



CDC. Noninfluenza vaccination coverage among adults—United States, 2012. MMWR 2015; 64(04);95-102

DISPARITIES IN COMPLETION BY RACE/ETHNICITY

- If they initiate, whites are twice as likely to complete the series than Black counterparts
- Common reasons for not completing series:
  - Unaware of need for subsequent doses, side effects, time, inconvenient clinic locations
  - These issues more common among low-income women who may have limited English proficiency, low health literacy, inflexible work hours, or limited child care options

Jeudin, Patricia et al.Race, Ethnicity, and Income Factors Impacting Human Papillomavirus Vaccination rates. Clinical Therapeutics , Volume 36 , Issue 1 , 24 – 37
Jeudin P, Liveright E, del Carmen MG, Perkins RB. Race, ethnicity and income as factors for HPV vaccine acceptance and use. Human Vaccines & Immunotherapeutics 2013; 9:1413 - 1420

DISPARITIES IN HPV KNOWLEDGE/ INITIATION AMONG SEXUAL MINORITY WOMEN

- No significant difference in having heard of the HPV vaccine between lesbians and heterosexual women (92.1% vs. 84.8%)
- Lesbian-identified women were significantly less likely to receive at least one dose of the vaccine (5% vs. 28.5%)

Data: National Survey of Family Growth, 2006-2010
Madina Agénor, Sarah Peitzmeier, Allegra R. Gordon, Sebastien Haneuse, Jennifer E. Potter, S. Bryn Austin. Sexual orientation identity disparities in human papillomavirus vaccine knowledge and initiation in a national probability sample of young U.S. women. Under Review.

SYSTEMS-BASED APPROACH TO INCREASING VACCINATION

1. Increase client demand for vaccinations
   - Client-centered educational materials
   - Reminder systems
2. Enhance access to vaccines
   - Reduce out-of-pocket costs
   - Expanded access in health-care settings
3. Provider reminders and education

Guide to Community Preventive Services. Increasing appropriate vaccination: health care system-based interventions implemented in combination. www.thecommunityguide.org/vaccines/universallyhealthsysteminterventions.html

INCREASING VACCINE UPTAKE

The most important predictor of vaccination in the clinical setting is a strong recommendation from a health-care provider

Community Preventive Services Task Force. The guide to community preventive services. Increasing appropriate vaccination: provider reminders [Internet]. Atlanta (GA): the Task Force; 2008 Jun [updated July 2013]
Dorell C, et al. Factors that influence parental vaccination decisions for adolescents, 13 to 17 years old: National Immunization Survey–Teen, 2010. Clin Pediatr (Phila) 2013;52:162–70.

COUNSELING STRATEGIES

- Focus on HPV vaccination as a tool to prevent multiple cancers
- Emphasize the importance of vaccinating people of all genders
- Emphasize the importance of vaccinating the primary target age group (11- to 12-year-olds)
- Promote catch-up vaccination for older adolescents and young adults
- Reinforce HPV vaccine efficacy and safety

Reducing the Burden of HPV-associated Cancer and Disease through Vaccination in the US. CDC Grant Rounds. Accessed from: http://www.cdc.gov/cdcgrandrounds/archives/2013/february2013.htm

FRAMING THE HPV VACCINE CONVERSATION

Tips and Time-savers for Talking with Parents about HPV Vaccine

Recommend the HPV vaccine series the same way you recommend the other adolescent vaccines. For example, you can say "Your child needs these shots today," and name all of the vaccines recommended for the child's age.

Parents may be interested in vaccinating, yet still have questions. Taking the time to listen to parents' questions helps you save time and give an effective response. CDC research shows these straightforward messages work with parents when discussing HPV vaccine—and are easy for you or your staff to deliver.

CDC RESEARCH SHOWS:	The "HPV vaccine is cancer prevention" message resonates strongly with parents. In addition, studies show that a strong recommendation from you is the single best predictor of vaccination.
TRY SAYING:	HPV vaccine is very important because it prevents cancer. I want your child to be protected from cancer. That's why I'm recommending that your daughter/son receive the first dose of HPV vaccine today.
CDC RESEARCH SHOWS:	Disease prevalence is not understood, and parents are unclear about what the vaccine actually protects against.
TRY SAYING:	HPV can cause cancers of the cervix, vagina, and vulva in women, cancer of the penis in men, and cancers of the anus and the mouth or throat in both women and men. There are about 26,000 of these cancers each year—and most could be prevented with HPV vaccine. There are also many more precancerous conditions requiring treatment that can have lasting effects.
CDC RESEARCH SHOWS:	Parents want a concrete reason to understand the recommendation that 11–12 year olds receive HPV vaccine.
TRY SAYING:	We're vaccinating today so your child will have the best protection possible long before the start of any kind of sexual activity. We vaccinate people well before they are exposed to an infection, as is the case with measles and the other recommended childhood vaccines. Similarly, we want to vaccinate children well before they get exposed to HPV.
CDC RESEARCH SHOWS:	Parents may be concerned that vaccinating may be perceived by the child as permission to have sex.
TRY SAYING:	Research has shown that getting the HPV vaccine does not make kids more likely to be sexually active or start having sex at a younger age.

IDENTIFY AN IMMUNIZATION CHAMPION

A champion can:

- Be any staff member
- Generate support and cooperation from coworkers
- Spearhead QI activities to reduce barriers and increase vaccination
- Involve all office staff in the effort

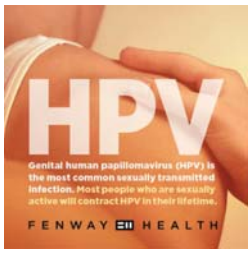
EDUCATIONAL MATERIALS

Goal: Create resource containing key messages that:

- Explain HPV, risk factors, prevention, relationship between HPV and associated cancers
- Are gender-neutral and appropriate for people of all sexual orientations
- Address perceived barriers

Blackwell, C. Human Papillomavirus and Anorectal Carcinoma Knowledge in Men Who Have Sex With Men. Journal of the Association of Nurses in Aids Care, Vol. 22, No. 6, November/December 2011, 444-453
Gerend, M. Increasing Human Papillomavirus Vaccine: Acceptability by Tailoring Messages to Young Adult Women's Perceived Barriers.Sexually Transmitted Diseases & Volume 40, Number 5, May 2013, 401-405

FENWAY HPV BROCHURE



Shared widely:

Exam and waiting Rooms

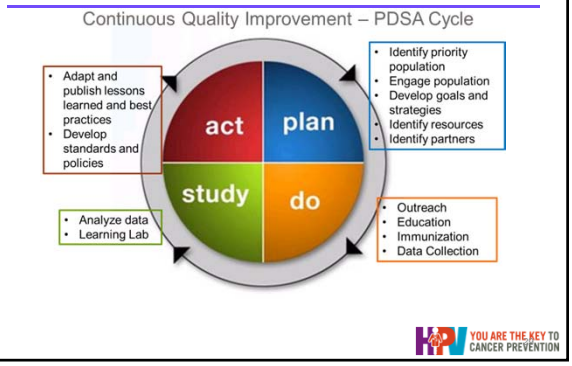
Fenway Health Blog, Tumblr, and other social media accounts

6,640 notes on Tumblr

Outreach and education events

PROJECT PLANNING TOOLS

Framework: Plan-Do-Study-Act



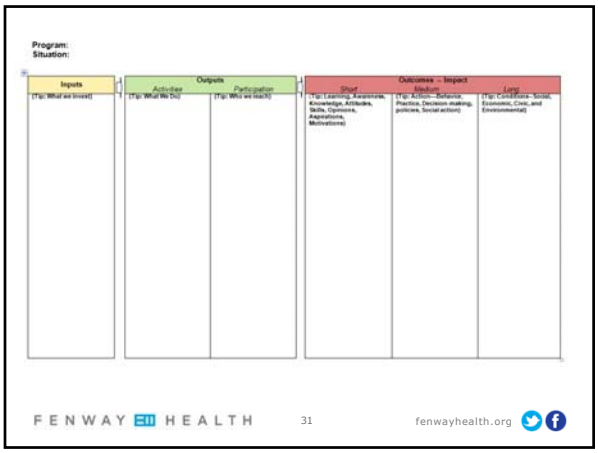
LOGIC MODELS

A summary of your project

→ What you put in, do, and achieve

- Clarifies the strategy underlying your program
- Details the relationship between actions and results
- Communicates what your project activities include
- Forms a basis for evaluation

Logic Model Development Guide. W.K. Kellogg Foundation, 1998.


Program:
Situation:
Inputs
Outputs
Activities
Participation
Outcomes – Impact
Short
Medium
Long
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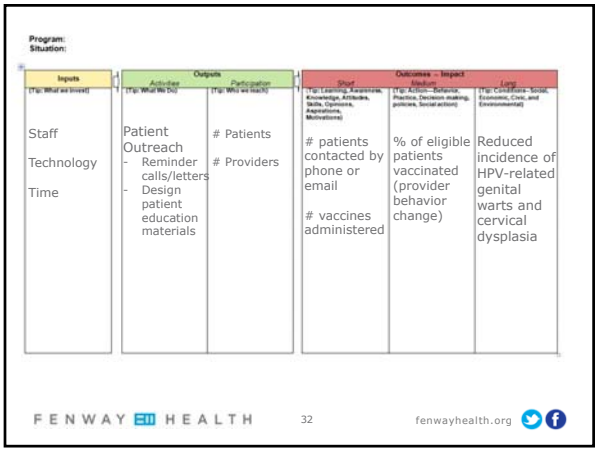
Program:
Situation:
Inputs
Outputs
Activities
Participation
Outcomes – Impact
Short
Medium
Long
Staff
Technology
Time
Patient Outreach
- Reminder calls/letters
- Design patient education materials
Patients
Providers
patients contacted by phone or email
vaccines administered
% of eligible patients vaccinated (provider behavior change)
Reduced incidence of HPV-related genital warts and cervical dysplasia
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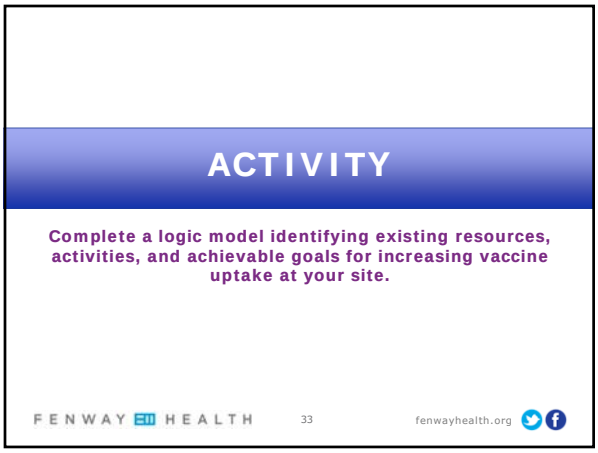
ACTIVITY
Complete a logic model identifying existing resources, activities, and achievable goals for increasing vaccine uptake at your site.
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Inputs	Outputs	
(What we invest)	Activities (What We Do)	Participation (Who we reach)
• Staff: Medical Director; Physician Floor Leaders; Nurse Managers; Medical Providers; Nurses; Medical Assistants; Data Analyst; Project Coordinator • Nursing visit appointments • Project Partners: Grant support from the Institute for Community Health Program Planning (ICHPP); college groups • Evidence-based models for increasing vaccination rates • Technology • Time	**Patient Identification and Outreach** • Identification of patients due for vaccine • Vaccine offered at every visit • Pilot outreach to 18-19 year olds **Patient and Community Education** • Developed population-specific education materials • Delivered educational workshops in the community • Disseminated materials via exam/waiting room display, social media, etc. **Staff Training** • Grand Rounds covering updated ACIP recommendations, actual vs. target site vaccination rates, opt-out communication strategy, insurance coverage • MA staff training **Addressing Systems Barriers** • Trained support staff to enroll eligible patients in patient assistance program • Added EMR prompt to indicate when vaccine is due • Standing orders • Implemented process t enable outside records capture for all patients **Data Management** • Track vaccine rates pre and post-intervention	• 120 patients contacted by mail or phone • 40 Fenway providers trained • 120 community members reached through community education workshops • 800 community members received educational brochures at outreach/engagement events • 6,600 user views/re-shares of HPV brochure on Fenway Health Tumblr

Outcomes		
Short	*Medium*	*Long*
Participants in community education workshops will: • Explain how HPV is transmitted • Name two prevention strategies • Describe who is eligible for the HPV vaccine and how many shots are needed to complete the series • Express the intention to make an appointment for vaccination	• Two immunization and HPV-specific flow sheets edited to track vaccines more efficiently • 1,937 vaccines documented or administered (2/2013-6/2014) • Partial or complete vaccination rates increased from 20% to 39% (2/2013-6/2014) • 30 vaccines administered through Patient Assistance Program	***[Reduced health disparities among LGBT populations]*** • Reduced rates of HPV-associated perineal warts • Reduced rates of HPV-associated cervical, anal and head/neck cancers

FENWAY STRATEGIES TO OVERCOME SYSTEMS BARRIERS

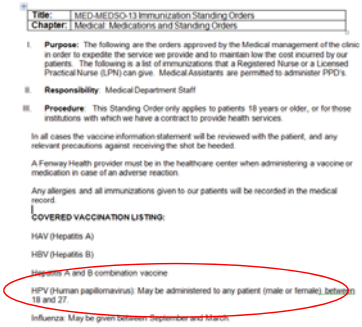
1) Used protocol prompts within electronic health records (EHRs) to avoid missed opportunities
2) Implemented nurse standing orders
3) Designed process to capture outside records for all new patients
4) Delivered patient and provider education

Guide to Community Preventive Services. Increasing appropriate vaccination: health care system-based interventions implemented in combination. www.thecommunityguide.org/vaccines/universally/healthsysteminterventions.html.

MEDICAL TEAM PROCESS

- Bundled vaccine efforts with other preventive services
  - Identified eligible patients during huddles
  - Requested outside records automatically for all new patients
    → Process confirms records received
  - Trained medical assistants to enter immunization records into EMR.

STANDING ORDERS



Title:	MED-MEDSO-13 Immunization Standing Orders
Chapter:	Medical: Medications and Standing Orders

I. **Purpose:** The following are the orders approved by the Medical management of the clinic in order to expedite the service we provide and to maintain low the cost incurred by our patients. The following is a list of immunizations that a Registered Nurse or a Licensed Practical Nurse (LPN) can give. Medical Assistants are permitted to administer PPD's.

II. **Responsibility**: Medical Department Staff

III. **Procedure**: This Standing Order only applies to patients 18 years or older, or for those institutions with which we have a contract to provide health services.

In all cases the vaccine information statement will be reviewed with the patient, and any relevant precautions against receiving the shot be heeded.

A Fenway Health provider must be in the healthcare center when administering a vaccine or medication in case of an adverse reaction.

Any allergies and all immunizations given to our patients will be recorded in the medical record.

COVERED VACCINATION LISTING:

HAV (Hepatitis A)

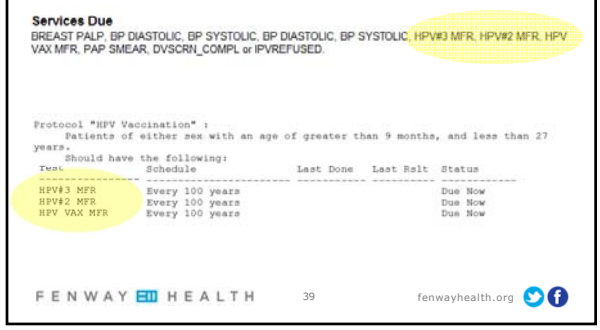
HBV (Hepatitis B)

Hepatitis A and B combination vaccine

HPV (Human papillomavirus). May be administered to any patient (male or female) between 18 and 27.

Influenza: May be given between September and March.

SYSTEMS PROMPTS AND PROTOCOLS

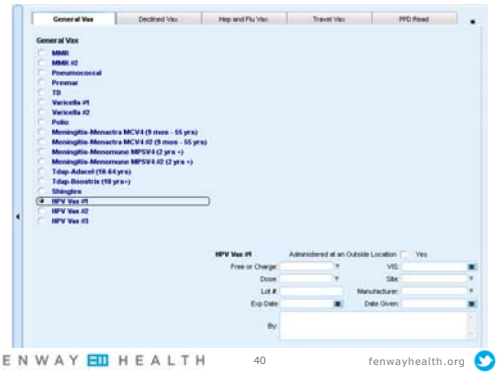


Services Due
BREAST PALP, BP DIASTOLIC, BP SYSTOLIC, BP DIASTOLIC, BP SYSTOLIC, HPV#3 MFR, HPV#2 MFR, HPV VAX MFR, PAP SMEAR, DVSCRN_COMPL or IPVREFUSED.

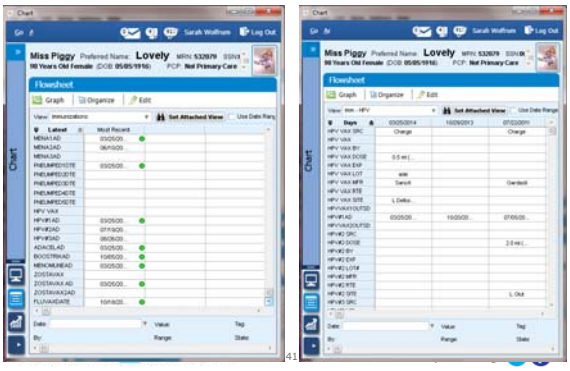
Protocol "HPV Vaccination" :
Patients of either sex with an age of greater than 9 months, and less than 27 years.
Should have the following:

Test	Schedule	Last Done	Last Rslt	Status
HPV#3 MFR	Every 100 years			Due Now
HPV#2 MFR	Every 100 years			Due Now
HPV VAX MFR	Every 100 years			Due Now

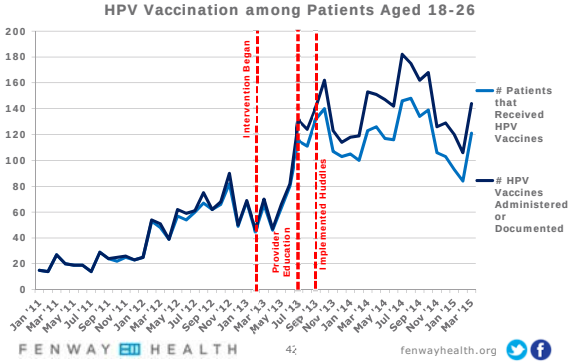
DATA CAPTURE SOLUTIONS



DATA CAPTURE SOLUTIONS

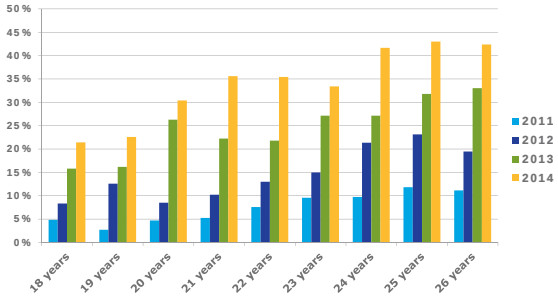


PRE &POST INTERVENTION DATA



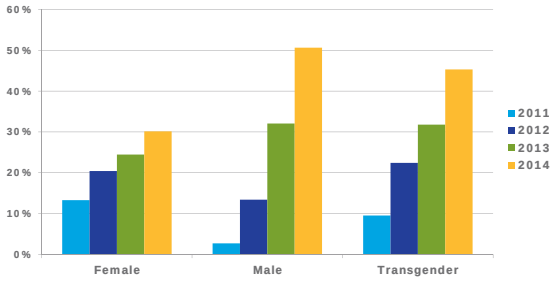
PRE & POST INTERVENTION DATA

Percentage of Patients with Complete or Partial HPV Vaccination by Age



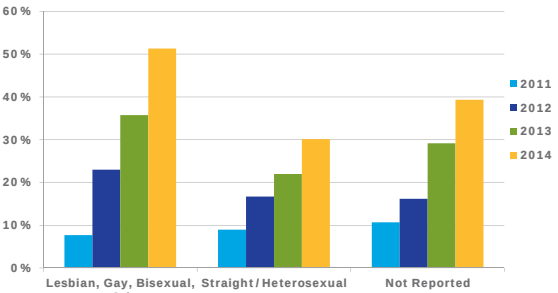
PRE & POST INTERVENTION DATA

Percentage of Patients with Complete or Partial HPV Vaccination by Gender



PRE & POST INTERVENTION DATA

Percentage of Patients with Complete of Partial HPV Vaccination Coverage by Sexual Orientation



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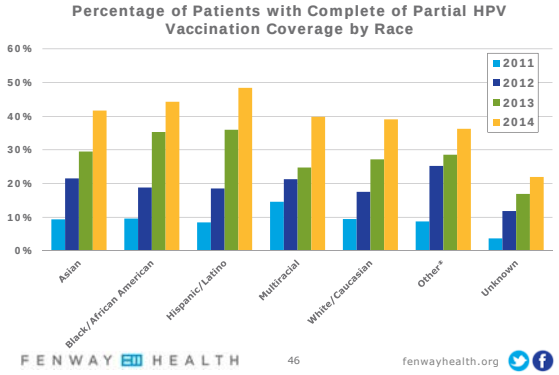


FURTHER OPPORTUNITIES TO INCREASE UPTAKE

1) Vaccine administration during walk-in hours or at pharmacy
2) Link to MIIS to better identify unvaccinated or partially vaccinated patients
   → Outreach to unvaccinated patients

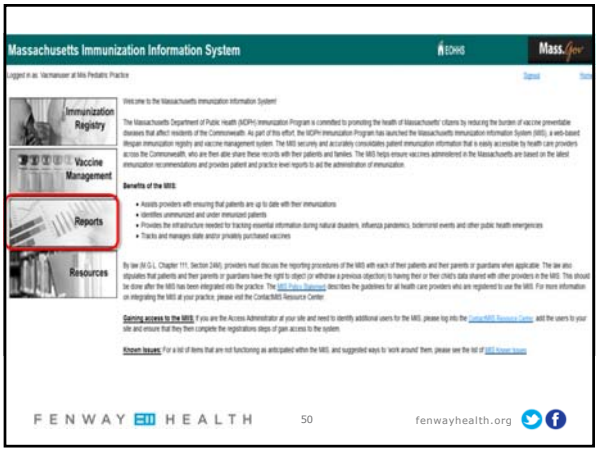
Massachusetts Immunization Information System

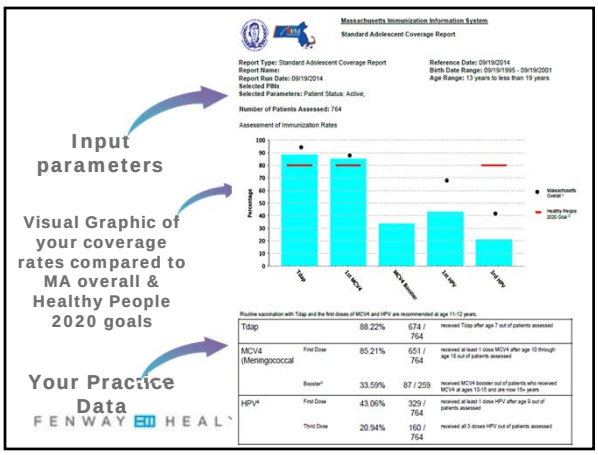
About the MIIS

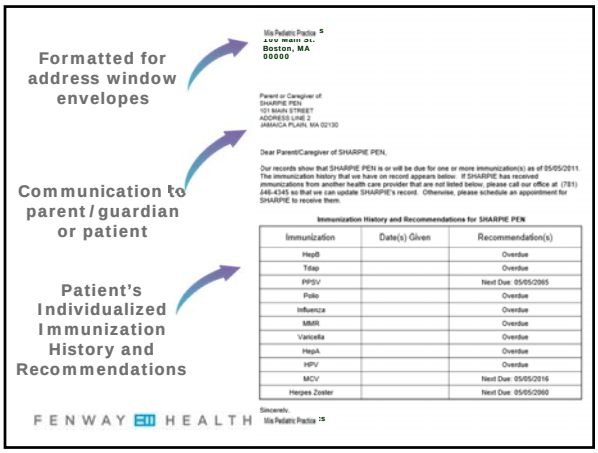
- ✓ Secure, confidential web-based system capable of electronic data exchange and direct data entry
- ✓ Consolidates immunization records over lifespan
- ✓ Assists providers with clinical decision support
  - ✓ Helps identify due or overdue immunizations
  - ✓ Prevents over/under immunization
- ✓ Patient immunization and vaccine usage reports
- ✓ Provides infrastructure for tracking essential information during public health emergencies
- ✓ Includes practice management tools

MIIS, Reports and More…

Immunization Registry	Patient Search
	Immunization Forecast Report
	Coverage Reports
	Reminder Recall
	Patient Certificates/VAR
Vaccine Management	VFC/Adult Enrollment
	Inventory Management
	Vaccine Ordering
	Report Aggregate Usage
	Vaccine Management Reports
Resources Module	MIIS Resources
	Links to: Immunization Schedules & Recommendations
	Links to: Vaccine Information Statements
	Links to: Reporting for Vaccine errors & Adverse Reactions
	Links to: Other Resources (CDC sites, IAC etc…)







NOT REGISTERED WITH THE MIIS? WHAT YOU CAN DO NOW:

1. Register for the MIIS (www.contactmiis.info)
2. Review Clinical Integration and training resources
3. Contact the MIIS Help Desk for more information on coming on board with the MIIS 617-983-4335
4. Contact Mass League Staff, Antonia Blinn for questions about process and quality improvement and MIIS implementation (ablinn@massleague.org or 617-988-2243)

Evidence-Based Strategies to Increase Immunization Rates

TASK FORCE ON COMMUNITY PREVENTIVE SERVICES RECOMMENDATIONS

www.thecommunityguide.org/vaccines/index.html

The Community Guide - What works to promote health

URGENT CALL TO PREVENT CANCER – TAKE THE HPV VACCINE CHALLENGE

YOUR HELP IS NEEDED TO INCREASE HPV VACCINATION RATES

Health care providers and public health professionals in Massachusetts and across the country have started a campaign to dramatically increase adolescent vaccination rates against HPV. For each year we stay at current vaccination rates, girls and boys will go on to acquire cervical, oral, anal and other HPV-related cancers.

THE PROBLEM

Our three-dose HPV vaccine coverage has stagnated at 33% nationally and missed opportunities for vaccination are high. The CDC, AAP and AAFP recommend that all 11-12 year-olds receive HPV, meningococcal, and Tdap vaccines together.

WHAT CAN PROVIDERS DO?

The most significant factor in parents' decision to vaccinate their children with HPV vaccine is a clear, brief, and strong recommendation from the child's healthcare provider. Research shows that simply changing the wording used to introduce the HPV vaccine makes a tremendous difference. Try changing your discussion for one week, and see how it improves your vaccine acceptance.

Providers: TAKE THE HPV VACCINE CHALLENGE	Start your vaccine discussion with all 11 and 12 year-olds and their parents by saying: **"Your child needs 3 vaccines today – HPV, Tdap, and meningococcal."**

This simple change works because by putting HPV first, parents perceive that it's a normal, recommended vaccine, not a controversial or optional vaccine. CDC provides a "Tips and Time-savers for Talking with Parents about HPV Vaccine" resource that translates research into effective communication tools: http://www.cdc.gov/vaccines/who/teens/for-hcp-tipsheet-hpv.pdf

TEAM MAUREEN TM JOINING TOGETHER TO END CERVICAL CANCER

- **Team Maureen is a non-profit working to raise awareness about preventing cervical and other HPV-related cancers through education, prevention, and early diagnosis.**

Visit the new TeamMaureen.org website to:

- Use the GET A REMINDER service—receive free text or email reminders for HPV vaccinations and/or cervical cancer screenings
- Find user-friendly basic fact quizzes, current news, and reliable resources on HPV, vaccines, cervical and HPV-related cancers
- Post, share, and view upcoming HPV/cervical cancer related events across Massachusetts
- Join the new MA Coalition for HPV/Cervical Cancer & HPV-Related Cancer Awareness to increase awareness by amplifying our collective voices

Email us: info@teammaureen.org

YOU ARE THE KEY TO CANCER PREVENTION

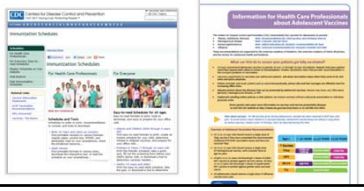
HPV PORTAL

cdc.gov/hpv

Continuing Education

Tools for your Practice

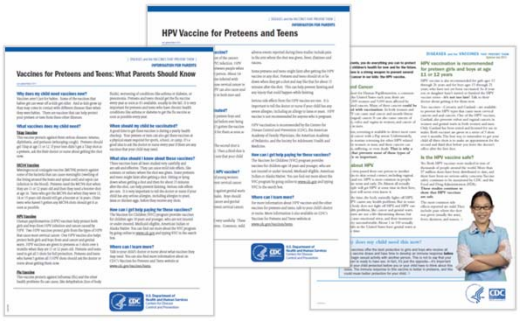
Immunization Schedules, Recommendations, and more



YOU ARE THE KEY TO CANCER PREVENTION

Patient and Parent Handouts

Resources for Patients



cdc.gov/vaccines/who/teens/products/print-materials.html

YOU ARE THE KEY TO CANCER PREVENTION

QUESTIONS?

Contact:
Catherine Basham, cbasham@fenwayhealth.org
Dr. Jennifer Potter, jpotter@bidmc.harvard.edu