



Elisa Ross, MD
Neighborhood Family Practice
Cleveland, Ohio



"I feel like the EFN fellowship was made expressly for me: It was my gateway into a new life." Dr. Elisa Ross

"Using her wealth of clinical experience and our data, Elisa created a program to increase cancer screening rates almost 50%. We couldn't have accomplished that without her." Jean Polster, CEO

I was assigned to Neighborhood Family Practice, a federally qualified community health center that primarily serves low-income patients on Cleveland's near west side. Despite my 30 years as an Ob/Gyn on the east side of town, I had never heard of NFP before then. Their mission is to provide affordable, high-quality primary care close to home for every person, regardless of insurance status in the medically underserved area. They also serve a robust refugee population. It's a very friendly, mission-driven place and I was immediately captivated.

At first, they didn't know how to relate to me. Was I a doctor or an intern? I didn't really know what my role was either. And because of a space crunch they didn't know where to put me. I was advised to bring my own laptop and use any empty desk in the hallway. Or work from home. But that way, it was hard for anyone to get to know me, or include me reliably in a team.

I have to give a shout out to the president and CEO, Jean Polster, who was committed to making the fellowship work. Jean comments, "Flexibility is key. We changed what Elisa was going to work on. With her tremendous experience, we found the match that would be the most beneficial to the organization."

I was placed with the Quality Improvement department (who gave me my own desk, computer and phone extension!) and asked me to work on the clinical translation of the data that we collect. We measure how well the organization is doing in terms of health screenings and immunizations among other things. Then we work in teams to try to improve our numbers, which also gives better clinical care to the patients, especially those who don't come in regularly. Then we measure again and tweak what needs it to keep improving.

CEO Polster adds, "We were trying to build our quality improvement area. High quality patient care is a key differentiator. When we met Elisa, we realized there was a great intersection with her skills and what we were trying to do, with her strong clinical background, passion and love of data. She's an incredibly hard worker and her focus on providing the highest levels of patient care is what we needed."

My immediate boss, Marianella Napolitano, believed in me and kept pushing me to learn new skills. She sent me to a national conference to get the basics of medical quality data analysis, then supported further on-line learning. She also encouraged me to get some "people skills" that I needed for teamwork. When you are a doctor, you are a team "leader" by saying how you want things and everyone else acquiesces. In my new role as team facilitator, I've learned more about including every member of the team, making one-to-one connections, and letting things develop organically. My inner control-freak had to go!

I started with a colorectal screening project. We needed to get more people screened. I had to assess the roadblocks in the process; one big one was that the patients had to schedule an appointment to come in to see the provider and then, the provider had to make a recommendation for a colonoscopy or give them a card for a stool test [that people could take at home]. There never was enough time to encourage people to come in and to do follow-up reminders.

But our nurses were seeing people for annual flu shots. I thought, why not do a FIT test [fecal immunochemical test] at the same time? So, we took the sole responsibility of ordering tests away from the doctors and empowered the nurses to order them, and for 100 days, everyone 50-75 years old who needed screening was given a FIT kit. Our numbers went up and up and up. Our colorectal cancer screening numbers increased by nearly a third in the first 100 days and another third in the next 6 months.

My goals are to explore where I can take my talent and make a difference in the world for the next 10 or 15 years. I'm 60 now. I knew I couldn't continue with clinical practice. I feel like I have energy and a lot to offer – and I love having something to do, having a project and seeing it finished. My husband has totally noticed the difference. I go skipping into work, I think about work at home, because I love what I'm doing – it's very energizing. I didn't know I was good at "the data thing." I feel like I found what I was meant to do in my life: using data to inform and improve practice.

My fellowship is complete, but I'm staying with the clinic in a full-time role, as Quality Care Coordinator. They invested in me because I was so clear that I was going to stay. From day one, I knew I wanted to be part of Neighborhood Family Practice. I just needed to find the right place. And I did!