

CURRICULUM VITAE

Bethann M. Scarborough, M.D.
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CLINICAL AND ACADEMIC APPOINTMENTS/EMPLOYMENT

- 5/2003-8/2004 Research Technician
Penn State University College of Medicine
Hershey, PA
- 7/2012-2/2013 Assistant Professor of Palliative Medicine
Department of Medicine, Division of Palliative Medicine
North Shore University Hospital-Hofstra School of Medicine
Manhasset, NY
- 2/2013-6/2019 Assistant Professor of Palliative Medicine
Brookdale Department of Geriatrics and Palliative Medicine
Icahn School of Medicine at Mount Sinai
New York, NY
- 6/2019-4/2021 Associate Professor of Palliative Medicine
Brookdale Department of Geriatrics and Palliative Medicine
Icahn School of Medicine at Mount Sinai
New York, NY
- 4/2021-present Associate Professor of Palliative Medicine
Palliative Medicine Managing Physician for the Ann B. Barshinger Cancer Institute
Penn Medicine – Lancaster General Health (University of Pennsylvania Health System)
Lancaster, PA
- 8/2022-present Medical Director of Palliative Care
Lancaster General Health System
Penn Medicine – Lancaster General Health (University of Pennsylvania Health System)
Lancaster, PA

EDUCATION

- 6/1997-8/2001 The Pennsylvania State University
University Park, PA
Bachelor of Science in Biobehavioral Health (cum laude)
- 8/2002-5/2003 The Pennsylvania State University
University Park, PA
Post-Baccalaureate Pre-Medical Program (non-degree program)
- 8/2004-5/2008 University of Virginia School of Medicine
Charlottesville, VA
Doctor of Medicine

- 7/2008-6/2011 Internal Medicine Internship and Residency
Yale New Haven Hospital
New Haven, CT
Program Director (PD) Cyrus Kapadia, M.D. Current PD Mark Siegel, M.D.
- 7/2011-6/2012 Palliative Medicine Fellowship
Icahn School of Medicine at Mount Sinai
New York, NY
Program Director Elizabeth Lindenberger, M.D. Current PD Mollie Biewald, M.D.

CERTIFICATION

- 8/10/2011: ABIM Board Certification in Internal Medicine
10/4/2012: ABIM Board Certification in Hospice and Palliative Medicine
08/05/2022: National Board of Physicians and Surgeons Board Certification (Internal Medicine)
11/01/2022: ABIM Board Certification in Hospice and Palliative Medicine (MOC through 11/2032)

LICENSURE

- 2012-present: New York State Medical License. License # 264100 (active/unrestricted)
2012-present: DEA #FS3114799
2019-present: Pennsylvania State Medical License. License # MD472232 (active/unrestricted)

MEMBERSHIP:

- 2015 - present: American Association for Physician Leadership
2011- present: American Academy of Hospice and Palliative Medicine

HONORS/AWARDS

- 6/2016: Educator of the Year, Mount Sinai Brookdale Dept. of Geriatrics and Palliative Medicine.
7/2017: Association of American Medical Colleges (AAMC) Early Career Women Faculty Leadership Development Seminar. One of ~ 150 individuals selected nationally.
6/2019: Mount Sinai Teaching Award, selected by graduating Hematology/Oncology fellows.
10/2019: Emerging Leader in Hospice and Palliative Medicine, American Academy of Hospice and Palliative Medicine. Recognizes "exceptional work accomplished by the next generation of leaders." Selected in recognition of "career accomplishments, involvement in the Academy, mentoring of residents and students, and participation in charitable work."
2/2020: Castle Connolly Top Doctors: Named in the top 10% of the region's (NYC) physicians
6/2020: New York Magazine's Top Doctors: Hospice and Palliative Care
3/2021: Castle Connolly Top Doctors: Named in the top 10% of the region's (NYC) physicians
07/2021: New York Magazine's Top Doctors: Hospice and Palliative Care

CLINICAL PROFILE AND IMPACT:

I have a national reputation in office-based palliative medicine and have spoken nationally and internationally on how to create, build, and sustain a successful office-based palliative care practice. In 2013 I started the Supportive Oncology program in the Tisch Cancer Institute at Mount Sinai. Over 8

years, I developed this into a robust clinical practice and expanded office-based palliative care from 1 practice to 6 practices across the Health System.

As Mount Sinai's first embedded ambulatory palliative care practice, I forged the interdisciplinary relationships necessary for success. Visits to my practice were associated with a 12% reduction in Emergency Department (ED) visits, a 39% reduction in the cost of each ED visit, and an 8% reduction in hospital admissions. Finally, the percent of patients in my practice who enrolled in hospice before death was approximately twice the average in Manhattan. These high-value outcomes to improve the value of care for seriously ill patients were consistently demonstrated every year. I also attended on the inpatient palliative care/hospice unit and consultation service.

I am known for my expertise in managing complicated symptoms in advanced cancer, and for providing high-quality concurrent palliative care for patients undergoing cancer treatment with life-prolonging or curative intent. I am skilled in conducting early advance care planning (ACP) discussions, which differ from ACP discussions in the hospital setting. I am regularly consulted by other palliative care physicians and staff for assistance in: (1) understanding the trajectory of malignancy and symptom burden from treatment, (2) transitioning patients safely from the hospital to the community, and (3) communicating effectively with other specialists. I am highly sought out for consultation, earning recognition as one of "New York's Top Doctors" in 2020 and 2021. In addition, patient satisfaction survey results average > **4.9/5**, including **5/5** for the categories "rate the amount of time the doctor spent with you" and "likelihood of recommending our practice to a friend or loved one." Patient comments include:

- *Dr. Scarborough gave "an understanding about the fragility of life and death"*
- *Provides "excellent medical care and an uplifting space"*
- *"Great experience. Dr. Scarborough really cares and is truly compassionate."*
- *"Above everyone I've encountered at Mount Sinai, you are an amazing listener and creative thinker. I always left our appointments walking on a cloud, having felt an ability to talk through my side effects concerns with someone who really 'got it.' It was an amazing support, especially in the beginning where I felt like everything was moving very fast, and it was hard to find someone to talk to who really 'got' the impact of my side effects."*
- *"Just wanted to say a huge thank you for all of your support ... over the last few months!! I know we would never have got through the very long days without you. I know too that [XX] was not your only patient although somehow you managed to make him feel like he was. I know though that your management of his symptoms was the largest part of ensuring he got to treatment every day. So am forever grateful."*
- *"Through this horrible illness the three of you showed our family love, compassion, and grace. If more doctors and nurses treated patients the way you do there would be a lot less sick people in the world."*
- *"Even through the blackest cloud there are peaks of sunshine. And you and your team certainly have been much much more than a peak."*
- *"Our meeting was so very helpful. Both [XX] and I were comforted by your direct answers to our questions and your willingness to help us get answers to others. Further, your probing questions helped us face some of our questions and fears in a constructive way."*

ADMINISTRATIVE PROFILE:

I was the primary clinical and administrative link between palliative care and oncology throughout the Mount Sinai Health System. I represented ambulatory and inpatient palliative care on multiple hospital-

and system-level committees. I was the key stakeholder in all strategic planning with Health System oncology leadership regarding expansion of palliative care services, including educational initiatives and creation of “trigger-based” models of outpatient palliative care. I wrote the Executive Summaries and FTE estimates for every business proposal for office-based palliative care services across the Health System from 2015 through 2021. I also was involved, or led, quality improvement and patient safety initiatives that included standardization of palliative care opioid prescribing upon hospital discharge, review of in-hospital end-of-life chemotherapy use, and coordination of care transitions across sites. In addition, from 2015 through 2021 I on-boarded and supervised all new clinicians to the office-based practices in Supportive Oncology and Supportive Cardiology (5 physicians, 4 NPs, 3 RNs, and 1 SW).

Outside of oncology, I led the expansion of office-based palliative care in advanced heart failure and in the “general” palliative medicine practices that were not embedded within another medical specialty. At the Ann B. Barshinger Cancer Institute, the outcomes I achieved for high-quality care and systems-based practice resulted in my being selected for promotion to Medical Director within my first year of employment at Lancaster General Health.

EDUCATIONAL PROFILE:

I started the Ambulatory Palliative Care rotation for the fellowship program at Mount Sinai, which had not previously existed. As the Clerkship Director for this rotation for 4 years, I created the curriculum for this experience. Initially introduced as an elective, the uniformly positive feedback (average rotation evaluation of 4.91/5) resulted in the rotation becoming mandatory for all palliative care *and* oncology fellows within 2 years. The fellows commented that the rotation was “one of the greatest learning experiences of the year” and that I role-modeled “efficiency, confidence, knowledge, and team building.” From 2016 through 2019 I taught fellows in clinic 4 days/week for 20-26 weeks per year.

Evaluation comments include:

- *“Beth is a great teacher. Rotating in her practice was like an outpatient boot camp. I’ll be a better practitioner for it.”*
- *“Excellent rotation. Wealth of knowledge both clinically and administratively. Able to help us clearly understand our role as a supportive clinician and ... define that with our patients and referring teams.”*
- *“I highly valued rotating with Supportive Oncology as an opportunity to see both how an outpatient clinic is structured, and to practice managing outpatient crises and coordinating care with oncology.”*
- *“Dr. Scarborough is incredibly generous with her time and knowledge... She is extremely learner-focused and able to teach very effectively on the fly. ... her rotation is well-organized and structured; the expectations are very clear, and she goes out of her way to ensure that there is no tedious work for the fellows. It is a true privilege to work with and learn from her!”*
- *“Dr. Scarborough was wonderful to work with. She made sure to identify learning objectives that I had as a fellow regardless of how busy the day was, we always too time for education. Did a great job of balancing giving independence to create a plan for each patient and at the same time provide support and feedback as needed.”*
- *“Enjoyed working and learning with Dr. Scarborough. She created a stimulated environment for me to grow and learn and I very much appreciated that. There was just so much to learn when rotating with her that I wish this rotation was longer.”*

As Medical Director at Lancaster General Health, I teach Serious Illness Conversation Guide training across the system. In addition, I am responsible for creating the curriculum for primary and champion training for the system. Within the first year of my role as Medical Director, I on-boarded

a new nurse practitioner to palliative care, ensuring her clinical competency by creating case-based modules for her educational milestones. These evidence-based modules require active learning. Topics covered include: Opioid management, non-opioid pain management, dyspnea, fatigue, anorexia/cachexia, delirium, depression/anxiety, care of the actively dying patient, prognostication, methadone, and others.

TEACHING ACTIVITIES

Teaching Activity	Level	Learners	Time	Years
Intro to PC and Pain	Dept	Rad onc, med onc, gyn onc	2-3 hours/yr	2013-2020
“New Opioids”	Dept	PC department	1 hour/yr	2014; 2017
Co-Director, Board Review Course	Dept	National Board review course	40 hrs/year	2014-2021
Advanced Pain: Neuropathy, Methadone, PCA	Dept	Oncology Fellows (10-15 per year)	1 hour/yr	2014-2016; 2018-2019
Non-pain symptoms	Dept	Onc fellows (8-12) Rad onc residents (5)	1-2 hours/yr	2014-2016
Palliative Care for Head and Neck Cancer	Dept – PC & Oncology	7-30 attendees/lecture (MD, NP, RN, students)	2 hours/yr	2014-2019 (1-2x/yr)
Addiction Part II: Roundtable Discussion	Dept	15 PC fellows	1 hour/yr	2016
Outpatient Clinical Case Conference	Dept	~10-15 PC fellows	1-4 hours/yr	2016-2018
Pain Management II	Oncology	15 fellows	1 hour/yr	2017; 2019
Medical Marijuana	Dept- PC	Faculty, staff, fellows 15-50 attendees per lecture	1 hour/yr	2016-2019
Cancer Prognostication	Dept- PC	15 fellows	1-2 hours/yr	2017-2018
Depression, Fatigue, and Request for Hastened Death	Dept - Home Based PC	Approximately 6 learners (NPs, RNs, SW, coordinator)	1 hour	2018
Palliative Care for Surgical Oncology	Division of Surgical Onc	Surgical oncology fellows (2)	1 hour	2020
Communication during COVID Emergencies	Division of Surgical Onc	Surgical oncology attendings (6)	3 hours	2020
Creating a successful business plan	Dept – Palliative Care	25 attending physicians	1 hour	2020

GRANTS, CONTRACTS, FOUNDATION SUPPORT

PAST GRANTS

<u>Title & Number</u>	<u>Role in Project</u>	<u>Dates</u>	<u>Direct Costs</u>	<u>Supplemental Info</u>
eCRIP-NY State Dept of Health “Communication skills during a Rapid Response” 11-074B	Sub-Investigator	July 1, 2012-June 30, 2013	\$75,000	

TRAINEES/MENTEES

Name	Level of Trainee	Role in Training and Inclusive Dates of Training	Training Venue	Trainees Current Status/Employment
Erica Tuggey	Nurse Practitioner	8/2014-3/2017 <ul style="list-style-type: none"> • Career mentor • Program development mentor 	Mount Sinai Hospital	Palliative Care Nurse Practitioner. Westchester, NY. Clinical and Administrative/Program Development role
Daniel Bell	Physician Fellow	7/2016-6/2017 <ul style="list-style-type: none"> • Career mentor 	Mount Sinai Hospital	Palliative Medicine Attending - Emory
Laura Cantino	Physician Fellow	7/2016-6/2017 <ul style="list-style-type: none"> • Career mentor • Quality Improvement project mentor (opioid epidemic and screening for substance use disorder) 	Mount Sinai Hospital	Palliative Medicine Attending - Stanford
Mollie Biewald	Assistant Professor	Mentor for Ambulatory PC curriculum development and methadone teaching Career mentorship	Mount Sinai Hospital	Assistant Professor of Palliative Medicine Mount Sinai Palliative Medicine Fellowship Program Director
Ayla Pelleg Komal D'Souza Samantha Lau Stephanie Schmitz	Fellows	8/2018-6/2019 <ul style="list-style-type: none"> • Quality Improvement project mentor (Supportive Onc operations for patients who are referred but never seen) 	Mount Sinai Hospital	Attending physicians (multiple institutions)
Debora Afezolli	Assistant Professor	8/2020 – present: Career mentor	Mount Sinai Hospital	Assistant Professor of Palliative Medicine
Rachel Angstadt	Physician	9/2022 – present: Career mentor	Wake Forest	Attending Physician of Palliative Medicine

ADMINISTRATIVE LEADERSHIP APPOINTMENTS

Clinical:

08/2022-present

Medical Director of Palliative Care, Lancaster General Health

- High Reliability Efficiency:
 - Provide oversight of inpatient and outpatient clinical palliative care programs across Lancaster General Health System, including a > 500 bed acute care hospital and ambulatory sites.
 - Collaborate with administrative leadership, medicine, nursing, bioethics, population health, and others for strategic planning to develop programs with shared goals and outcomes for target patient populations
 - Transition the inpatient interdisciplinary team from external contracted group to LGH employment, including recruitment, specialty-specific job descriptions, and needs

assessment of current issues (i.e., workflow, interdisciplinary role delineation, documentation standards).

- Develop policies and standards of care that ensure standardization of palliative care scope of practice, clinical care, and triage of new consultation requests. Year 1 milestones:
 - Developed new inpatient note templates to optimize and streamline billing and documentation. Original notes required 100% free-texting and did not have minimum components needed for billable visits; new note templates optimized use of drop-downs to increase provider efficiency and decrease burden of documentation while improving ability to capture and communicate critical information.
 - Conducted educational sessions with physicians and NPs on proper documentation format
 - Completed 1:1 sessions with each team member (1 physician, 3 NPs, 3 social workers, 1 chaplain) on personal factors influencing burnout vs resiliency and created action plan for their individual growth. Meet with each team member weekly for ongoing development
- Finance and Access:
 - Redefine dashboard to collect the appropriate data to evaluate and refine workflow operations (for example, prior dashboard measured time from admission to palliative care consult completion, but did not capture time from admission to consult request. Updated dashboard demonstrated that consult request was being placed between hospital day 4 and 12, too late to allow cost savings. Interventions therefore targeted to hospital teams to place consult earlier in admission).
 - Created new note templates and provide ongoing documentation and billing sessions to team physicians and APPs to optimize documentation and billing.
 - Added metric to measure time spent by non-billing clinicians (social work and chaplain) to demonstrate their time spent in anticipation of expanding access to these services in future years.
- Service to the Institution:
 - Education: Developed “primary palliative care” guides to foster use of primary palliative care thereby increasing palliative care education and penetration to more patients. Started developing on-boarding competency curriculum for new hires, including measurable milestones, use of standardized education (CAPC webinars, Evidence-Based Medicine Textbook of Palliative Care). In Year 1 (2022-2023), I on-boarded a new nurse practitioner to palliative care, ensuring her clinical competency by creating case-based modules for her educational milestones. These evidence-based modules require active learning. Topics covered include: Opioid management, non-opioid pain management, dyspnea, fatigue, anorexia/cachexia, delirium, depression/anxiety, care of the actively dying patient, prognostication, methadone, and others.
 - Teach Serious Illness Conversation Guide to participants throughout the health system.
 - Advance Care Planning Steering Committee: Represent palliative care as content expert
 - Community Liaison: Serve as LGH representative for relationship with Hospice and Community Care. Built dashboard to collect necessary data on hospital course for patients referred for GIP hospice within the hospital (“scatterbed model”) to reduce

percent of patients who die between time of referral and time of hospice admission. This will reduce hospital LOS and mortality rates.

- Research: Site Principal Investigator for Penn PAIR research to evaluate use of EMR nudges to increase inpatient palliative care referrals.

04/2021-present

Program Lead/Managing Physician: Ann B. Barshinger Cancer Institute, Lancaster General Health

Hired to evaluate current state of palliative care within Ann B. Barshinger Cancer Institute and targeted with leading interdisciplinary team to provide palliative care expertise in: clinical management, quality improvement, improving health care value outcomes for the sickest, highest health care utilizers, and developing workflows for primary vs secondary palliative care education and interventions.

- High Reliability Efficiency: restructured interdisciplinary team approach in response to patient feedback. This resulted in improved patient satisfaction scores (consistently in 99th percentile) and improved IDT workflow efficiency.
- Improved access: Time to Next-Third-New appointment has averaged 2 business days. Compared with the year prior to my start, achieved a 33% increase in new patient visits and a 65% increase in follow-up visits. Telemedicine volume increased by 356%.
- Quality Improvement and Research:
 - Site Principal Investigator for collaboration with Penn on use of EMR and behavioral nudges to increase palliative care referrals (2022-2023).
 - Created and implemented a longitudinal communication workshop training program. Delivered to 31 employees (Registered Nurses, Social Workers, and Chaplains) in 2023.
 - Spearheaded Quality Improvement project with interdisciplinary team (physicians, RN, SWs, chaplain) to provide telephonic support to patients who were enrolled in hospice and their caregivers.
- Service to the System:
 - Co-facilitate weekly Palliative Care Tumor Board for interdisciplinary discussion of clinical cases with high unmet palliative care needs or those that cause team/provider distress.
 - Facilitate Palliative Care Disease Team: Accomplished goals in FY 2022, including improved coordination of care between medical oncology and palliative care (evidenced by tracked use of EPIC smartphrase and clinician pre- and post- intervention surveys) and use of EMR high-risk flag for coordination of care upon hospital discharge.
 - Philanthropy: Proposed longitudinal palliative care communication training curriculum to ABBCI donor, who committed a \$50,000 gift to support this endeavor over the next 5 years. Training will be targeted to all staff (MD, APP, RN, SW, Chaplain, PTCA, CSSs).
 - Represent palliative care for the Cancer Committee (Commission on Cancer Certification site visit 2022), Oncology Physician's Advisory Council, and the Palliative Care Oncology Service Line -

10/2014-4/2021

Associate Director of Ambulatory Services (Palliative Medicine)

- **Supportive Oncology – Mount Sinai Hospital**
 - I started and led the innovative, ambulatory palliative care practice (Supportive Oncology) embedded within the Tisch Cancer Institute's Ruttenberg Treatment Center and spearheaded expansion of office-based palliative care throughout the Health System

- Wrote Executive Summaries of business proposals for practice expansion at multiple sites
- Developed and defined the role of the RN (2014-2021), Nurse Practitioner (2017-2021) and Clinical Program Manager (2018-2021)
- Developed policies and protocols for:
 - Direct admissions from the outpatient practice to the hospital
 - Transitions of care between care sites to reduce readmission risk
 - Communication standards between during palliative care and oncology
 - Clinical triage of referrals
 - Referrals and management of substance use disorder, chronic pain, and medical marijuana
 - Outpatient opioid prescribing
- Supervised chaplain interns in the outpatient practice (2014)
- On-boarded palliative care Nurse Practitioners and trained them in ambulatory palliative care (clinical symptom management skills, clinical, interdisciplinary relationships) (2017-present). Provided direct supervision and bi-annual performance appraisals.
- Directed transition of palliative care practices from all office-based, face-to-face visits into telemedicine during COVID-19 pandemic. After peak of pandemic, created entirely new practice schedule to allow for social distancing of staff in clinic areas and on mass transit and of patients in waiting rooms.
- Initiated and led collaboration between Geriatrics/Palliative Care Department and Addiction Institute to facilitate quarterly educational case conferences and develop administrative policies for management of patients with co-morbid serious illness and substance use disorder.
- **Martha Stewart Center for Living (MSCL) and Mount Sinai Union Square (2014-2021)**
 - Standardized operations of outpatient palliative care practices at MSCL and MSD-US
 - Oversaw MSD-US from 2014-2017 to restructure this practice after it was inherited from a separate health system during the merger. Prior to the merger, the practice served patients with chronic, non-malignant pain without concomitant serious illness. I directed the transition of this practice from chronic pain to specialty-level palliative care for patients living with serious illness.
- **Supportive Cardiology (2015-2021)**
 - Oversaw the initiation of outpatient palliative care into advanced heart failure
 - Supervised the physician in this position (2015-2017), providing administrative direction for collaboration to create an embedded model where patients were seen in the ambulatory and hospital setting by the same provider. This includes navigating negotiations for exam room space, protocols for transitions of care between care sites, coordinating scheduling and insurance verification, and defining the role of specialty palliative care between palliative care and heart failure departments.
 - From 2017-2021, I interviewed and recruited the new candidate NP, supervised her orientation, and continued to supervise and guide her outpatient clinical work. I was her collaborating physician for her work with the advanced heart failure team through 2021.
- **Supportive Oncology – Chelsea (2017-2021)**
 - Directed the initiation of Supportive Oncology at the Mount Sinai Chelsea Cancer Center. I created the site-specific operations, including negotiations with Chelsea oncology administrative leadership regarding shared resource allocation for scheduling, insurance verification, exam room space, nursing support, and call coverage.

- On-boarded MD and RN to Health System palliative care policies and procedures, including operational workflow and shadowing the established practice. I attended their sessions, when needed, to provide in-person troubleshooting.
- Conducted bi-weekly meetings to review and troubleshoot operational and clinical issues.
- **Supportive Oncology – Mount Sinai Queens (2018-2019)**
 - Led the initiation of this practice, including creation of site-specific EPIC order and workflow for a model unique to this site (NP & SW-driven ACP discussions)
 - Conducted bi-weekly meetings with palliative care NP and SW to discuss operational and clinical issues and provide supervision and guidance
 - Collaborated with site oncology physician champion on workflow and model of concurrent ambulatory palliative care

Teaching:

10/2022: Serious Illness Conversation Program Trainer Training: Completed training course

4/2014 – 4/2021: Co-Director for National Continuing Education/Board Review Course (Mount Sinai)

- Incorporated evidence-based medicine into palliative care board review course
- Reviewed content presented by faculty within the department
- Course attended by 150-175 clinicians per year, from across the nation

10/2016 – 2/2017: VitalTalk Trainer Training: Completed training course

4/2015-12/2019: Clerkship Director, Mount Sinai Ambulatory Palliative Care Rotation

- Supervised and educated palliative medicine and oncology fellows during Supportive Oncology rotation
- Created learning objectives and curriculum for ambulatory rotation, tailored separately for palliative care vs oncology fellows

General Administration:

8/2013-4/2014: Distress Screening Committee member – Cancer Center

9/2013-4/2021: Mount Sinai Hospital Cancer Committee – Provided annual updates on system-wide palliative care initiatives. Provided data in preparation for Commission on Cancer site visits (2015, 2018). Provided all palliative care data for NCI accreditation.

8/2014-4/2021: Tisch Cancer Institute Quality Improvement Committee – at monthly meetings represented PC department and provided updates on system-wide initiatives

8/2014-3/2016: Compiled and analyzed data on Mount Sinai Hospital inpatient chemotherapy administration within 14 days of in-hospital death. Collaborated with EPIC, pharmacy, and Beacon to obtain data set. Presented data to MSH Quality and Cancer Committees

1/2015-6/2017: Brookdale Department Clinical Council Meeting

1/2015-4/2018: Participated in development of Multi-Disciplinary Tumor Board. Collaborated with Radiation Oncology, Neurosurgery/Interventional Radiology, and Anesthesiology to develop a supportive care tumor board that identified patients at risk of unnecessary admission. Targeted early interventions to reduce health care utilization due to pain

3/2015-4/2021: Tisch Cancer Center Supportive Care Disease Management Group

11/2015-7/2018: Tasked by MSH President to develop a policy on use of Medical Marijuana for the

Hospital and then the Mount Sinai Health System. Collaborated with institution leaders on the Executive Committee, pharmacy, P&T committee, legal, security, nursing, and EPIC. Collaborated with multiple clinical departments (anesthesia/pain, medicine, neurology, HIV, pediatrics). Required developing a policy for in-hospital use of medical marijuana, presenting the policy to each Medical Board in the Health System, developing EPIC order set, and creating an online training module for faculty/staff.

- 2/2019-4/2021: E-consult Champion: Developed e-consults for symptom management. Completed all e-consults within 3 business days. Use became critical during COVID-19 pandemic staff redeployments when in-person consultations were suspended. Trained other physicians on workflow.
- 11/2019-4/2021: Palliative Medicine representative for Mount Sinai International collaboration with Taikang Xianlin Drum Tower in Nanjing, China. Provided guidance in implementing high-quality medical care delivery standards, developing clinical centers of excellence, and establishing best practices. Participated in a site visit to the hospital (2019) and consulted while they built palliative care services for oncology.
- 04/2021-present: Cancer Committee (member)
Oncology Physicians Advisory Council (member)
Palliative Care Disease Team: (leader)
Palliative Care Case Conference (tumor board): leader

EXTERNAL:

- 2/2015-2/2016: Chair-elect, AAHPM Program Chief Special Interest Group
- 3/2016-2/2017: Chair, AAHPM Program Chief Special Interest Group: create webinars of interest based on topics discussed/voted on at Annual Assembly meeting
- 3/2017-2/2018: Past-chair, AAHPM Program Chief Special Interest Group

PUBLICATIONS (Reverse Chronological Order)

Peer Reviewed Original Contributions

1. Afezolli, **Scarborough B**, Easton E, Flemig D, Austin V, Smith CB. Naloxone for cancer patients on opioid therapy: Pilot to assess attitudes and access. J Pain Symptom Manage. Accepted for publication 12/2022
2. Afezolli D, DiMaria Austin V, Flemig D, Easton E, Tortu E, **Scarborough, B**. Narcan or Can't? Opioid Overdose Education for Patients with Cancer Pain. J Pain Symptom Manage Abstract; 2022.
3. Frydman J, Berkalieva A, Liu B, **Scarborough B**, Mazumdar M, Smith CB. Telemedicine utilization in the . 5 May 2022 Abstracts 873 ambulatory palliative care setting: Are there disparities?" J Pain Symptom Manage 2022 Mar;63(3):423-429. DOI: [10.1016/j.jpainsymman.2021.09.019](https://doi.org/10.1016/j.jpainsymman.2021.09.019)
4. Van Metre Baum L, Rosenblum R, **Scarborough B**, Smith CB. Evaluating end-of-life chemotherapy for solid tumor and hematologic malignancies. 2021. Progress in Palliative Care; DOI: 10.1080/09699260.2021.1872138
5. Biewald MA, **Scarborough B**, Lindenberger E. Methadone for palliative care providers: a case-based flipped classroom module for faculty and fellows. *MedEdPORTAL*. 2021;17:11172. https://doi.org/10.15766/mep_2374-8265.11172
6. Smith W, Bakst R, Salgado L, **Scarborough B**, Ozbek U, Lin J, Miles B, Gupta V. Risk of prolonged opioid use among cancer patients undergoing curative intent radiation therapy for head and neck

- malignancies. *Oral Oncol.* 2019 May;92:1-5. doi: 10.1016/j.oraloncology.2019.03.007. Epub 2019 Mar 12.
- Rosenblum R, Huo R, **Scarborough B**, Goldstein N, Smith CB. Comparison of Quality Oncology Practice Initiative Metrics in solid tumor oncology clinic with or without concomitant supportive oncology consultation. *J Oncol Pract.* 2018 Dec;14(12):e786-e793. doi: 10.1200/JOP.18.00380.
 - Scarborough B**, Goldhirsch S, and Chai E. Building a supportive oncology practice that impacts ED visits, hospice utilization and hospital admission. *J Palliat Med* 2018(21)10:1499-1503. doi: 10.1089/jpm.2017.0709.
 - Ang C, Stollman A, Zhu H, Sarpel U, **Scarborough B**, Sahni G, and Millis S. Clinical response to trametinib in a patient with appendiceal adenocarcinoma with a *GNAS* R201H mutation. *Case Rep Oncol* 2017;10:548-552.
 - Lazarev S, Gupta V, Ghiassi-Nejad Z, Miles B, **Scarborough B**, Misiukiewicz K, Reckson R, Sheu R, and Bakst R. Premature Discontinuation of Curative Radiotherapy: Insights from head and neck irradiation. *Advances in Radiation Oncology* 2017; 1-8.

Other Peer Reviewed Publications

- Scarborough B** and Smith C. Optimal Pain Management for Patients with Cancer in the Modern Era. *CA Cancer J Clin.* Mar 30 2018.
- Scarborough B** and Lustbader D. Strategies for end-of-life care. American Urological Association Update (AUA) Series 2013;16(32):157-164.

Editorials

- Scarborough B** and Morrison RS. Integrating Palliative and Cancer Care. *J Palliat Med* 2014;17:376-377.

Books and Book Chapters

- Afezolli D and **Scarborough B**. Palliative Care for patients with Head and Neck Cancer. Evidence-Based Practice of Palliative Medicine. Goldstein E., Woodrell C., and Morrison R. (Eds). *In Press, 2023*.
- Spoozak L and **Scarborough B**. "Palliative Care." *Mount Sinai Expert Guides: Oncology*. Chari A and Oh W. (Eds). Wiley pub. April 2019.
- Scarborough B** and Meier DE. "Palliative care as a consultation model." *Geriatric Models of Care: Bringing 'Best Practice' to an Aging America*. Malone, Michael L., Capezuti, Elizabeth, Palmer, Robert M. (Eds.) Springer pub. April 2015. pp71-86.

Non-Peer Reviewed Publications

- Medical students understanding of code status occurs through an informal, hidden curriculum. The Portal of Geriatric Online Education (POGOe): 2012. Available from: <http://www.pogoe.org/recap/22007934>
- Disease severity influences illness experience more than disease diagnosis. The Portal of Geriatric Online Education (POGOe); 2011. Available from: www.pogoe.org/recap/21276704

INVITED LECTURES/PRESENTATIONS

Academic/Grand Rounds

- "Medical Marijuana: An emerging topic in palliative care." The 20th Annual Barbara Echikson Memorial Palliative Care Symposium. Livingston, NJ, April 2019.

2. "Palliative Care in a Changing Health Care Landscape." Internal Medicine Grand Rounds. Lincoln Hospital. Bronx, NY October 2017.
3. "When More is More: Concurrent Palliative Care and Oncology in a Changing Health Care Landscape." Medical Hematology/Oncology Grand Rounds, Mount Sinai Health System. New York, NY June 2016.
4. "Dyspnea, Delirium, and Dementia." The 16th Annual Barbara Echikson Memorial Palliative Care Symposium. Livingston, NJ, March 2015.

International

1. "Concurrent Palliative Care and Oncology." 11th Annual International Symposium of Tumor Biological Diagnosis and Therapy. November 2019. Nanjing, China.

National

1. "Narcan or Can't? Opioid overdose education for patients with cancer pain." Oral presentation accepted for presentation at: American Academy of Hospice and Palliative Medicine Annual Assembly. Nashville, TN, February 2022.
2. "Telemedicine utilization in the ambulatory palliative care setting: Are there disparities in access for patients with cancer?" Oral presentation accepted for presentation at: American Academy of Hospice and Palliative Medicine Annual Assembly. Nashville, TN, February 2022.
3. Prognostication in Serious Illness. Plenary Speaker. Hospice of Southern West Virginia's 19th Annual Palliative Care Conference. Beckley, WV. June 2019.
4. "What do I say now? Difficult Conversations with patients...and colleagues." Plenary Speaker. Hospice of Southern West Virginia's 19th Annual Palliative Care Conference. Beckley, WV. June 2019.
5. "Financing and Payment Strategies to Support High-Quality Care for People with Serious Illness." Hosted by the Roundtable on Quality Care for People with Serious Illness. Patient-Clinician dyad discussion. Keck Center of the National Academies. Washington, D.C., November 2017.
6. "Improving Value: Providing Palliative Care with Oncologic Care." Division of Palliative Care, Dartmouth-Hitchcock Medical Center. Lebanon, NH, January 2017.
7. "Outpatient Palliative Care: Office Hours." Open question and answer session; Center to Advance Palliative Care National Seminar. Orlando, FL, November 2015.
8. "Supportive Care in Multiple Myeloma." Multiple Myeloma Research Foundation. New York, NY, May 2015.

Local/Regional

1. "Palliative Care: Top 10 FAQs" Wellness and Recovery Patient Support Group. Ann B. Barshinger Cancer Institute. Lancaster, PA, August 2022.
2. "Palliative Care for patients with Head and Neck Cancer." Invited presentation. Mount Sinai Geriatrics and Palliative Medicine Fellows' Continuing Education. New York, NY, April 2022.
3. "Enhancing the Value of Cancer Patients through Care Coordination." Fordham School of Business. New York, NY, October 2015.
4. "Palliative Care in Liver Disease." American Liver Foundation: Liver Cancer Update Panelist. New York, NY, May 2014.

Institutional (Mount Sinai)

1. Palliative Care in COVID-19: Unique Communication Challenges. Medical Student Corps Educational Series. New York, NY; 2020.
2. "Supportive Oncology." Mount Sinai Tisch Cancer Institute Patient and Family Advisory Committee. New York, NY; 2017.
3. Understanding Pain & Pain Management. Lung Cancer Community Support Group. New York, NY; 2017.
4. "Living with Multiple Myeloma: Managing Pain and other symptoms." Multiple Myeloma Community Patient Support Group. New York, NY, April 2015.
5. "Is my pain from cancer?" Lung Cancer Community Patient Support Group. New York, NY; 2015.
6. "Supportive Oncology for Head and Neck Cancer." Head and Neck Cancer Community Patient Support Group. New York, NY, 2014.

VOLUNTARY PRESENTATIONS:

National

1. Lau S, Lindenberger E, Smith L, Fleming L, **Scarborough B**, Meyerson R. When the trust is broken: Diversion in Palliative care. Poster session presented at: American Academy of Hospice and Palliative Medicine. March 2019; Orlando, FL.
2. Rosenblum R, Van Metre L, **Scarborough B**, Smith CB. Impact of palliative care consultation on code status among patients receiving chemotherapy at end of life. Poster session presented at: American Association for Hospice and Palliative Medicine 2018 Annual Assembly; March 2018; Boston, MA.
3. Van Metre L, **Scarborough B**, Smith C. Outcomes of Patients Receiving Chemotherapy at the End-of-Life. Poster session presented at: ASCO Palliative Care in Oncology Symposium. October 2017; San Diego, CA.
4. Lazarev S, Gupta V, Ghiassi-Nejad Z, **Scarborough B**, Reckson B, Sheu R, and Bakst P. Premature Discontinuation of Curative Radiotherapy: Insights from Head and Neck Irradiation. Poster session presented at: American Society for Radiation Oncology (ASTRO) - 2017 Annual Meeting. September 2017; San Diego, CA.
5. Chang S, Doshi A, Smith C, **Scarborough B**, Serban S, Ciccone J, and Dharmarajan K. A Multidisciplinary Tumor Board Facilitates Oncology Collaboration in the Care of Advance Cancer Patients. Poster session presented at: ASCO Palliative Care in Oncology Symposium. September 2016; San Francisco, CA.
6. "Palliative Care in the Office/Clinic Setting: An Interactive Exploration of Innovative Models." Intensive Session; Center to Advance Palliative Care National Seminar. Orlando, FL, November 2015.
7. Huo R, **Scarborough B**, Goldstein N, Smith CB. A Comparison of QOPI Metrics in Solid Tumor Oncology Clinic with or Without Concomitant Supportive Oncology Consultation. Poster session presented at: ASCO Palliative Care in Oncology Symposium; Boston, MA, October 2015.
8. **Scarborough B**, Easton E, Goldstein B, Berns S, Goldhirsch S, Chai E. Building a hospital/community partnership to improve communication and advance care planning. Poster session presented at: American Academy of Hospice and Palliative Medicine Annual Assembly; Philadelphia, PA, Feb 2015.
9. "Swimming Upstream: I have a patient I'd like you to see...today...in clinic." American Association of Hospice and Palliative Medicine Annual Assembly. Philadelphia, PA, February 2015.
10. **Scarborough B**, Chai E, Holcombe R, Lee E, Goldstein N. Results from year 1 of an embedded supportive oncology practice. Poster session presented: Palliative Care in Oncology Symposium; Boston, MA. Oct 2014.

Local/Regional

1. "Initiative developed to investigate whether manual behavioral nudges to clinicians would improve palliative care utilization among outpatients with advanced cancer." Poster Session presented at: Penn Medicine's Center for Health Incentives & Behavioral Economics (CHIBE). September 2022.
2. "Pain Management at the Intersection of Long-Term Opioid Therapy and Improved Oncologic Outcomes." Hematology Oncology UpToDate. The Ann B. Barshinger Cancer Institute. Lancaster, PA, April 2022.
3. "Medical Marijuana: It's high time we reviewed the evidence." Intensive Update *workshop*: Geriatric and Palliative Medicine Board Review. New York, NY, Sept 2016, 2017, 2018, and 2019.
4. "Advanced Pain: PCAs and Methadone." Intensive Update *workshop*: Geriatric and Palliative Medicine Board Review. New York, NY, Sept 2017, 2018, and 2019.
5. "Understanding the Hospice Benefit." Intensive Update *workshop*: Geriatric and Palliative Medicine Board Review. New York, NY, September 2018.
6. "Prognostication of Chronic Disease." Intensive Update *Plenary*: Geriatric and Palliative Medicine Board Review. New York, NY, Sept 2015, 2016, 2017, and 2018.
7. "Non-pain symptom management (hiccups, xerostomia, fatigue, pruritus, bowel obstruction)." Intensive Update *workshop*: Geriatric and Palliative Medicine Board Review. New York, NY, Sept 2013 and 2014.

MEDIA RESOURCE EDUCATIONAL MATERIALS

1. Interviewed as a content expert for "Lancaster Physician" magazine. "End-of-Life Care: Perspectives from Local Health Care Systems. October 2022.
2. Scarborough B, Tapper S, and Martin S. (2016, November 17). Outpatient Palliative Care: Setting up for Success. [Webinar]. In American Association of Hospice and Palliative Medicine Program Chief SIG Webinar.
3. Scarborough, B. (2019, September 18). Office-Based Palliative Care Practices: Strategies for Success. [Webinar]. In the Center to Advance Palliative Care (CAPC) Webinar.

Comments:

- *"Picked up several tips that I plan to use in an upcoming CAPC session on looking beyond wRVUs (panel size). Loved your messages and guidance."*
- *"Practical, organized, informative. Seeing the details of staffing and the variations by site was very helpful."*