

**BIOGRAPHICAL SKETCH**

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NAME: Karen Elizabeth Lasser, MD, MPH

eRA COMMONS USER NAME (credential, e.g., agency login): KELASSER

POSITION TITLE: Professor of Medicine and Public Health

EDUCATION/TRAINING *(Begin with baccalaureate or other initial professional education, such as nursing, include postdoctoral training and residency training if applicable. Add/delete rows as necessary.)*

INSTITUTION AND LOCATION	DEGREE (if applicable)	Completion Date MM/YYYY	FIELD OF STUDY
Harvard University, Cambridge, MA	A.B.	06/1990	History and Literature
Cornell University, New York, NY	M.D.	06/1995	Honors in Research
Harvard University School of Public Health, Boston MA	M.P.H.	06/2001	Clinical Effectiveness

**A. Personal Statement**

As a primary care physician and health equity researcher with expertise in analyzing secondary data and in conducting clinical trials, I am well positioned to serve as a co-investigator on this proposal. My prior studies have investigated the impact of health reform on quality of care and health disparities. I am currently a co-investigator on NIMHD 1R01MD011594-01, examining the impact of the 2014 ACA coverage expansion on healthcare access, utilization, patient outcomes and quality of care among those aged 19-64, comparing the changes among Hispanics vs. other racial/ethnic groups. I have extensive research and clinical experience as a trilingual (English, Spanish and Portuguese) safety-net primary care doctor, having worked in safety-net settings since 1995. Much of my research has focused on studying and improving quality of care in primary care for underserved patient populations, including among women of color, those with addiction and limited English proficiency.

**B. Positions, Scientific Appointments, and Honors****Positions**

1995-1998	Medical Residency, Primary Care Internal Medicine, Boston City Hospital/University Hospital (Boston Medical Center), Boston, MA
1998-1999	Chief Resident, Primary Care Internal Medicine, Boston City Hospital/University Hospital (Boston Medical Center), Boston, MA
1999-2001	General Internal Medicine Fellow, Cambridge Hospital/Harvard Medical School, Cambridge, MA
2001-	Research Instructor of Medicine, Cambridge Hospital/Harvard Medical School, Cambridge, MA
2003-2009	Director, Ambulatory QI, Department of Medicine, Cambridge Health Alliance, Cambridge, MA
2006-	Assistant Professor of Medicine, Harvard Medical School, Boston, MA
2010-	Associate Professor of Medicine, Boston University Schools of Medicine and Public Health, Boston, MA
2018-	Professor of Medicine, Boston University Schools of Medicine and Public Health, Boston, MA
2012-2014	Director of Quality, Section of General Internal Medicine, Boston Medical Center, Boston, MA
2015-2016	Director of Hepatitis C Treatment Program, Section of General Internal Medicine, Boston Medical Center, Boston, MA
2017-2018	Interim Associate Chief for Faculty Development, Section of General Internal Medicine, Boston Medical Center, Boston, MA

2019- Director for Training and Education, Boston University Clinical Research Training (CREST) Program

### Honors

1986 National Merit Scholar  
1990 Harvard College Scholarship  
1990 Elizabeth Cary Agassiz Certificate of Merit  
1993 American Heart Association Research Fellowship  
1995 American Medical Student Association International Medicine Fellowship  
1995 Milton A. Rosenbluth International Fellow  
1998 R. Knight Steele Award for excellence in geriatric clinical medicine  
2004 Harvard Medical School Scholars in Medicine Award  
2009 Johns Hopkins General Internal Medicine Housestaff Research Award, the Daniel Ford Award (senior author)  
2009 Honorable mention for best poster, Evans Department of Medicine Research days, Boston University School of Medicine (senior author)  
2010 Best oral presentation for the Society of General Internal Medicine's distinguished Professor Program in Cancer Research (first author)  
2010 Honorable mention for research achievement in health services and outcomes research, Johns Hopkins School of Medicine (senior author)  
2012 Scientific abstract ranked among top 10% of all accepted abstracts (first author), AHA-QCOR  
2013 Quality Improvement Award, Interdisciplinary Population-Based Management of Patients with Diabetes, Boston Medical Center (quality team leader)  
2014 American Cancer Society Research Scholar  
2016 "Implementing Opioid Risk Reduction Strategies into Primary Care Practice" identified as national model of research in the field of dissemination and implementation science by the Implementation Research Institute at the Center for Mental Health Services, Washington University in St. Louis.  
2016 Top Peer Reviewer for review quality, timeliness, and frequency of reviews. *Journal of General Internal Medicine*  
2017 Outstanding Peer Reviewer for review quality, *Annals of Internal Medicine*  
2017 Research Abstract Award Runner-Up at the Association for Medical Education and Research in Substance Abuse (AMERSA) meeting (senior author)  
2017 Curriculum selected as "Editor's Choice" by MedEd Portal (mentor, co-author)  
2018 Honorable Mention for research achievement in health services and outcomes research, Johns Hopkins School of Medicine (senior author)

### **C. Contributions to Science**

1. Addressing tobacco-related health disparities has been the focus of much of my scholarly work. My research documenting that persons with mental illness are twice as likely to smoke as other persons, cited by 2670 other papers (Google Scholar, January 6, 2020), sparked a whole body of research and health policy interventions (e.g. smoke-free psychiatric wards) aimed at reducing smoking rates among persons with mental illness. I led a randomized controlled trial of a multicomponent intervention, patient navigation + financial incentives, to promote smoking cessation in primary care. In this randomized clinical trial that included 352 adults, the proportion with biochemically confirmed smoking cessation at 12 months was 11.9% with navigation and incentives vs. 2.3% with an enhancement of usual care, a significant difference. The study appeared in *JAMA Internal Medicine*. My most recent work has focused on patient navigation to promote cessation among smokers hospitalized in safety-net settings.

- a. **Lasser KE**, Boyd JW, Woolhandler S, Himmelstein DU, McCormick D, Bor DH. Smoking and Mental Illness: a Population-based Prevalence Study. *JAMA*. 2000; 284: 2606-2610. PMID: 11086367.
- b. **Lasser KE**, Kenst KS, Quintiliani LM, Wiener RS, Murillo J, Pbert L, Xuan Z, Bowen DJ. Patient Navigation to Promote Smoking Cessation among Low-Income Primary Care Patients: A Pilot Randomized Controlled Trial. *J Ethn Subst Abuse*. 2013; 12:374-390. PMID: PMC3827692.
- c. **Lasser KE**, Quintiliani L, Truong V, Xuan Z, Murillo J, Jean C, Pbert L. Effect of Patient Navigation and Financial Incentives on Smoking Cessation among Primary Care Patients at an Urban Safety-Net Hospital: a Randomized Controlled Trial. *JAMA Internal Medicine*. 2017 October 30. PMID: 29084312.

- d. Quintiliani LM, Truong V, Ulrich ME, Murillo J, Jean C, Xuan Z, **Lasser KE**. Process evaluation of counseling delivered by a patient navigator in an efficacious smoking cessation intervention among low-income primary care patients. *Addict Behav Rep*. 2019 Jun; 9:100176. PMID: 31193812.

2. I have implemented interventions to reduce other health disparities and improve quality of care in urban, underserved patient populations. This work has demonstrated that patient navigation increased completion of colorectal screening among ethnically diverse patients, and that targeting patient navigation to black and non-English speaking patients may be a useful approach to reducing disparities in colorectal cancer screening. This study has been recognized by the CDC and cited in the literature about interventions tested in high-quality randomized controlled trials. In a cluster randomized trial, I implemented strategies such as nurse care management, use of a patient registry, electronic tools ([www.mytopcare.org](http://www.mytopcare.org)) and academic detailing to improve monitoring of opioid prescribing among patients receiving opioids for chronic, non-cancer pain. I have employed patient navigation as an approach to increase linkage of patients to Hepatitis C treatment, and have just completed a trial using pharmacy staff trained as patient navigators to reduce health care utilization and cost in primary care.

- a. **Lasser KE**, Murillo J, Lisboa S, Casimir N, Valley-Shah L, Emmons KE, Fletcher RH, Ayanian JZ. Colorectal cancer screening among ethnically diverse, low-income patients: a randomized controlled trial. *Arch Intern Med*. 2011 May 23;171(10):906-12. PMID: 21606094.
- b. **Lasser KE**, Heinz A, Battisti L, Akoumianakis A, Truong V, Tsui J, Ruiz G, Samet J. A Primary Care Hepatitis C Treatment Program based in a Safety-Net Hospital Patient-Centered Medical Home. *Annals of Family Medicine*. 2017 May; 15(3):258-261. PMID: 28483892.
- c. Liebschutz JM, Xuan Z, Shanahan CW, LaRochelle M, Keosaian J, Beers D, Guara G, O'Connor K, Alford DP, Parker V, Weiss RD, Samet JH, Crosson J, Cushman PA, **Lasser KE**. Improving Adherence to Long-term Opioid Therapy Guidelines to Reduce Opioid Misuse in Primary Care: A Cluster-Randomized Clinical Trial. *JAMA Intern Med*. published online July 17, 2017. doi:10.1001/jamainternmed.2017.2468
- d. **Lasser KE**, Buitron de la Vega P, Ashe A et al. A pharmacy liaison-patient navigation intervention to reduce inpatient and emergency department utilization among primary care patients in a Medicaid accountable care organization: a pragmatic trial protocol. *Contemp Clin Trials*. 2020 Jul; 94:106046. doi: 10.1016/j.cct.2020.106046.

3. My work has confirmed the presence of significant health disparities in the US, and has examined the impact of extending health insurance on these disparities. In studies which have examined the impact of Massachusetts health reform and the Affordable Care Act on health disparities, and which have compared the US and Canadian health care system, I have firmly established that interventions beyond expansion of health insurance are needed to reduce health disparities.

- a. **Lasser KE**, Himmelstein DU, Woolhandler S. Access to Care, Health Status, and Health Disparities in the US and Canada: Results of a Cross-National Population-Based Survey. *Am J Public Health* 2006; 96:1300-1307. PMID: PMC1483879.
- b. Vimalananda V (mentee), Rosenzweig J, Cabral H, David MM, **Lasser KE**. Comparison of Diabetes Control among Haitians, African Americans, and Non-Hispanic Whites in an Urban Safety-Net Hospital. *Diabetes Care* 2011;34(1):58-60. PMID: PMC3005479.
- c. **Lasser KE**, Hanchate A, McCormick D, Chu C, D'Amore M, Cabral H, Kressin N. The Effect of Massachusetts Health Reform on 30-day Readmissions. *British Medical Journal*. 2014; 348:g2329. PMID: PMC3970763.
- d. **Lasser KE**, Liu Z, Lin M, Paasche-Orlow MK, Hanchate A. Changes in Hospitalizations at US Safety-Net Hospitals Following Medicaid Expansion: A Cross-Sectional Study. *JAMA Network Open*. 2021;4(6):e2114343. doi:10.1001/jamanetworkopen.2021.14343.

4. Using both quantitative and qualitative research methods, my work has examined why health disparities exist, and has identified factors that may mitigate health disparities. I found that receipt of primary care services at specific neighborhood health centers was the strongest predictor of missed appointment rates. Missed appointments are a major barrier to delivering care in safety-net settings. This research established the importance of examining systems of care in safety-net settings. I have also identified barriers to colorectal

cancer screening among diverse patients served by community health centers. These barriers include lack of trust in doctors and fatalistic views about cancer. Identification of these barriers helped identify targets for the intervention studies described below. In other work related to health disparities, I observed and audiotaped encounters between primary care providers and patients at community health centers. This research helped to identify communication strategies (sharing of power and responsibility, the use of empathy, and treating the patient like a person) that may help address barriers to vaccination and colonoscopy.

- a. **Lasser KE**, Mintzer IL, Lambert A, Cabral H, Bor DH. Missed Appointment Rates in Primary Care: The Importance of Site of Care. *J Health Care Poor Underserved*. 2005; 16:475-486. PMID: 16118837.
- b. **Lasser KE**, Ayanian JZ, Fletcher RH, Good MD. Barriers to Colorectal Cancer Screening in Community Health Centers: a Qualitative Study. *BMC Fam Pract*. 2008, 9:15. PMID: PMC2373875.
- c. **Lasser KE**, Kelly B, Maier J, Murillo J, Hoover S, Isenberg K, Osber D, Pilkauskas N, Willis BC, Hersey J. Discussions about Preventive Services: a Qualitative Study. *BMC Fam Pract*. 2008, 9:48. PMID: PMC2551594.
- d. **Lasser KE**, Kim TW, Alford DP, Cabral H, Saitz R, Samet JH. Is unhealthy substance use associated with failure to receive cancer screening and flu vaccination? A retrospective cross-sectional study. *BMJ Open*. 2011 Jan 1; 1(1): e000046. Epub 2011 Apr 7. PMID: 22021737.

**Link to a full list of my published work:**

<https://www.ncbi.nlm.nih.gov/myncbi/karen.lasser.1/bibliography/public/>