When talking with young doctors applying to Beth Israel Deaconess Medical Center’s residency program, Mark Zeidel, M.D., relies on a familiar speech about the hospital being a place that provides the kind of care you would want for your family members. Although his message—which focuses on the four key features of quality, access, dignity, and compassion—might be well-covered territory for BIDMC’s chief of medicine, the passion behind it is still as fresh as when he arrived on the scene from the University of Pittsburgh School of Medicine more than nine years ago. “I talk about the dignity and compassion coming through from both our parent organizations,” he says, referring to the non-partisan missions of Beth Israel and New England Deaconess Hospitals, “and that each person is entitled to wonderful care because, quite simply, each person is a human being. Period. And, here, that’s how we look at the world.”

For almost a decade, Zeidel has been on a quest to take this underlying view of what medicine should be and build on it in the largest clinical department at BIDMC. But bridging the gap between the realization that each person deserves the highest level of health care and achieving that goal is no mean feat. Zeidel knows that, for a rapidly evolving academic medical center, ensuring the best quality, safety, and access for all patients requires proactive change and innovation while at the same time retaining the
for BIDMC to take the lead in building the ideal health care systems for the future. “Why do people make movies in Hollywood?” he asks. “The reason films are made in Hollywood is that everything you need to make the film is there, including the people with the technical capabilities, the people with the money, the cameras and the lighting. Whatever you need to make a film, it’s in Los Angeles. And whatever you need to improve the quality of care or to innovate in primary care is here.”

One of the reasons BIDMC is at the epicenter of the movement to improve the way health care is delivered is simply a history of resourcefulness in this area that dates back decades. Zeidel says the medical center is permeated by a desire to take existing clinical systems and make them better or, if nothing exists, concoct them from scratch. Indeed, BIDMC is the site of one of the earliest hospital-based general medicine practices in the country. It has cultivated one of the largest community clinic networks in New England. It developed the first online patient portal (PatientSite), the first patient bill of rights, and its own custom-designed online medical record. Zeidel says that stemming from these many “firsts” are landmark initiatives such as those to reduce central line infections and sepsis, to ensure that patients are seen within 24 hours, and to expand expertise in geriatric and hepatitis C care out into the community, just to name a few.

And that’s just the tip of the iceberg. Zeidel sees this environment as a petri dish for tangible research in the health care systems and quality improvement arena—and who better than an academic medical center with a robust research arm to take advantage of it? “In the past, people have only thought of medical innovation as finding the newest gene that causes cancer—and care is just care,” he says. “What we have proven is that there is an academic discipline of improving and innovating in care so that we become a laboratory.
Zeidel believes that it was this rigorous scientific approach to systems improvement that helped inspire the Linde Family Foundation to make a recent $10 million gift to support primary care at BIDMC. “We’re different in this respect. At other places, it’s plan, do, study, publish,” he says. “But here, it’s plan, do, study, fix the problem, sustain the fact that you fixed the problem, and then publish your experience at having fixed the problem. And don’t abandon it.” In keeping with that mindset, the Linde gift, which will fund the thoughtful redesign of BIDMC’s primary care practice, Healthcare Associates, and train future physicians in new models of primary care delivery, will be as much an investment as a philanthropic donation, with milestones to track progress. Zeidel hopes that the Linde family’s foresight is a sign of more good things to come. “We were always told in the past obviously requires great people, but you also have systems will overcome great people every time.”

Zeidel notes that it’s not only what the gift funded but the nature of the gift itself that makes it so enlightened. He gets jazzed by donors who invest in projects and programs that will have a ripple effect beyond BIDMC’s four walls by actually changing the way things work and disseminating that change. By focusing on systems development and medical education, the Lindes are not just improving BIDMC’s primary care effort but primary care itself. While obviously the gift will have a great impact because of its size, Zeidel says that this approach to giving can leverage donations of all amounts. In that vein, he is fond of citing the more modest gift to create the Stoneman Center for Quality Improvement, which completely redefined BIDMC’s residency program to incorporate quality improvement and has been instrumental in spreading the medical center’s expertise in this area across the country. “So the fact is that even a little bit of money generates an enormous amount of innovation,” he says. “And pound for pound and dollar for dollar, we could make the case that money donated here goes further than anywhere else.”

Zeidel says that there’s no end to what BIDMC could do with a little help from its friends. In overseeing the Department of Medicine, he is constantly inspired by the efforts of his colleagues to create ways for better responding to the changing health care environment or simply making a patient’s experience at the hospital that much better. The algorithm to match nurses in the neonatal intensive care unit with patients and families they have cared for previously. The online referral system that closes the loop between primary care physicians and specialists. The course in Maine that provides residents unique exposure to basic science. All taking place with little or no funding “because it’s unconscionable not to do it if we can.” Zeidel imagines how this type of ingenuity could blossom and grow with philanthropy. “Our folks do so much with so little,” he says. “We invest everything we’ve got into providing a level of care we would expect our own relatives to get. Because if it’s not like that, we fail. So if you put us in the right place, at the right time, with the right resources, we’ll take it to new heights every time.”

“Providing terrific care at the hub of a network obviously requires great people, but you also have to have great systems of care because bad systems will overcome great people every time.” – Mark Zeidel, M.D.

Where there’s a will, there’s a way.
With a bequest to BIDMC, you can leave a lasting legacy to the future of medicine.

Legacy Gift Benefits:
• Your assets remain in your control for your lifetime.
• In the future, you can modify your bequest as your circumstances change.
• If you already have a will, you can include or update a bequest through a simple codicil without the need for executing a new will.
• If you have included BIDMC in your will or trust, you are eligible for membership in the esteemed Lunn Society, which recognizes legacy donors to the medical center.

For more information, please contact:
Greta Morgan
(617) 667-7330
gmorgan@bidmc.harvard.edu
www.bidmc.org/plannedgiving
LETTER FROM THE SENIOR VICE PRESIDENT OF DEVELOPMENT

Dear Readers,

Education is an integral part of our mission at BIDMC. Through education we are training the next generation of physicians and researchers to provide better care and uncover new treatment opportunities for our patients. We are also encouraging patients and their families to learn about their own health to improve their well-being and health care experience.

This issue of Giving Matters highlights some of the unique educational efforts at BIDMC supported by our generous donors. The extraordinary $10 million gift to establish the Linde Family Institute for Primary Care will include training programs to prepare physicians for the future of this rapidly changing field (page 8). With a recent $250,000 award from the Robert Wood Johnson Foundation, Ted Kaptchuk is developing a high-impact seminar series that will examine the potential of placebo studies to contribute to the transformation of health care (page 14), and Richard Haspel, M.D., will expand a unique resident pathology curriculum in genomics with a $1.3 million NIH grant (page 11).

Evaluating the patient is important, too. Marc Garnick, M.D., encourages his patients to learn about prostate cancer screening and treatment to make the best decisions regarding their care (page 7). With the help of a grant from the Sidney E. Frank Foundation, BIDMC’s Celiac Center launched a new Web site to provide the public with accurate and up-to-date information on this prevalent yet misunderstood disease (page 17), and BIDMC Mini Med School, a new program supported by the President’s Innovation Fund, is teaching the community about some of the most important health topics today (page 19).

We are indebted to the steadfast support of our donors to always keep us teaching and learning.

Sincerely,

Kristine C. Laping

Mail that Matters

While saying thank you can come in many forms, one of our favorites is receiving letters from our patients and their families. Many have shared uplifting and heart-warming stories of their time at BIDMC and the staff who cared for them. We are pleased to print some of these letters in Giving Matters and encourage you to contribute your own stories.

To share your story, e-mail us at development@bidmc.harvard.edu or write to “Mail that Matters” at the Office of Development, 330 Brookline Avenue (BR), Boston, MA 02215.

Dear Dr. Tabb,

I am writing to thank the doctors and staff at BIDMC for the outstanding medical care and compassion given to my 20-year-old daughter, Stephanie. She was a trauma patient brought to your ER after falling 15 feet down a shaft onto a concrete floor at school. Thanks to the treatment she received, I am happy to report that she has made a full recovery and has resumed classes at MIT. I feel her hospitalist Dr. Rebecca Karp went above and beyond her care, following up with Stephanie several days after being discharged to check on her. Both the ER staff and Dr. Karp were very thorough to ensure Stephanie would make a full recovery.

Sincerely,

Mary S.

Dear BIDMC,

Last spring our son Jeffrey was transported to your ER after a bicycle accident, with a broken neck. He then spent a week in the Spinal Cord Critical Care Unit, in the care of your hard-working, patient, and professional employees. Dr. Andrew White performed surgery to fuse some displaced cervical discs; we appreciate his schooling, expertise, and hard work.

Jeffrey is doing well now; he’s back working full time at Gillette and continuing his master’s at BU, and he even climbed Mt. Washington in August. My husband and I have often said how fortunate it was that the ambulance took him to BIDMC. There is no better place he could have been treated and put on the road to such an astounding recovery.

Sincerely,

Marianne C.

Dear Dr. Tabb,

I was admitted to BIDMC on October 22 and discharged October 25. I want to express my sincere gratitude to the many physicians and support staff at BIDMC. I received extensive investigation and support during my stay. Everything was done efficiently and courteously. Everyone from physician to receptionist made me feel as if they were concerned and cared about my well-being.

Yours truly,

Lois D.
Giving Matters | www.bidmc.org/giving

LEADERSHIP SPOTLIGHT

Michael F. Cronin: Nothing Ventured, Nothing Gained

When his daughter was in high school, Michael Cronin was concerned about the amount of class time the students were missing due to snow cancellations. His solution was practical. “I bought the school a Bobcat to clear the snow,” explains the chair of the BIDMC Foundation, the standing committee of the Board of Directors charged with philanthropy. “I would rather buy a machine so they can use it. I think people can appreciate it more.”

This approach to philanthropy stems from Cronin’s professional career as a successful venture capitalist who has invested in a wide variety of entrepreneurial projects and one he has used for more than 20 years as a member of lay leadership at the former New England Deaconess Hospital and now at Beth Israel Deaconess Medical Center. “If I can buy a new machine that accelerates research, a young investigator will have the data to get a $500,000 grant for three years,” says the founder and partner at Weston Presidio. “And maybe five years from now, he gets a $1 million grant and then he may figure out something constructive in terms of science and curing cancer.”

Cronin put that idea into action when he contributed toward the purchase of new cancer imaging equipment to support the research of John V. Frangioni, M.D., Ph.D., director of the Center for Molecular Imaging. And more recently, he supported one of the medical center’s highest funding priorities and most innovative endeavors, the RNA Institute. With the help of philanthropy, BIDMC’s top researchers are further exploring the landmark discovery that non-coding RNA, genetic material previously considered “junk,” may have critical implications for the development of cancer and other diseases. “When you invest in a large institution, you can always find a way on a smaller level to see the difference you make, which is why I choose projects like the RNA Institute and Dr. Frangioni’s research,” Cronin says.

Cronin has been a longtime supporter of the research enterprise at BIDMC, both financially and as a volunteer. He was initially introduced to New England Deaconess through his friend and former Board of Directors Chair R. Gregg Stone, and became an active member and eventual chair of the Research Oversight Committee at BIDMC. “Our job was to oversee the research activities but also to advocate the importance of research within the institution and promote the institution as a place where researchers could be successful,” he says. BIDMC has invested $250 million, or 20 percent of the hospital’s annual revenue, in its research enterprise, a vital arm of the institution. “The ability to have young investigators conducting their research and collaborating with the clinical side is a huge advantage,” he says. “This makes us one of the great platforms in the country and one of the three pillars in the city where this is very unique. It doesn’t happen on this scale anywhere else in the world.”

Now, as he leads the BIDMC Foundation, Cronin still pays close attention to the medical center’s research and technology ventures along with the innovative clinical programs and educational opportunities while encouraging others to support the thriving enterprise as a whole. “There is a lot of intellectual stimulation,” Cronin says of his work with BIDMC. “Philanthropy is one way to build something that will hopefully have lasting value to the community.”

With this in mind, he recognizes that in this era of health care reform, where government regulations and hospital reimbursement rates are still in flux, philanthropy will be more challenging, and yet, more important than ever. His role as Foundation chair is to understand all areas of the hospital’s clinical, research, and educational programs and to help educate his colleagues so that they might be able to identify a donor interested in investing in the institution. “We have an incredible team of more than 300 philanthropic ambassadors in the overseers, trustees, and directors,” Cronin says. “When you are talking to someone to try to generate interest to support the hospital, you generally intersect with some passion that they have and you have to be aware of it.” The wide breadth of possibilities includes everything from Parkinson’s disease or autism research, to advances in information technology, to community health centers like Bowdoin Street Health Center. “As part of the committee we have to have that knowledge in our toolkit,” he says. •

“Philanthropy is one way to build something that will hopefully have lasting value to the community.”
— Michael F. Cronin
A Cardiologist With Heart
Josephson wins esteemed Paul Dudley White Award for contributions to his field

Having trained more physicians in his specialty than anyone else in the world, Mark Josephson, M.D., BIDMC’s chief of cardiovascular medicine, is fond of saying that his greatest legacy is the successes of his “academic children and grandchildren” and the subsequent generations of clinicians and researchers they have gone on to teach. While this network of expertise has quietly advanced and refined the field of cardiac electrophysiology for decades, the American Heart Association (AHA) thought it high time to give Josephson’s landmark contributions a little more public recognition this year, honoring him with its esteemed Paul Dudley White Award. He officially received the prize at the organization’s Heart Ball in April.

“The AHA is pleased to honor Dr. Josephson with this year’s Paul Dudley White Award. It is a fitting tribute for his professional accomplishments, personal attributes, and contributions to the AHA,” says N. A. Mark Estes III, M.D., director of the New England Cardiac Arrhythmia Center at Tufts Medical Center. “As a colleague in academic cardiology and as chair of the selection committee, I know how well-deserved this recognition is, based on his extraordinary contributions to advancing the field with his teaching, research, and clinical care over several decades.”

Josephson is credited with transforming the field of cardiac electrophysiology from an intriguing scientific idea to a robust diagnostic and therapeutic tool for the management of arrhythmias, or abnormal heart rhythms. His research into the physiologic basis of these conditions has led to revolutionary achievements in their diagnosis and treatment. Ever an educator, he wrote the definitive textbook on the practice of electrophysiology in the late ’70s, which is now in its fourth edition and one of the rare single-author textbooks in any field. Since 1982, he has co-taught an important seminar twice yearly in the United States and Europe on the interpretation of complex arrhythmias, which has been attended by more than 6,000 physicians including the vast majority of electrophysiology fellows in the U.S. All this on top of being one of the busiest clinicians in BIDMC’s cardiovascular division.

“The selection of Mark Josephson as the 2013 recipient of the Paul Dudley White Award is a fitting recognition of the impact he has had on cardiology in Boston for the last 20 years,” says cardiologist Peter Zimetbaum, M.D., a BIDMC colleague and member of the AHA selection committee. “He, like Paul Dudley White, inspires us through his unparalleled clinical and research insights and his unflagging dedication to the practice of medicine.”

Josephson shares a number of attributes with Paul Dudley White, who was one of Boston’s most revered cardiologists and the founding father of the AHA, including an association with Harvard, a sustained tenure at his medical institution, and early military experience that helped launch his career. But perhaps most significantly, they have shared an unbridled passion for saving and enhancing the lives of patients with cardiovascular disease. Says Pamela Lesser, one of Josephson’s patients who endorsed his nomination, “I don’t know how old he is, but he has an enthusiasm and love for what he does that is like he’s in his 20s, just out of medical school and ready to conquer the world. He’s on the edge of discovery. He has a passion for his work that spreads to the patient and that feeds into that whole feeling of ‘I’m in the best hands possible.’”

---

**BITS & PIECES**

Little updates on big happenings in the BIDMC community.

Want to learn more or share one of your own? E-mail development@bidmc.harvard.edu.

- This fall, the Shean Marley Scholarship Fund for Nursing Excellence at BIDMC awarded its first scholarships to Christine Carkin, Beth Cote, Matthew St. Hilaire, Tom Wollenhaupt, and Dalida Yeroshalim. Friends and colleagues established the fund in memory of the late Shean Marley, a nurse in BIDMC’s emergency department, who believed clinical excellence and education were inextricably linked.

- In October, the BIDMC Division of Cardiovascular Medicine held its 13th annual Paul Zoll Memorial Lecture featuring Matthew R. Reynolds, M.D., M.Sc., a cardiac electrophysiologist who spoke about the physiological effects of defibrillation. The lecture was supported by a gift from the late Harmon White of The Leaves of Grass Foundation as well as the Zoli Medical Corporation.

- In December, BIDMC staff gathered to celebrate the 12 recipients of the 2012 Chayet Scholarship: James Boyns, Sebyera Bundu, Shannon Carthas, Laura Dodge, Elissa Dunn, Larry Ford, Kaddour Fradj, Elita Francis, Tamara McDaid, Victoria Montgomery, Brunilda Ramos-Perez, and Christopher Sullivan. Created by Eleanor Chayet and her late husband, Donald, in memory of his parents, this scholarship helps BIDMC employees advance their skills through continued education.

- BIDMC’s Anticoagulation Clinic, under the direction of Diane Brockmeyer, M.D., was recently named an Example of Excellence by the Anticoagulation Forum, the leading organization of health care professionals working to improve the quality of care for patients taking antithrombotic medications.

- On December 31, Bob Rebello fulfilled his 14-year commitment to run the circumference of the earth (24,902.5 miles) and raise more than $100,000 on behalf of BIDMC’s Kidney Cancer Research Fund in memory of his brother, John, Bob, who is in his late 70s, ran 19 marathons, including one on every continent, to reach his goal.

- Inspired by an anonymous donor at BIDMC’s Windows of Hope shop who fulfilled his mother Gerri’s dying wish to look her best for her funeral by buying her a wig, Dave Cotter proposed the idea of giving the proceeds from his workplace’s annual golf tournament to the store, which offers specialized products for patients with cancer. The staff and customers at the Union Brewhouse in Weymouth could not have been more supportive. More than 80 people played in the tournament, raising $3,700 in Gerri’s memory.
Recently, the United States Preventive Services Task Force made the controversial recommendation that healthy men avoid regular prostate-specific antigen (PSA) tests to screen for prostate cancer. What are the pros and cons of having a PSA test? Are there any alternatives?

Since its introduction in the late 1980s, the PSA test has been a popular way to detect prostate cancer before any symptoms or any abnormalities on a physical examination of the prostate gland appear. A simple blood test measures PSA, a protein made by the prostate gland that, at above-normal levels, signals the potential presence of cancer. For some patients the PSA test might lead to an early diagnosis of aggressive prostate cancer and timely treatment; however, that is not always the case.

In 1993, when incidence of prostate cancer reached its peak as a result of this test, researchers initiated two large randomized studies—one in the United States and the other in Europe—to look at whether PSA screening saved lives. Both studies showed no difference in overall survival between the patients who were screened, biopsied to determine the presence of cancer, and if found, treated, and the patients who sought routine medical care and were not screened. As a result of these studies, the U.S. Preventive Task Force actively recommended against the routine screening using PSA testing because it causes more harm than benefit regardless of age, race, or family history in the asymptomatic patients.

The problem with the PSA test is that PSA can elevate for a number of reasons including prostate enlargement as we get older, infection, inflammation, trauma, sexual activity, and cancer. Cancer is such an emotional diagnosis that most people who have an elevation in their PSA end up getting a biopsy. Unfortunately, we end up subjecting many men to negative prostate biopsies because the test is so nonspecific. And even if the biopsy shows a tiny focus of cancer, doctors do not have a reliable way to determine if the cancer is potentially dangerous or not. Choosing to have surgery or radiation often leads to long-term side effects like impotence, incontinence, and even death in some small percentage. But after you go through the treatment, based on the results from these studies, physicians can’t tell you definitively that you will live any longer than if you weren’t diagnosed in the first place, which leaves us with a very complicated situation.

Education is the most important thing for patients trying to make decisions about their prostate health. As a doctor, it is very important to me to provide objective information and communicate the complexities of these types of screening decisions to patients, particularly for cancers that are detected by a PSA test. To achieve this goal, we have utilized philanthropic support to offer a series of educational symposia for patients and their families and have created both a print publication entitled the Harvard Medical School Annual Report on Prostate Diseases and an associated Web site, www.harvardprostateknowledge.org. Until we have more precise tests that can help determine which cancers need to be diagnosed and treated, PSA testing is going to remain controversial.

Researchers are actively investigating new screening tests for prostate cancer. For example, we have a urine-based test, called the PCA3 test, which measures a cancer-specific nucleic acid. For patients with an elevated PSA test, this additional step can help determine the likelihood of finding cancer or if a patient should undergo a biopsy. Other options being investigated include gene profiling to predict which cancers may become active. Longtime support from the Hershey Family Foundation established the Hershey Family Program for Prostate Cancer Research at BIDMC to better understand prostate cancer, pursue novel solutions, and encourage young investigators to get involved in the field.

### Ask the Expert

**Marc B. Garnick, M.D.**

Director, Cancer Network Development

**Oncologist, Division of Hematology and Oncology**

Visit: www.bidmc.org/givingnow

**Marc B. Garnick, M.D.**

Director, Cancer Network Development

**Oncologist, Division of Hematology and Oncology**

Visit: www.bidmc.org/givingnow

---

**GIVE BACK TO MOVE MEDICINE FORWARD**

**SUPPORT AN AREA OF INTEREST TO YOU:**

- Patient Care
- Biomedical Research
- Medical Education
- Health Care Quality and Safety
- Equipment and Technology
- Facilities Improvements

To make a gift or learn more:

Call: (617) 667-7350

E-mail: development@bidmc.harvard.edu

Visit: www.bidmc.org/givenow
When renowned general medicine physician Tom Delbanco, M.D., established the first hospital-based, academic primary care practice in the country at Beth Israel Hospital in 1971, the concept was revolutionary. This radical model was founded on the principle of providing equal health care for all. Every patient had a physician who would follow their care and medical students trained within the practice. While this set-up is commonplace today, at the time, it changed medicine.

More than 40 years later, Beth Israel Deaconess Medical Center is poised to make its mark on the field of primary care again. "We are well into the 21st century, but in some ways primary care physicians across the country practice like it is still 1970," says Mark Aronson, M.D., interim chief of the Division of General Medicine and Primary Care at BIDMC. "One of the things we need to do is to reinvent medicine for the 21st century."

Last fall, the Linde Family Foundation pledged $10 million to allow BIDMC to establish the Linde Family Institute for Primary Care. With this generous support, the innovative program will include training opportunities for primary care residents and current primary care physicians and will also accelerate efforts to transform Healthcare Associates (HCA)—BIDMC’s hospital-based, academic primary care practice—into a practice that employs a team-based approach to care rather than the traditional single-provider silos. "This gift is really going to change and revolutionize care. And I believe it is not just for us, it is going to be for the whole country," Aronson says.

This gift comes at an important time for BIDMC as health care in Massachusetts and across the country is changing rapidly. There is a new urgency to align high-quality, patient-centered care with sound health care policy and efficiency. Improving and expanding primary care is at the heart of this movement and is at the core of BIDMC’s strategic plan. "Primary care has emerged as the critical element for transformation of our health care system," says BIDMC President and CEO Kevin Tabb, M.D. "Our aim is to make Beth Israel Deaconess Medical Center the leader in a new model of primary care. We are extraordinarily grateful to the Linde family for helping to make our vision into a reality."

This transformational gift will ultimately improve the way BIDMC provides primary care and has already generated excitement among the staff. "This gift gives us a fabulous jump start," says Louise Mackisack, director of ambulatory operations in the Division of General Medicine and Primary Care. "It has created all sorts of energy. It provides an infusion of skill and support staff, which allows us to create an environment that is appropriate for our future and the manner in which we will care for our patients."

In October, BIDMC faculty and staff began developing the initial plans for the implementation of both the training programs and the transformation of HCA. "Philanthropy allows us to pick our heads up out of the daily work and to take a 30,000-foot view of what the future should look like," says Eileen Reynolds, M.D., director of the Internal Medicine Residency Training Program. "It allows us to make a plan for how to get from where we are today to where we want to be in the future."

"This gift is really going to change and revolutionize care. And I believe it is not just for us, it is going to be for the whole country."
—Mark Aronson, M.D.
TRANSFORMING PATIENT CARE

HCA has a long tradition of delivering outstanding care to a diverse patient population, which currently numbers more than 40,000 people. Since it was founded, HCA has expanded its research efforts and has been a champion of innovation. “HCA has done many exciting and important things not only for our patients and the hospital, but also for medicine around the country,” Aronson says. With leading-edge electronic medical records, enhanced communication among clinicians, and innovative patient-engagement tools such as PatientSite and OpenNotes, the primary care practice that grew out of BIDMC’s early foundation is already on the forefront of medical care.

Now, in the face of an increasing demand for primary care services and a fundamental shift toward keeping patients healthy, BIDMC aims to set the bar high yet again. With support from the Linde Family Foundation, HCA will undergo a full practice redesign to transform into a patient-centered medical home—a primary care practice that employs a team-based approach to care. “It is incredibly exciting to change the way we deliver care with a high likelihood, through proactive population management and outreach to all our patients based on individual needs, that we will enhance the health of the large number of patients we serve and enhance the work life of all of those who take care of the patients,” says Jim Heffernan, M.D., M.P.H., section chief of primary care.

A patient-centered medical home is a concept quickly gaining traction across the country as a viable way to improve access to, and the quality of, primary care. It is designed to best serve the patient while ideally improving quality of care, increasing physician and staff job satisfaction, reducing costs, and optimizing communication and collaboration among providers as well as between patients and their doctors.

As part of this transformation, HCA will be divided into small “micropractices,” where teams of providers and support staff—including physicians, trainees (such as medical students, residents, and fellows), nurses, nutritionists, pharmacists, patient care technicians, social workers, and others—are responsible for not only delivering the full range of care, but also proactively managing the needs of the patients to keep them healthy. This system includes preventive services, such as regular mammograms and colonoscopies; the management of chronic diseases like diabetes; and the management of patients at high medical risk. “Traditional medical care has been reactive,” Heffernan says. “We are looking to be much more proactive. The dedicated team of professionals will pay attention not only to reacting to disease but also to promoting health and to optimizing the care of the patient.”

By transforming traditional primary care practices into medical homes and putting the necessary support structures into place, the goal is that physicians and trainees will be able to concentrate more of their efforts on developing mutually rewarding relationships with their patients and honing their communication and decision-making skills. The medical home model also gives clinicians and staff the opportunity to practice at the top of their license and skill set. “This will allow us to manage your entire health history as a team,” Mackisack says. “We will be sharing the work so that patients receive the best skill set for their needs and are able to participate in improving their health and well-being.”

CONTINUED ON P. 10
Continued from p. 9

This concept represents a paradigm shift from the traditional provider silos to a more collaborative approach among clinicians and staff that uses leading-edge health information technologies and encourages patient engagement. “The patient owns his or her care,” Heffernan says. “They are the critical piece in this. They need access, support, information, and the ability to touch base with the appropriate doctor, nurse, pharmacist, or other staff who they already know so we can make sure they get the care they need.”

TRAINING THE NEXT GENERATION

The successful implementation of this model would be impossible without educated staff to provide the care. At this time, however, the country is facing a severe shortage of primary care physicians. “There have been a number of different pendulum shifts around primary care in this country,” Reynolds says. “We have gone through a period of time where primary care hasn’t been on center stage. People haven’t been paying enough attention to how to provide the best quality of care to the most people, in the best way, in the setting that makes the most sense.” With health care reform on the horizon, that is all about to change. “I believe that primary care doctors appropriately educated and embedded in their patient’s care can cut costs and help patients make wise decisions,” says Reynolds.

Studies have shown that early exposure to primary care careers and mentorship, along with meaningful long-term experiences with patients, makes students more likely to pursue careers in the field. Additionally, physicians need to be prepared to care for patients within the practices of the future and to learn the skills that will enable them to be effective business managers, care leaders, and educators. “Patients are at a place where they don’t need an office visit to interact with their doctor; where they want to be partners in their own decision making and their own health care; where they are much more educated; where they want to monitor their conditions electronically;” Reynolds says. “Primary care needs to figure out a way to keep up with the patients’ needs as well as the national requirements in terms of quality, cost, and utilization.”

With support from the Linde Family Foundation, BIDMC is creating a new primary care leadership and management skills training program, which will offer residents and practicing primary care physicians from across the BIDMC network the opportunity to develop the expertise needed to lead and manage the primary care practices of the future. The gift from the Linde Family Foundation allows BIDMC to make strategic investments in mentoring and training the primary care leaders of the future—creating a reliable pipeline of physicians who have the expertise to practice in the new world of primary care and ensuring patients have access to the best care possible.

Reynolds, a national leader in resident education and training, has been working in close collaboration with BIDMC’s organizational development team to design a curriculum for the training program at both the fellowship and primary care residency level. “My goal for the fellowship is to train people who stay at BIDMC and use the skills to make primary care at BIDMC the most innovative, high-quality primary care there can be,” Reynolds says. “At the residency level, my goal is not only to engage the housestaff and keep them in primary care—hopefully some of them at BIDMC—but also to train a generation of national leaders in primary care.”

Both groups will have the opportunity to participate in an “innovation think tank,” which will allow them to take part in national conferences and a new monthly seminar series to share best practices with the broader BIDMC community. Also, BIDMC will create an innovation grants program to support projects led by teams of nurses, physicians, and residents aimed at enhancing aspects of primary care delivery, such as efforts to improve care transitions, reduce readmission rates, and enhance doctor–patient communication.

“I am really grateful to the Linde Family Foundation for wanting to make primary care training meaningful, exciting, and cutting edge,” Reynolds says. “We are a pretty amazing place already, but I think that this is going to allow us to continue to attract some of our best and brightest residents to stay in primary care.”
Staff Support
BID–Needham Clinicians Pledge $100K for New Expansion

The cancer center and surgical suite expansion is underway at Beth Israel Deaconess Hospital–Needham and is receiving generous support from those who will use it most—its clinicians. The Beth Israel Deaconess Hospital–Needham Medical Staff pledged $100,000 to the project last fall, making it one of the first and largest gifts to the fundraising campaign for the project. “The medical staff is very passionate about the care that we give to our patients and our community here in Needham,” says Deborah Wayler, M.D., Sc.D., BID–Needham chief of pathology and Medical Staff president. “We wanted to show our patients, the staff, and the BID–Needham community that we are 100 percent supportive of the cancer center and surgical pavilion.”

The BID–Needham Medical Staff includes the 589 physicians, nurse practitioners, and physician assistants who are affiliated with the community hospital. They pay annual dues which are typically used for staff education and enrichment. When the new campaign was announced, the Medical Staff Executive Committee, led by Wayler, along with vice president Yatish Patel, M.D., and secretary treasurer Diane London, M.D., voted to pledge funds from their budget over five years for the project. While the Medical Staff contributed to the previous campaign to support the South Wing expansion project, this donation is the group’s largest to date. “This significant and generous lead gift to the campaign is a signal to the broader community that the BID–Needham Medical Staff is confident and excited about this project,” says John Fogarty, BID–Needham’s president and CEO. “Not only does it reflect our Medical Staff’s unique combination of experience, dedication, and commitment to this community but it also sets the tone for others to get involved.”

Philanthropy will play a vital role in moving this work forward. BID–Needham is in the midst of a $6 million campaign to help fund the $24 million project. The new three-story, 30,000-square-foot building, which is scheduled to open in 2014, will create a larger, more efficient area for cancer care, accommodate the increase in demand for surgical services, enable BID–Needham to continue responding to the rapid changes in health care, and provide the ideal patient-centered experience in the community setting. “We are excited for the growth, the improved working environment, and also what it will provide in caring for our patients,” Wayler says. “We have shown our support to the community, and we hope the community shows their support to our hospital.”

Paths to Genomic Success
BIDMC receives $1.3M grant to train pathologists in genomic medicine

Although the completion of the Human Genome Project opened up a wealth of possibilities in personalized medicine, a big question remains: is the medical profession adequately prepared to capitalize on its promise? To ensure that the answer is a resounding yes, the National Institutes of Health (NIH) recently awarded BIDMC a five-year, $1.3 million grant to further develop a genomics curriculum for pathology residents first conceived three years ago. Recent surveys have found that, although they routinely offer their patients genetic counseling and tests, many physicians are insecure about their genomics expertise. The goal of the grant is to create a replicable residency training program to help pathologists effectively bridge the gap between genomics research and its application to patient care with genetic testing.

If there’s one thing pathologists understand, it’s testing. As directors of diagnostic laboratories, they are in an ideal position to serve as “gatekeepers” of genomic information, helping guide both physicians and patients in interpreting and acting on this wealth of data. “This is what pathologists are already doing,” says Richard Haspel, M.D., assistant professor of pathology at BIDMC, who applied for the grant and will direct its implementation. “When it comes to testing and samples, we’re the ones doctors call when they have questions. We understand both the relevance of tests and their limitations. We just need to broaden our scope.” This idea inspired Haspel and his colleagues to create the first genomic medicine training program for pathology residents in 2009, and from its successes, the Training Residents in Genomics (TRIG) Working Group was born.

With the help of the American Society for Clinical Pathology (ASCP), TRIG, a multidisciplinary group of experts chaired by Haspel, refined BIDMC’s training program to broaden its reach and increase its impact. “We wanted to do this right,” recalls Haspel. “So we said, let’s create a curriculum, let’s create tools, let’s inform people about them, and then let’s evaluate how things are going. So we put all those ideas into the grant and, because we’d already made significant progress with essentially no money, I think they realized this is a good thing to keep going.”

With a wide range of educational, administrative, and technical support from ASCP, the NIH funding will enable Haspel and his collaborators to build resident workshops; create educational resources, including online modules; and to test efficacy in four residency programs.

Haspel particularly values the idea of refining their program based on solid evidence. “Just like in any area of medicine, we’re trying to use outcomes-based research,” he says. “We’re not just saying, ‘Here’s the lecture, see ya.’ We really want to test this to see if we’re making a difference. Just like you want to know if a cancer drug works, you want to know if your teaching works.” Noting that incorporating research is just one of BIDMC’s many strengths in medical education, Haspel credits his personal experience with the BIDMC Center for Education and its unique Rabkin Fellowship Program with turning a secondary interest in teaching into both a career and a passion. “If you asked me when I started here if I’d be talking to you about a $1.3 million grant from the NIH for medical education, I would have said you’d need to get your head examined,” he laughs. “But here we are, and it’s very exciting.”
Beth Israel Deaconess Hospital—Needham Annual Gala
October 26, 2012

Last fall, BID–Needham’s 14th annual gala, which celebrated the hospital’s century of caring for the community, broke both fundraising and attendance records. More than 500 guests gathered for this 100th birthday bash, raising $360,000 in support of BID–Needham’s new state-of-the-art cancer center and expanded surgical pavilion. The event was hosted by John Fogarty, the hospital’s president and CEO, along with the more than 60 employees and community leaders who made up the gala committee including event co-chairs Michael Lombard and Gregory Hoffmeister. Special guests included emcee Susan Wornick, from WCVB-TV, and auctioneer Billy Costa, from NECN’s TV Diner and Kiss 108. The evening’s music was provided by Rich DiMare, also from Kiss 108.

BIDMC’s Annual Palm Beach Event
January 31, 2013

In January, BIDMC welcomed more than 130 guests to its annual Palm Beach event at The Breakers in Florida. The event showcased leading physicians and researchers from the Cancer Center and several patients who have benefited from their lifesaving efforts. The evening led off with the announcement that the Leon V. and Marilyn L. Rosenberg Family Foundation pledged $10.5 million to create the Leon V. & Marilyn L. Rosenberg Clinical Cancer Center at BIDMC, which will enable the medical center to make substantive investments in co-locating cancer services, enhancing patient and family programs, and advancing its cancer vaccine research initiative. For the event’s main program, Marc Garnick, M.D., a prostate cancer expert at BIDMC and director of Cancer Network Development, moderated a panel of five esteemed physicians and surgeons from the medical center who discussed promising advances in their respective areas of expertise. The evening culminated in a heartwarming tribute to Thelma Linsey, a longstanding supporter of BIDMC’s breast cancer program, who chaired the event.

1 Michelle and Gregory Hoffmeister
2 Richard Davis, Kimberly and Michael Lombard, Charlotte and Stephen Wagner
3 Rich DiMare
4 Seth Medalie
5 Jonathan Kappel and Carol Bolton Kappel

6 Barbara Janson and Art Hilsinger
7 Stuart Rosenberg, M.D., and Patti Rosenberg, Sarah Salter Levy and Steven Levy
8 Stephen R. and Roberta Weiner
9 Kevin Tabb, M.D., Thelma Linsey, David Avigan, M.D.
10 Buddy and Althea Lank
11 Milly and Harold Solomon, M.D.
On his first visit to Bowdoin Street Health Center last summer, Ron O’Hanley was struck by three things: its welcoming community, its comprehensive health care, and its dedicated and skilled staff. He saw clearly that for the low-income Bowdoin-Geneva section of Dorchester, where violence is common and healthy options are few, the Beth Israel Deaconess Medical Center–licensed health center serves a critical purpose. “Bowdoin Street is an anchor of that community,” O’Hanley says. “As challenged as that community is, it would be in a lot worse shape without the health center as a community itself and as a real force in both primary health care and wellness.”

Following the visit, O’Hanley was moved to action. A longtime supporter of BIDMC programming, he pledged $400,000 to the Campaign for Wellness—the $3.5-million effort to build a Wellness Center. “I wanted to help something that is part of the overall BIDMC strategy, but at the same time, know that this gift would have immediate impact in terms of extending services to that community,” O’Hanley says. “In some ways, this was a no-brainer for me.”

O’Hanley also designated half of his pledge as a challenge grant, encouraging supporters of the community health center to collectively contribute funds to meet a $200,000 goal, which he will match. “The beauty of a challenge grant is that it motivates,” says Campaign Co-Chair Clay Deutsch, who introduced O’Hanley to Bowdoin Street last summer. “A challenge grant is the perfect way to get people to feel that they can leverage their own dollars. It gives real momentum and impetus to the final stage of our campaign.”

With the unique pledge in hand, Bowdoin Street Executive Director Adela Margules sent out a note to the staff letting them know about the challenge. Within a few minutes, an employee walked into her office with $100 for the campaign. “It moved people in a way that said somebody really cares about us and the work that we are doing and feels that we are worthy of support, which we obviously are,” she says. “It is very generous on Ron’s part, and it is inspiring for us because we can hopefully raise even more money with his challenge.”

And thanks to O’Hanley’s challenge and support, Bowdoin Street is rapidly approaching the final stretch of the campaign. Margules is hoping to begin construction of the 4,000-foot expansion this year with a goal of opening the Wellness Center in 2014. “The Wellness Center will allow us to promote and provide our patients with the opportunity for activities including structured exercise, learning how to prepare healthy foods, and learning how to reduce stress in their lives,” she says. “The need for this kind of programming is critical today. This is a very important piece to stem the tide of chronic illness and change things.”

Bowdoin Street has long been committed to creating an environment where people can get healthy and stay healthy through a variety of nutritional and social support programs. Many of its 11,000 patients are battling diabetes, high blood pressure, and cardiovascular disease. Approximately 70 percent of adults and 40 percent of children the center treats are overweight or obese. With the added space and resources, the Wellness Center will be focused on helping this struggling population. “There is not a gym or clinic on every corner,” O’Hanley says. “Bowdoin Street is the only option in this neighborhood and it is an unbelievably important resource. Wellness is so much a part of the solution. You can’t solve the health care problem—either the clinical challenge or the cost challenge—without addressing wellness.”

For more information or to donate to Bowdoin Street Health Center and The Wellness Center, contact Heather Clark at heather.clark@bidmc.harvard.edu or (617) 754-0067.

UP FOR A CHALLENGE
Ron O’Hanley motivates Bowdoin Street supporters with his philanthropy

WELL DONE: Bowdoin Street employees like Giovanna Leddy, M.D., (left) have a long-standing commitment to creating an environment where patients (below) can get healthy and stay healthy. Ron O’Hanley (inset) recently pledged his support of that mission with a lead contribution to the health center’s Campaign for Wellness.
Making Something of Nothing

Ted Kaptchuk and colleagues are applying rigorous science to understand the enigmatic nature of the placebo

Some might say that Ted Kaptchuk is the Jerry Seinfeld of medicine. Much like the comedian who for almost a decade built his blockbuster career on a “show about nothing,” Kaptchuk has made his professional mark doing scientifically rigorous research about nothing—or as it’s better known in the biomedical context, the placebo.

Both, too, have silenced their share of critics that something substantial could be made out of their respective nothings to help many of us feel better. “I think a lay audience likes magic,” says Kaptchuk of all the recent attention his work at Beth Israel Deaconess Medical Center has garnered, from The New Yorker to NPR to Forbes. “There’s something about the intangible that’s very attractive.”

The enigmatic nature of the placebo was, in fact, what attracted Kaptchuk to its study (and what makes some physicians nervous about it, he adds). An inactive medication or procedure used in clinical trials as a comparative control to an active treatment, the placebo—and its resulting “effect”—has been the subject of much speculation and little science. Sure people had noticed over the course of the last century that a sugar pill or sham surgery seemed to alleviate symptoms in some patients but exactly how or why it was happening—or even if it was actually happening at all—was controversial. “I quickly realized that we didn’t know much about it,” says Kaptchuk. “Most of the literature was mythic itself: poorly done studies, lots of claims and arguments against the claims with very little data.”

Rising above the rhetoric and amassing some concrete findings about the subject became his calling. With a degree in Chinese medicine from an institute in Macao and training in acupuncture and herbal therapies, Kaptchuk seemed an unlikely candidate to lead a scientific effort to understand the placebo, but the more he learned, the more his background seemed to make sense. With a strong interest in the “symbols and rituals of medicine,” Kaptchuk quickly discovered that it was not simply the fake treatment influencing patient outcomes but the environment in which that fake treatment is delivered. “The pill doesn’t have an effect; it’s everything that surrounds the pill,” he says. “And being able to tease apart what surrounds the pill is a really difficult scientific question. So we use the word placebo because everyone uses it, but in fact we study the provision of care without accompanying medication.”

With the advent of health care reform, how we best provide care is a hot topic these days, which may be why Kaptchuk’s research has piqued the interest of not only major media outlets but medical organizations, pharmaceutical companies, philanthropic foundations, and government agencies like the National Institutes of Health and the Food and Drug Administration. Kaptchuk notes that having his Program in Placebo Studies and the Therapeutic Encounter (PiPS) at BIDMC/Harvard Medical School backed by two academic medical powerhouses also helps give his team’s work the gravis it deserves. “How do we take the intangible aspects of care, the things that are sometimes very important to people, and make them visible, measure them, conceptualize them, implement them?” he says. “Being able to quantify the ritual of care helps bring it to the table as an important...
component of how we should plan to deliver care, how we should evaluate outcomes, and how we should address cost-effectiveness issues. It’s a really important part of medicine that historically has been marginalized, and it’s exciting to highlight it as something amenable to scientific investigation."

But doing research on something as inscrutable as the placebo and determining how all the components interact can be tricky. For one, the goal is trying to study the very thing that is used as a basis of comparison in most randomized controlled trials. “It’s a different kind of research,” says Kaptchuk. “It’s upside down. You can’t just say you got an effect just by giving a placebo, just as you can’t say a drug has an effect just by giving the drug. You need controls for the placebo interventions—the sugar pill or the saline injection—just as you would in any other study.” Some of the solutions his team have found effective include using a “no treatment” arm for the study, comparing different types of placebos, or looking at different “dosages” of a certain placebo.

By applying the scientific method, Kaptchuk and his colleagues have made discoveries about placebos that have sometimes surprised even themselves. They have found that the placebo response occurs at a non-conscious level and can take place even if the patient is unaware of any suggestion of improvement or anticipation of getting worse. They have shown that how a placebo is administered, from dispassionate to “warm and schmaltzy,” is as important in achieving an effect as the administration itself and actually exhibits a graded response along the continuum (apparently, the schmaltzier, the better when it comes to the placebo effect). They have located areas in the brain that are activated by the placebo treatment with neuroimaging, and they have uncovered neurochemical pathways involved. They have even identified possible genetic differences between placebo responders and non-responders, opening up a new avenue of investigation into the biological basis of the placebo effect.

“This is not only imagination. There’s a biology that correlates with the imagination.”
—Ted Kaptchuk

CONTINUED ON P. 16
another group untreated as a control. The former were explicitly told that the pills had no active ingredients, even to the point of printing “placebo” right on the bottles. Kaptchuk recalls there was a lot of awkward laughter as the patients received their doctors’ instructions to take their fake pills twice daily, regardless of how they felt about the placebo effect. But by the end of the study, the results silenced much of the skepticism: nearly twice the placebo-treated patients reported adequate symptom relief compared to the controls, and they doubled their rates of improvement to a degree roughly equivalent to the effects of the most powerful IBS medication. “Even if you don’t believe it and think it’s crazy, there’s some inner mechanism whereby the body releases neurotransmitters or activates the areas of the brain, which responds to the drama, to the ritual, to the theater of medicine,” says Kaptchuk. “In the same way when we watch Romeo and Juliet for the 14th time and still get aroused and totally bent out of shape.”

While he recognizes that these dramatic achievements are still preliminary and certainly won’t have applications to all diseases, Kaptchuk hopes that his program’s successes thus far will attract more minds and more funding to placebo research. Until then he relies on his small core of brilliant and enthusiastic post-doctoral students to keep things moving in the right direction. “I love my post-docs because they’re taking such a big risk by going into this emergent field. It’s so brave,” he says, noting that he often steers his students to focus their placebo work in well-funded disease areas so they won’t get left out in the cold financially. Enticing more talent should also be buoyed by a recent $250,000 grant from the Robert Wood Johnson Foundation (RWJF) to support the creation of a new seminar series aimed at both medical and public audiences to broaden the discourse about the applications of placebo research. While the goal of the series, which starts in June, will be to bring together representatives from a wide range of relevant disciplines to expand the field’s reach, Kaptchuk’s program, for now, holds the title of being the only center in the world dedicated to placebo science. “We’ve made a bridgehead in doing something that probably has a significance in medicine,” he says. “It’s a unique opportunity, and it’s going to need ongoing philanthropic support to become a model that can be replicated all over the world. It’s really incredible that BIDMC is the first. It’s kind of beyond belief.”

In Memoriam
Joan Baylor Schilder, 1929–2012

With sadness we report the death of Joan Baylor Schilder, an overseer emeritus at BIDMC, who died on October 2 at the age of 83.

Schilder was the wife of the late Herbert Schilder, M.D., a senior dental surgeon at the Reisman Dental Clinic at the former Beth Israel Hospital (BIH) more than 50 years ago. With a B.A. from Wellesley College and a master’s degree from Boston University, she worked for her husband’s practice, which was devoted to the teaching and practice of endodontics. Dr. Schilder was known worldwide for his pioneering root canal therapy procedure, known as “the Schilder technique.”

The Schilders were longstanding supporters of the work of BIDMC and its predecessor BIH. “Joan and her husband had many discussions with me about the state of the hospital, reflecting their interest in and commitment to the quality of care and warmth of attention to our patients,” recalled Mitchell T. Rabkin, M.D., distinguished institute scholar at the Carl J. Shapiro Institute for Education and Research. “And their interest was re-emphasized by their generosity to Beth Israel Hospital.”

Schilder was predeceased by her son, Edward B. Schilder.

Schilder is survived by her son, Richard M. Schilder of Belmont.

She was predeceased by her son, Edward B. Schilder.

Joan Baylor Schilder and Herbert Schilder, M.D.
Insight on Site
BIDMC launches comprehensive online resource for celiac disease with $250,000 grant

Twenty years ago, celiac disease went virtually undiagnosed. At BIDMC, physicians identified fewer than 10 cases per year of this then-unfamiliar autoimmune disorder affecting the gastrointestinal tract. Today, thanks in part to a blood test based on research previously conducted at BIDMC, the medical center diagnoses more than 200 cases annually—a dramatic increase that is reflected nationwide. Still, despite its prevalence, few patients have access to specialized health care professionals knowledgeable about the complex disease, leaving many without the resources to properly manage their condition.

In an attempt to arm these patients with high-quality educational materials essential to their well-being, experts in the nationally recognized BIDMC Celiac Center developed a comprehensive Web site, CeliacNow (www.CeliacNow.org), which launched in November 2012. The site, which was funded by a $250,000 grant from the Sidney E. Frank Foundation, is designed so that readers at any interest level can find trustworthy information backed by the expertise of an academic medical center to understand and cope with all aspects of celiac disease. “Education and depth of understanding of the disease are absolutely fundamental and central to successful treatment,” says Ciaran Kelly, M.D., medical director of the BIDMC Celiac Center, the only celiac center in New England and one of only a few across the country that offers multidisciplinary management of the disorder.

Celiac disease is caused by a reaction to gluten, which damages the lining of the small intestine. It produces a wide range of symptoms including neurological, nutritional, and gastrointestinal. If left untreated, celiac disease can lead to infertility, osteoporosis, iron deficiency, anemia, and other more serious complications. The only treatment is to follow a regimented gluten-free diet for life.

The new Web site provides patients with a wealth of details on relevant topics such as how to thrive on a gluten-free diet, as well as label reading, cross contamination, associated conditions, and budgeting. “The site allows us to connect with patients and other readers and disseminate information more promptly,” says Melinda Dennis, M.S., R.D., L.D.N., nutrition coordinator in the Celiac Center and Web site administrator. “We can keep them informed of research studies that are coming up, new topics of interest, and educational events—and get them more involved in their own care.” Experts at BIDMC will manage CeliacNow, updating the site regularly with new nutrition information and adding extensive medical information over the next year.

“The Sidney E. Frank Foundation is delighted to support this important effort to provide practical, up-to-date information about this least-diagnosed and most pervasive disease to the celiac community,” says Cathy Frank Halstead, trustee of the Sidney E. Frank Foundation. “We are confident that the site will help many people to better address their own conditions or those of their loved ones. Even those with unspecified ailments often profit from a celiac diet.”

In Memoriam
Ruth Shapiro, 1917-2012

The BIDMC community mourns the loss of longtime friend Ruth Shapiro, who died on October 14 at the age of 95. She and her husband, Carl, have been generous, longstanding benefactors of the medical center, giving more than $25 million over the years to support a wide range of clinical, research, and educational efforts.

“Ruth was beloved by the entire community,” said Kristine Laping, senior vice president of development at BIDMC. “She showed extraordinary grace and elegance in everything she did. It was remarkable to witness her profound love for her husband and her family. She will be greatly missed.”

Born in Chelsea to Dorothy and George Gordon, Shapiro was a 1937 graduate of Wellesley College, where she majored in music, a gift she nurtured and shared her entire life. Her passions wove together into a tapestry of devotion to giving to underserved communities and programs, and to helping those in need. For example, as a talented pianist, she volunteered her time to teach underprivileged children at the Longy School of Music of Bard College in Cambridge, Mass. She also inspired her children and grandchildren to support efforts in these areas she held dear: music and education.

Married for 73 years and partners in the truest sense, the Shapiroos shared a commitment to philanthropy and supported many of the major cultural, medical, and educational institutions in Boston and Palm Beach County, Fla.

Cementing a relationship that began in the early 1980s, they gave a leadership gift in 1995 to establish the Carl J. Shapiro Clinical Center, which remains BIDMC’s busiest outpatient building to this day. In 2006, they continued to invest in this state-of-the-art facility, supporting a major renovation project to meet the demands of today’s patients and clinicians and establishing the Carl J. Shapiro Simulation and Skills Center, one of the most advanced and comprehensive medical training facilities in the country.

In addition to her husband, Shapiro is survived by three daughters: Rhonda Zinner (and her husband, Michael), Ellen Jaffe (and her husband, Robert), and Linda Waintrup (and her husband, Daniel); six grandchildren; six great-grandchildren; and her brother, Roger Gordon.
Food Drive
Researcher Wins Award to Study How Environmental Cues Whet Our Appetite

For thousands of years, the human brain has worked under the theory that there is never enough food. When it is available, we are designed to pay attention to it and seek it out for survival. Unlike our ancestors, however, most people in the United States today have easy access to food, yet we are constantly bombarded with environmental cues that whet our appetite, often leading to unhealthy or excessive eating behaviors. Today, more than one-third of adults in the U.S. are obese.

Mark Andermann, Ph.D., is exploring this ingrained attention to food cues as a new approach to understanding obesity. Using novel tools for mapping and manipulating brain activity in identified neurons, or nerve cells, the researcher in the Division of Endocrinology, Diabetes, and Metabolism is investigating the pathways in the brain that cause us to notice food when we are hungry. “The earliest stage in eating a hamburger is paying attention to the restaurant billboard,” Andermann says. “Targeting that early stage by combining psychotherapy with psychopharmacologic innovations may be an effective way to encourage healthy eating choices.”

To pursue this innovative angle, Andermann was selected as one of five recipients of a three-year, $300,000 Smith Family Award for Excellence in Biomedical Research from the Richard and Susan Smith Family Foundation. Since 1991, the Smith Family Foundation Awards Program has provided 130 scientists with approximately $23 million in funding. “The Smith Family Foundation is extraordinarily proud of the accomplishments of its awardees and is honored to provide the critical support for their newly established research programs,” says Lynne J. Doblin, executive director of the Richard and Susan Smith Family Foundation.

Andermann’s is one of the few labs in the world using new brain imaging technology to study the activity of neurons in a living animal over long periods of time. “What is really exciting is that the mice can be awake and engaged in attention tasks and we can image those neurons for months,” he says. “That opens doors to studying how hunger and other motivations influence brain circuits.” Andermann will use this technology he helped develop to observe how the brain processes images of food and other cues, and how this processing changes when the mouse is hungry or full. In particular, he will focus on imaging the activity of hundreds of individual neurons in the postrhinal cortex, at the interface between sensory and memory processing.

Once Andermann demonstrates how the activity of these neurons changes when the animal becomes hungry, he will determine how other hunger-driving neurons deep in the brain might bias the postrhinal cortex toward processing food cues. In collaboration with Brad Lowell, M.D., Ph.D., he will use sophisticated optical and genetic techniques to directly trigger food-seeking by stimulating these “hunger neurons.” “Then we have a model system where, in five minutes, we can turn hunger on and off,” Andermann says. “We can begin to identify and manipulate the specific brain regions that draw your attention to food cues and to food. In my opinion, the combination of these new technologies is a game changer.”

Team Building
$100M NFL Players Association Grant Marshals Harvard Expertise in Unique Health Initiative

Alvaro Pascual-Leone, M.D., Ph.D., the director of the Berenson-Allen Center for Noninvasive Brain Stimulation at BIDMC, was recently named one of four leaders of a transformative 10-year initiative established with a recent $100 million grant to Harvard Medical School from the National Football League Players Association (NFLPA). The Harvard Integrated Program to Protect and Improve the Health of NFLPA Members will marshal intellectual, scientific, and medical expertise throughout Harvard University to uncover new approaches to diagnosing, treating, and preventing injuries and illnesses in both active and retired players.

Professional football players often develop severe disability related to a number of health problems, including the effects of head trauma, heart problems, diabetes, joint and other skeletal injuries, and psychological stress. Americans have become increasingly concerned about the risk posed by participation in such contact sports. The program’s common goal is to improve the health and well-being of NFL players, while further elucidating the consequences of playing American football. Researchers will be challenged to discover new risk factors, identify novel preventive measures, and develop innovative therapies.

“I believe the knowledge generated by such a wide-ranging endeavor will not only improve the health of those who play professional sports but also greatly inform my own field of neurology and medicine as a whole.”

To ensure its thoroughness, the program will include experts in such diverse areas as epidemiology, genetics, metabolomics, lipidomics, cell biology, neurobiology, regenerative medicine, neuroscience, imaging, and computational biology, to name only a few. The groundbreaking research of Pascual-Leone focuses on noninvasive approaches to treating a wide range of disorders including traumatic brain injuries, depression, addiction, and movement disorders.
Flexible philanthropic fund helps BIDMC’s Kevin Tabb, M.D., keep pace with progress

When President and CEO Kevin Tabb, M.D., arrived at Beth Israel Deaconess Medical Center in October 2011, he made philanthropy one of his top priorities. Tabb knew that BIDMC would need to create and implement new systems of care to lead the way in health care reform while sustaining a rapid pace of progress in medical research and technology. He recognized, however, that these efforts do not come without a price. “Now is the time that we need philanthropy the most to do the things that are unique and special to our institution,” Tabb says. “Support is necessary to foster the innovative programs and ideas that will strengthen BIDMC and continue to propel our efforts as a world-renowned medical center.”

With this in mind, last year BIDMC established the President’s Innovation Fund, a resource that Tabb can draw upon to make immediate investments in groundbreaking clinical initiatives, transformational research, and educational priorities. Since that time, BIDMC’s generous donors have contributed more than $700,000 to the fund. “An investment in the President’s Innovation Fund is an investment in Dr. Tabb’s leadership and vision,” says David Schechter, co-founder of The Schechter Foundation, which contributed $100,000 to the fund last year. “Dr. Tabb is in the best position to identify critical areas at the medical center that would benefit greatly from philanthropic support and to ensure that those investments are realized. This fund provides him with the necessary ability to invest strategically in the medical center to advance timely and critical programs.”

Tabb works closely with his senior leadership team and faculty advisors to invest the philanthropic support into carefully selected programming. For example, this spring saw the launch of BIDMC Mini Med School, an innovative educational opportunity designed to help Boston-area residents improve their health and learn about the latest advances in medical research directly from the medical center’s world-renowned physicians. The President’s Innovation Fund entirely supports this program, which promotes health care education to the public, a strategic priority in health care reform. “In this changing era of health care, as we transition from a fee-for-service system to a per capita system, we are now keen on keeping people out of the hospital,” says Vikas Sukhatme, M.D., Ph.D., BIDMC’s chief academic officer, who introduced the Mini Med School concept with Sanjiv Chopra, M.D., M.A.C.P., associate dean for continuing medical education at Harvard Medical School. “People need to know more about their health, so as a first step, we are taking the time to educate them how to best take care of themselves.”

In addition to the Mini Med School project, the President’s Innovation Fund is supporting an initiative by the new Center for Healthcare Delivery Science to design and implement a pilot survey tool for collecting patient-reported outcome data. The system-wide tool, which was reviewed by the Patient Family Advisory Council and aims to improve clinical care by tracking individual patient outcomes over time, will be deployed on iPads and computer kiosks in the medical center over the next year. The fund will also support the annual Celebration of Life event, an inspirational day for cancer survivors, their families, and caregivers. The 20th anniversary of this event, which educates the community and raises awareness about the battle against cancer, will take place at the Harvard Medical School Quadrangle on June 2.

To make a donation to the President’s Innovation Fund, please contact Laura Sobel in the Office of Development at (617) 667-7337 or lbsobel@bidmc.harvard.edu.
Five days after the attack on the Boston Marathon that tragically took the lives of three innocent bystanders and injured hundreds, the victims and heroes of the bombings were honored with a moving tribute at Fenway Park. Afterward, Governor Deval Patrick (second from left) thanked BIDMC employees Dan Nadworny, R.N., Alok Gupta, M.D., and Barbara Sarnoff Lee, L.I.C.S.W., for their efforts to save and care for the victims of the tragedy.

BOSTON STRONG BIDMC STRONG

APRIL 15, 2013 WAS A DAY LIKE NO OTHER IN THE HISTORY OF BOSTON.

WE HONOR the immeasurable loss of the dead and injured and the courage and strength of their relatives and friends in the wake of this tragedy.

WE SALUTE our caregivers for their utmost professionalism, incomparable clinical skills, and unbounded compassion for patients and their families impacted by these senseless events.

WE RECOGNIZE the 13 men and women on our marathon team and the other runners that day who represent the heroic spirit of this city through their commitment and perseverance.

For more information on how you can support the BIDMC Boston Marathon Relief Fund, The One Fund Boston, Inc., or BIDMC’s Boston Marathon Team, please visit www.bidmc.org/giving or call (617) 667-7330.

Look for more coverage in our next issue...