Patients have come to our institution in droves because of the quality of the care, patient satisfaction, and physician satisfaction,” Ricciotti says. “This department was founded with a real theme of commitment to patient safety, teamwork, and team training. It is not that we just say we are high-quality, we can really prove it—and yet we never rest on our laurels.”

Choosing obstetrics and gynecology as a specialty was an easy decision for Ricciotti, partly because of the clinical aspects of the field, but also as a personal mission to dispel health care disparities for women and provide comprehensive women’s health and reproductive care. “When women control their reproductive health, it allows them to be equal partners in society and contributing...
Hope Ricciotti, M.D., with Christie Rooney, 37 weeks and five days pregnant

CONTINUED FROM P. 1

members of society,” she says. “In the U.S., we are very lucky because women have better access to care and therefore can better control their reproductive health, but worldwide that is not the case. It may come as a surprise, but we still have work to do.” For seven years prior to being named chief last March, Ricciotti split her clinical practice time between the medical center and the BIDMC–affiliated Dimock Center in Roxbury where she aimed to improve access to superior care for an urban population. “I was attracted to that work because of the challenges of disparities we see in our own backyard—much higher preterm labor rates, higher cervical cancer rates—all the things that happen when women don’t have good access to care,” she says. Among many responsibilities, she focused her clinical and research efforts on improving family planning, reducing teen pregnancy, and reducing preterm delivery among women in the community.

Now as chief of the department at BIDMC, Ricciotti spends more of her time taking care of patients at the medical center. However, she still brings the same mentality of helping women achieve a healthy baby and healthy body. “We look at pregnancy as a great teaching time,” Ricciotti says. “It is a time when women will quit smoking, start exercising, and start taking better care of themselves because they are doing it for two.” In the process of educating women about what they can do to eat healthy and be healthy, Ricciotti and her colleagues discuss a new category of research known as epigenetics, or fetal origins of adult disease. “The diet that a baby is exposed to while in utero can have enormous effects on its health later in life,” she says, noting research has shown the potential for reducing cardiovascular disease, obesity, and even cancer. She helps her patients understand that prevention starts early—even in the womb—and foods such as fruits, vegetables, and whole grains can improve well-being later in life.

Ricciotti’s interest in prenatal nutrition stems from her personal life and her husband, Vincent Connelly, who works as a chef. “When I was pregnant with my first son, I knew what I was supposed to eat, but nothing tasted good because I was pregnant,” she recalls. “My husband started tailoring foods for me, and we thought it was a great idea for a book.” Ricciotti and Connelly released The Pregnancy Cookbook in 1996 and followed up with I’m Pregnant! Now What Do I Eat? “Women used to think about ‘eating for two,’” she says, “that they could eat anything

GREAT EXPECTATIONS

HOPE RICCIOTTI, M.D.
“We are trying to tackle the most vexing problems that affect women's health care at the highest level.”

—Hope Ricciotti, M.D.
LETTER FROM THE SENIOR VICE PRESIDENT OF DEVELOPMENT

Dear Reader,

Health care delivery is transforming every day. At BIDMC, our clinicians and researchers are continuously searching for new and better ways to keep our patients healthy in body and mind. In this issue of Giving Matters, we explore some of our most innovative clinical programs and research, including the popular Brain Fit Club (page 14) and pilot ventures like Risky States and OpenNotes in mental health (page 10), which are poised to change how we provide care to our patients.

And as our clinicians and researchers push boundaries to change traditional methods of care, their ideas rely on the support of donors like Ruth Moorman and Sheldon Simon, who are helping boost the careers of young investigators (page 11), and the Schilder Family, which hopes to help researchers find a way to disrupt the progress of neurodegenerative disorders so other families do not have to suffer (page 6).

We are so thankful for all our donors who make BIDMC’s critical work possible. I am happy to report that in FY’14 we had a record-breaking philanthropic year for the third time in a row. We exceeded our $52 million fundraising goal with a grand total of almost $54 million. This impressive achievement represents the highest single-year fundraising total in the medical center’s history. We have set a high bar, and with your help, I know we can continue to surpass our goals and change the face of health care.

Sincerely,

Kristine C. Laping

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, Boston, MA 02215.
LEADERSHIP SPOTLIGHT

Tom DeSimone: Trustee Worthy

Tom DeSimone possesses one important quality that organizations gravitate toward in volunteer leadership: unbridled commitment. The partner at WS Development has served on the boards at various academic, real estate, and legal organizations in Boston over the last several years, and despite the busy schedule, he tries to show up to each group with enthusiasm and an open mind.

“We really are doing tremendous research, and we’re doing it in a way that has a direct connection to thinking about how are we going to treat the patient.”

— Tom DeSimone

“One of the most important things is participation,” he says. “You’re participating in an organization that needs you. You’ve got to show up and you’ve got to participate because the organization has made a commitment in selecting you and they are looking for your input.”

Now, as chair of the Trustee Advisory Board at Beth Israel Deaconess Medical Center, DeSimone is bringing his wealth of experience as a lay leader, as well as his passion for participation, and applying it to his new role in the health care arena. “There’s a lot of synergy,” he says. “I sit in a BID meeting and because of something I learned at one of the other organizations, I feel like I’m better equipped to make suggestions. It’s amazing how these organizations have analogous issues and opportunities.”

DeSimone, who previously served as a member of the Board of Overseers and lends his expertise as a member of the Finance Committee, recognizes that trustees are charged with two main jobs: to be advocates for the hospital in the community and to provide intellectual and volunteer capacity to staff the various committees of the hospital. As chair, he hopes to engage the group in the committees not only for their benefit to the volunteers but also for their benefit to the hospital. “Fred Wang and Ted Ladd have established a clear path in how to serve BID,” he says of the two former Trustee Advisory Board chairs. “I can only try to be as impactful as they have been. There’s a tremendous diversity of expertise among the trustees. We need to continue to harness this resource and utilize it to make the committees the best they can be.”

And as the health care industry is faced with tremendous financial challenges, DeSimone believes the lay leadership’s role in promoting the medical center and supporting its programming is incredibly important. “We are moving from a health care system which was based on getting paid for providing a service to a system where it is all about the patient,” he says. BIDMC’s established intersection between innovative research and compassionate patient care is a strong advantage that he hopes to promote. “We really are doing tremendous research, and we’re doing it in a way that has a direct connection to thinking about how are we going to treat the patient,” he says. “And if we can do that really well, we’ll be special in the eyes not only of the funding community, but also the patient community.”

When it comes to his volunteer efforts, DeSimone is adamant that participation means not only a personal commitment of time but also a commitment of philanthropy. Thanks to a successful professional career, for the last 20 years DeSimone and his wife, Midge, have been fervent supporters of BIDMC programming. “We’re very involved in the human condition, but we’re also very interested in the things that aren’t getting attention,” he says. “And so when somebody tells me, for example, that people come into the emergency room over the weekend and there is no social worker there, our thought was we can do better and we can help.”

Consequently, the DeSimones have regularly supported the Department of Social Work to staff an evening social worker in the emergency department and even donated a duck boat tour of Boston to the social work team in the wake of the Boston Marathon bombings. They have also funded staff education in the Klarman Family Neonatal Intensive Care Unit and prostate cancer research.

And while his volunteer life may be chaotic, no matter how many organizations ask for his help, DeSimone is grateful for the opportunity and happy to make that commitment. “The things that I am learning and talking about with people are like nothing I’ve ever experienced,” he says. “I’m getting the benefit of all of this because I said yes. And I’m having a great time.”
OF ONE MIND
Schilder Family Builds Legacy of Support for Neuroscience at BIDMC

Herbert Schilder, D.D.S., a senior dental surgeon at the former Beth Israel Hospital, used fine motor skills to treat patients every day. So when he experienced trouble using his left hand during dental surgery, he knew immediately that something was wrong. As a 50-year employee of Beth Israel Hospital, he called Chair of the Department of Neurology Clifford Saper, M.D., Ph.D. “My dad wasn’t going to go to see just anybody,” Richard Schilder says about his father. “He wanted to have the best. That’s why he came to Dr. Saper. My parents had a very warm feeling for the hospital. Dr. Saper. My parents had a very warm feeling for the hospital and a high degree of trust and faith in the care here.” Nearly a decade after Saper successfully treated Herbert for a stroke, his longtime patient returned to Beth Israel Deaconess Medical Center with a new concern and received a much different diagnosis. With Saper’s help, Herbert battled Parkinson’s disease, a neurodegenerative disease known to affect movement, for six years before he passed away in 2006.

In his memory, Joan Schilder, his wife and a BIDMC overseer emeritus, established a fund in their family’s name to provide support for neuroscience research at BIDMC. When Joan passed away in 2012, she left a $1.2 million bequest through her estate to the endowment and the BIDMC Annual Fund. “The Schilder family has been a strong supporter of our neurology department for more than 20 years,” Saper says. “We are very grateful for the vote of confidence shown in establishing the Schilder Family Neuroscience Endowment Fund.” Inspired by his parents’ giving, Richard recently contributed an additional $125,000 to the endowment and the Annual Fund. “I’m glad they were doing things philanthropically because it set an example for me to follow,” he says.

Herbert Schilder, who served as the chair of the Department of Endodontics at Boston University for 33 years, was known worldwide for pioneering a root canal therapy technique, known as the Schilder technique, to make the procedure safer and more successful. Once diagnosed with Parkinson’s, he stopped seeing patients due to the symptoms, but continued to teach and speak around the world until 2003. “By the time he retired, he had probably taught 15 percent of all the endodontists in the world,” Richard says. Herbert had developed Lewy body dementia, a neurodegenerative disease similar to both Parkinson’s and Alzheimer’s diseases, which causes a progressive decline in mental abilities and is present in many Parkinson’s patients. While there is currently no cure for either disease, physicians can treat worsening symptoms with techniques ranging from medication to surgery. “My hope is that I can help somebody with the tools to find ways to mitigate the difficulties of affected people and their caregiving families,” says Richard, who, along with his mother, witnessed the slow decline of an intelligent and articulate surgeon. “If we can find a means of early detection, perhaps we can find ways to blunt the disease.”

Since the establishment of the Schilder Family Neuroscience Endowment Fund in 2006, Saper has distributed its funds to support novel research initiatives within the Department of Neurology. Researchers are investigating new ways to disrupt the progress of neurodegenerative disorders, like Parkinson’s disease, to improve the lives of patients and their families. “The projects it supports are in the startup phase, seeking to achieve preliminary data that will ‘prime the pump’ for competitive outside support,” Saper says. “This support is crucial for the growth of innovative ideas.”

Richard, who served as a running coach for the Alzheimer’s Association-MA/NH Chapter’s Run to End Alzheimer’s team for the last nine years, understands the role of philanthropy to pursue research. “If you’re in a position to be able to fundraise, it is about paying it forward,” he says. “If you’ve been affected by disease, speak to somebody—your doctor, the chair of a department, a Board member—and find out if there are areas where they have research that needs funding so they can fight some of these diseases. I would love to be able to say someday that I was able to help a family not have to go through that.”

“We are very grateful for the vote of confidence shown in establishing the Schilder Family Neuroscience Endowment Fund.” —Clifford Saper, M.D., Ph.D.
Faces of BIDMC

with David McDermott, M.D.

Recently, the medical community has seen a resurgence of interest in biologic therapies to treat cancer. For decades, the Biologic Therapy Program at Beth Israel Deaconess Medical Center has been a leader in developing and testing these agents for a range of malignancies—most notably solid tumors like melanoma and kidney cancer—and in determining the underlying mechanisms by which they work. David McDermott, M.D., who leads this program, shares his insights on the promise of these treatments and how philanthropy has played a role in bringing them to bear.

What are biologic therapies and how do they differ from other cancer treatments?

Biologic therapies are a class of treatments designed to boost the response of the immune system—our defense mechanism against disease—to stop or slow the growth of cancer cells or destroy them altogether. While treatments like chemotherapy attack the cancer directly, this type of “immune therapy” uses agents like antibodies or cytokines that are derived from or mimic natural substances in the body to help the immune system recognize the cancer as a harmful intruder and fight it off.

Have biologic therapies been successful?

The short answer is yes and no. Early iterations of immunotherapy have been useful in treating some forms of cancer, like kidney cancer and melanoma, but they don’t work for most patients and can produce serious side effects. So we have spent a lot of time trying to understand how the immune system combats tumors to find more effective and less debilitating alternatives. Our immune system is not designed to fight cancer, it’s designed to fight infection, which means it turns on when you have an active infection and then shuts off so it does not damage normal tissue when the infection is under control. We now understand what those major shut-off pathways, the so-called “immune checkpoints,” are and how they function. Based on this groundbreaking research, we have new biologic agents that can target those pathways and release the natural brakes the immune system puts on its response.

What role has your program played in these advances?

We were the largest accruing center to the clinical trial that led to the FDA approval of the first immune checkpoint inhibitor, Yervoy (ipilimumab), which is the first drug to improve overall survival in metastatic melanoma. This CTLA-4 antibody actually produces remissions in some patients with stage 4 disease. That was huge. Since then we’ve contributed to the development of a new class of drugs called PD-1 antibodies, two of which have received FDA approval—and will fundamentally change the way cancer is treated. It sounds hyperbolic, but they offer the potential for remissions without the associated toxicity of older immunotherapies, and even more importantly, they are active outside kidney cancer and melanoma, which have been the focus of solid tumor immune therapy. This field is hot again because we’ve now seen responses in cancers like lung, bladder, ovarian, breast, and the list goes on. This is not happening with the majority of patients, but it is happening and could become a potentially equal alternative for chemo, radiation, and surgery. It could become another leg on the therapeutic stool.

How does philanthropy impact what you do?

There’s no question that philanthropic support is critical in an era where we’re making tremendous progress but also seeing our research budgets cut. We are appreciative of everything we get, but perhaps the most meaningful to us is the support we’ve received from people who see the promise of our research despite the heartbreaking challenges we face with these diseases. Fran Giuffre, the wife of a patient of mine who died of kidney cancer, gave us a gift out of the blue to support our award program for young investigators. Her funding means there’s one more bright person doing kidney cancer research. And the White Aisle Foundation was created by the family of a young woman who was treated for metastatic melanoma with a drug that resulted in a dramatic, but unfortunately short-lived, response. When this drug failed, she was too sick to receive newer forms of immune therapy. The grant given in her memory was enough to collect and publish data and develop a clinical trial to compare her treatment with immune therapy. The research that was spurred by her unfortunate outcome and supported by her family and friends will help change the treatment for patients like her around the world.

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On the surface, a hospital’s mission seems pretty straightforward: provide the best health care possible. But delve beneath the surface, and the provision of care is a complex, multifaceted process that must evolve to keep pace with medical progress and the needs of patients and their families.

At Beth Israel Deaconess Medical Center, our clinicians continuously strive to make health care better, safer, more efficient, and more cost-effective by evaluating and testing the efficacy of new tools and processes as well as creating replicable models that can be taught and disseminated easily. Through its Silverman Institute for Health Care Quality and Safety, which acts as the coordinating hub for accelerating innovation in this area, BIDMC has launched medical center–wide quality and safety initiatives that have won national acclaim and numerous awards.

The articles below highlight a variety of pilot projects at BIDMC that are poised to dramatically change how we deliver health care to patients, from creatively applying new technologies to expanding the definition of care to include concepts like dignity and respect. While our clinicians have no shortage of imaginative ideas, none of these projects would ever have gotten off the ground without philanthropy, be it seed funding for a specific initiative or unrestricted funding that gives the medical center the flexibility to support original thinking.

“We need to continue to be the best medical center on a national stage,” says Kenneth Sands, M.D., M.P.H., senior vice president of health care quality and safety at BIDMC, “and that involves not only being comfortable with continuously changing and continuously innovating but also requires the resources to support ideas that might be a little out of the box and allow them to grow into something that might actually produce dramatic results.”

To learn more about our innovative efforts in improving health care delivery and how you can support our work in this area, please contact the Office of Development at (617) 667-7330 or development@bidmc.harvard.edu. To make a gift, visit www.bidmc.org/givenow.

Sokol-Hessner is leading an inspiring effort at BIDMC, called Conversation Ready, to take the guesswork out of end-of-life preferences. The initiative is an offshoot of The Conversation Project, founded by Pulitzer Prize–winning journalist Ellen Goodman, which encourages patients and families to talk about their hopes and fears regarding end-of-life medical care. However, The Conversation Project realized that to make the most of these conversations, the party on the receiving end must be prepared to hear them—and it became clear that many health care organizations have no systems in place to adequately capture and later access the results of these discussions even if they do take place. With historical strengths in palliative care and information technology, BIDMC stepped up to become one of 10 national “pioneers” working with the Institute for Healthcare Improvement to develop and pilot new strategies to ensure that their organizations are ready to respond appropriately to these conversations and then ultimately disseminate these tools throughout the health care industry.

As team leader for Conversation Ready, Sokol-Hessner describes the process of becoming prepared in terms of the Four Rs. “We want to reach out to our patients,” he says, “and ask who is it that speaks for them if they can’t speak for themselves, communicate proactively about their medical condition, and understand what is most important to them should they get sicker. We want to record this information in the medical record in such a way that it is available to future providers so that they can reliably retrieve it and thereby do a better job of respecting our patients’ wishes whatever those wishes may be.” He stresses that this endeavor is not about limiting patients’ access to care or life-sustaining treatments; instead, it is about treating them with respect and dignity by honoring their preferences. For some patients that may mean more life-sustaining care, even if that decreases their quality of life; for others it may mean less life-sustaining care in order to maximize quality of life. “For patients with serious illness or near the end of life, it is critical that we reliably perform the Four Rs of advance care planning,” says Sokol-Hessner. “Everyone should have the opportunity to complete their life in the way that matters most to them, and we only have one chance to get it right.”

To get more information about the Conversation Ready project and end-of-life care at BIDMC, please visit www.bidmc.org/conversationready.
THROUGH THE LOOKING GLASS

From building the nation’s first online patient portal to being one of the first hospitals in the country to employ computerized order entry for drugs, BIDMC has a well-entrenched tradition of looking at creative applications of technology from its own unique perspective. Recently, the medical center took this knack for viewing new tools through the health care lens a bit more literally with its adoption of Google Glass in the clinical setting. Google Glass is a wearable, hands-free information technology device that responds to voice commands and subtle head movements. And while it was developed by Google with the mission of producing a mass-market ubiquitous computer with a variety of applications, BIDMC was the first hospital in the country to make the device a staple of its Emergency Department (ED)—or any major clinical department for that matter. “I believe the integration of wearable tech has the potential to improve the safety, quality, and efficiency of patient care,” says BIDMC Chief Information Officer John Halamka, M.D. “In the ED, where clinicians must stay visually engaged with their patients while also using their hands to complete critical tasks, it seems a great fit.”

With Halamka’s encouragement, Steven Horng, M.D., one of BIDMC’s emergency department physicians, initiated several pilot studies to put Google Glass to the test. After four months, the technology was fully integrated with the ED’s electronic “dashboard” system using a customized application to ensure secure communication and privacy safeguards for personal information. Now when walking into a patient room, an ED clinician will scan a bar code at the entrance using Google Glass and the software will immediately recognize the room triggering the dashboard to send information about the patient in that room to the device. The clinician can then speak with and examine the patient all while seeing vital signs, lab results, medication information, and other data simultaneously on the viewscreen. “This experience has been fundamentally different from our previous experiences with tablets and smartphones,” says Horng. “As a wearable device, it’s always on and ready, enabling us to view different forms of information without having to disrupt our workflow and access a traditional computer. That’s empowering.”

While it’s still a little early to tell the full impact the wearable computers will have on BIDMC’s ED, anecdotal evidence seems to indicate that it is an extremely helpful and efficient way to access and confirm clinical information at the bedside. Horng alone is full of stories of uncovering contraindications and improving doctor-patient communication through his use of Google Glass. He looks forward to ultimately backing the circumstantial evidence with hard data and exploring all the opportunities it may offer. “There’s so much more that we can do with this technology beyond just information sharing,” he notes. Until then, we’ll just have to wait and see. But for the moment the future of wearable technology looks bright.

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NO GOING BACK

Regardless of how positive a hospital inpatient experience might be, once discharged, no one ever wants to go back without good cause. Yet one in five elderly patients ends up right back in the hospital within 30 days of leaving. Many of these readmissions are preventable, the result of a fragmented system of care that leaves patients without the support structures and follow up they need once they’re home. BIDMC has been on a mission to change this precarious—and costly—situation, and in 2012 received a $4.9 million innovations grant from the Centers for Medicare and Medicaid Innovation (CMMI) to support its Post-Acute Care Transitions (PACT) program, aimed at preventing this “revolving door syndrome” in Medicare patients. “What we’ve been learning in PACT is that there are a lot of places where there are gaps in our system of care,” says Sarah Moravick, M.B.A., interim director of process improvement at BIDMC, “and we’ve used the program to start to bridge some of those gaps with nurses and pharmacists. But I think we see a lot of opportunities to better utilize resources in new ways. We’ve really been trying to think innovatively about where that capacity might be and how we can use that capacity more actively. So the paramedics are a great example.”

The paramedics to which Moravick refers are part of a new pilot project in the PACT program, which is designed to provide extra clinical evaluation and treatment in the home so a situation doesn’t necessarily escalate to the point of rehospitalization. In the current PACT model, nurses and pharmacists serve as “care transition specialists,” initiating relationships with patients in the hospital and then calling them after discharge to monitor their health status and coordinate their often-dynamic care plans among various providers. As the program developed, however, these specialists found that when they got their patients on the phone, they often had unanticipated medical issues that warranted timely, in-person evaluation. For this fragile, elderly patient population getting to their primary care doctor or an urgent care clinic on the fly may not be so simple, which left the PACT team with the pressing question of who might get them the interim treatment they so clearly needed.

The answer, they found, was off-duty paramedics. “We wanted to choose people who really understood the prevention aspect of our program and who were committed to keeping people safe in their homes,” says Moravick. “Many of the community paramedics we interviewed said they would go to these homes and see patients who don’t really need to come to the emergency department but that’s their only option. So they were motivated by the potential of finding another solution that keeps patients healthy and safe without transporting them.” Thus, the Paramedicine Pilot was born. Now when the care transition specialists reach patients who need extra in-person attention they can deploy an experienced paramedic in a specially equipped SmartCare van to their homes. While it’s still in the very early stages of testing, the PACT team is excited about the pilot’s prospects to improve care and prevent readmissions among these high-risk patients. But because the initial CMMI grant does not cover the pursuit of additional creative ideas like this one, without a grant from the Lowenstein Foundation and investment of both funding and staffing from Cataldo Ambulance, this project never would have gotten off the ground. “Every day I think I hear about a hundred new ideas,” says Moravick, “and the culture here is very much tasked to try and to learn. And I think the willingness of funders like the Lowenstein Foundation and Cataldo to engage with us in that testing and learning portion is really valuable in innovating and being at the forefront of these efforts.”
OPENING UP

Psychiatrists and other mental health clinicians typically record and share their clinical impressions and assessments with their patients as part of the evaluation and treatment process. But what if patients were actually able to access and read the notes entered into their medical records? Would it enhance the clinical experience through improved accuracy and more meaningful exchange? Or would it lead to misinterpretation and confusion? These are the questions posed by a unique pilot project at BIDMC, which allows patients to view the notes mental health professionals write up after a clinical visit on the hospital’s secure online patient portal. “We’re among the first to explore the idea of making psychiatric visit notes available to patients in the context of the larger OpenNotes project,” says Pamela Peck, Psy.D., clinical director of the Department of Psychiatry and director of the pilot, which currently includes about 500 patients, “and we’re only just beginning to understand its impact on the special collaborative relationship between doctor and patient in this environment.”

Launched in 2010 with a $1.4 million grant from the Robert Wood Johnson Foundation and additional funding from the Drane Family Fund and the Florence and Richard Koplow Charitable Foundation, OpenNotes is a unique multi-institutional initiative working to give patients access to their clinicians’ visit notes more broadly. Spearheaded by two visionary BIDMC researchers, Tom Delbanco, M.D., and Jan Walker, R.N., M.B.A., OpenNotes has attracted national attention for its success in evaluating the impact that such transparency has on the clinician–patient relationship. With their results suggesting that opening up visit notes may improve communication, enhance efficiency, and help patients become more actively engaged in their health, BIDMC Chief of Psychiatry William Greenberg, M.D., became intrigued with the idea and encouraged Peck to explore applying the concept in their department. After a few months of discussion and some start-up funding from the medical center, all the ambulatory psychiatric clinicians agreed to give it a go. “I think the fact that 100 percent of our outpatient team signed on to this project says a lot,” notes Peck. “They appreciated that they had a voice and could be part of the process in developing it. We have such a collaborative culture between our patients and clinicians, it just made sense that we would try it here.”

But applying the OpenNotes model in the mental health setting came with its own unique challenges. “Inviting patients to read what clinicians write about their feelings, thoughts, and behaviors is a bit different than sharing assessments of their hypertension or diabetes,” says Michael Kahn, M.D., a psychiatrist who has worked at BIDMC for 20 years. “We all had some reservations. What if a patient misinterpreted a note? Would they get upset? I think that opening up notes is a matter of life or death. At BIDMC, clinician–researchers are building a concept borrowed from industrial engineering and systems design, and ultimately make BIDMC and other medical institutions safer places. “What we like about it—well, we like everything about it—but what’s also cool about it is that we’re applying this to the ICU floor, but the same concepts could be applied to any work environment in the hospital,” he says. “So they could be applied to the operating room, the emergency room, the regular patient ward, the hospital as a whole. And that’s exciting.”
Fueling the Future
Simon and Moorman support the careers of young investigators

S heldon Simon first became a part of the Beth Israel Deaconess Medical Center community nearly 16 years ago when his late wife, Amy Sachs, came to the medical center for treatment for ovarian cancer. Fifteen months later, Amy lost her hard-fought battle against this complex disease. Grateful for the expert, compassionate care that his wife received and eager to help find better ways to treat this intractable illness, Simon made a $250,000 gift to support Amy’s doctor, Stephen Cannistra, M.D., and his pioneering research to understand the genetics underlying gynecological cancers. Simon saw the encouraging results that came from these studies and it was then that he became steadfastly committed to promoting research in its early stages.

Today, Simon, a member of BIDMC’s Trustee Advisory Board, and his wife, Ruth Moorman, have continued to support early-stage research at BIDMC for a wide range of diseases. Their most recent giving, totaling $320,000, established the Futures Research Fund, which supports the careers of young innovative investigators and advances ground-breaking translational studies. “It is important to Ruth and me to support medical research and serve as advocates for those who are suffering from disease,” says Simon. “We wanted to create a fund that would train the next generation of promising biomedical researchers and encourage the brightest minds to stay in this important field.”

The Futures Research Fund has already fueled two critical initiatives, the first of which is the annual Dvorak Young Investigator Awards, which were named in honor of former BIDMC Chair of Pathology Harold Dvorak, M.D., whose landmark discovery of a circulating growth factor more than 30 years ago laid the foundation for a whole new field of study in the search for cancer treatments. Thus far, four young investigators have received a Dvorak Award for their efforts in conducting exciting new research and pursuing answers to some of today’s most pressing health care questions.

One of these researchers is Mark Andermann, Ph.D., who credits his Dvorak Award for giving him the encouragement to take chances with his work. “This award was a boost of confidence last fall,” he says, “at exactly the moment when I was debating whether to resubmit my high-risk/high-reward National Institutes of Health New Innovator proposal or to focus on a safer NIH proposal.” Andermann submitted his riskier option and received the $1.5 million NIH New Innovator Award to support his research on hunger and cravings, with the ultimate goal of developing therapies to help manage obesity and food addiction.

The Futures Research Fund also supports the CAO (Chief Academic Officer) Pilot Grants Program, a newly created program designed to promote and support the “bench-to bedside” translational research for which BIDMC is well known. The CAO Pilot Grants have been carefully designed to bring together scientists from a wide variety of disciplines throughout the medical center to work on investigations that have direct applications to human health and clinical care. Says CAO Vikas P. Sukhatme, M.D., Ph.D., “These new grants create unique collaborations and help our scientists to pursue unconventional approaches to address health care issues that, in total, affect millions of patients worldwide.”

Well on Its Way
Bowdoin Street Concludes $4M Campaign

A t Bowdoin Street Health Center, 16 seniors practice tai chi twice a week. The popular new class is designed for patients who have fallen or are at risk for falls to improve their balance and reduce the risk of future stumbles. “Two of them have already tossed their canes,” says Adela Margules, executive director of the BIDMC-licensed community health center. “They are gaining strength and balance. It is one example of how wellness programs can reduce social isolation, improve health, and also potentially reduce health care costs.”

Programming like the tai chi class is at the core of Bowdoin Street’s mission to create a safe environment where people in the Bowdoin-Geneva neighborhood in Dorchester can get healthy and stay healthy. Now, thanks to the successful completion of the $4 million Campaign for Wellness earlier this year, the health center will be able to provide an even wider range of health services to this community. In June, Bowdoin Street officially broke ground on a 4,000-square-foot expansion and 1,700-square-foot renovation project. The new Wellness Center, which is expected to be complete by April 2015, is designed to increase community access to nutritional and social support programs, including structured exercise, behavioral health services, and cooking classes. “Some of us are able to trek into Boston to get health care,” Campaign Co-Chair Foster Aborn says, “but many people don’t have that option.

Bowdoin Street is a perfect place for Beth Israel Deaconess to use its great clinical skills to improve or maintain the health of people who can’t get health care elsewhere. I think that the Bowdoin Street population will benefit greatly from this expansion.”

The Campaign for Wellness was not only an initiative to bring more extensive health care to the community, but also served to build awareness for the health center. “There is a lot of respect for the quality of the work that gets done at Bowdoin Street and the commitment to the community,” says Campaign Co-Chair Clayton Deutsch. “It’s easy to get people to connect in a very emotional way.” Beth Israel Deaconess Medical Center contributed $1 million as the lead gift in the campaign, which also benefited from generous contributions by Bowdoin Street Health Center, Inc., the family of BIDMC Director Ronald P. O’Hanley, the Richard and Susan Smith Family Foundation, Nancy H. and Clayton G. Deutsch, Boston Children’s Hospital, the Boston Red Sox, and State Street Foundation.

With the Wellness Center underway, Bowdoin Street is now focused on raising funds for crucial wellness programming, including the tai chi class, yoga and meditation classes, and a training program for patients to become certified fitness instructors. “We get to help people who desperately need our help,” Margules says. “That is what we are about; that is what the hospital is about.”

For more information or to donate to Bowdoin Street Health Center, contact Heather Clark at heather.clark@bidmc.harvard.edu or (617) 754-0067.
**BIDMC Receives $20M Gates Grant for Innovative HIV Research**

Beth Israel Deaconess Medical Center has been awarded a four-year, $20 million grant from the Bill & Melinda Gates Foundation to test monoclonal antibodies for the treatment of HIV, the virus that causes AIDS. Dan Barouch, M.D., Ph.D., director of the Center for Virology and Vaccine Research at BIDMC, will serve as the grant’s principal investigator.

Antibodies are proteins that are produced by the immune system in response to foreign “invaders” such as viruses or bacteria. Monoclonal antibodies are cloned proteins that can be used therapeutically by directly attacking specific targets. This treatment strategy is currently used in numerous diseases, including cancer. While most existing HIV drugs only attack the virus once it has entered cells and begun replicating, the antibodies attack viruses in the bloodstream and on the surface of cells.

Promising results from a 2013 study led by Barouch showed that this type of antibody therapy was highly effective in a preclinical model of AIDS, creating the possibility of using antibodies in combination with standard antiretroviral drugs currently used to treat HIV. “We have recently demonstrated the profound therapeutic efficacy of a particular monoclonal antibody called PGT121 in rhesus monkeys chronically infected with a monkey version of HIV,” says Barouch. “Based on these data, we will investigate whether PGT121, either alone or in combination with other monoclonal antibodies, will suppress or eradicate HIV in humans.”

The recent Gates Foundation grant is a compelling example of how different types of funding resources can build upon each other to achieve powerful results in confronting some of the most challenging diseases of our time. “Philanthropic support was critical for us to generate the proof-of-concept data that led to this grant,” reflects Barouch. “Philanthropy allows for more flexibility and risk-taking than traditional funding sources and is therefore critical for biomedical research.”

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**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.

- Ezekiel Emanuel, M.D., Ph.D., a former health policy advisor in the Obama Administration and vice provost for global initiatives at the University of Pennsylvania, described six “megatrends” in health care as the keynote speaker for the Michael F. Epstein, M.D., Lectureship on Clinical Quality and Patient Safety at the seventh annual Silverman Symposium for Health Care Quality and Safety.

- BIDMC prostate cancer specialist Marc Garnick, M.D., was one of seven honored at Whittier Street Health Center’s 15th Annual Men’s Health Summit. An integral part of the summit was to provide a general understanding of men’s health and to educate men on the importance of getting screened for diseases for which they may be at risk.

- At the last annual Boston Heart Walk, BIDMC’s team raised almost $57,000 for the American Heart Association’s research, education, and emergency programs. Buoyed by the presence of former WCGB-TV anchor and BIDMC overseer Susan Wornick and retired Red Sox pitcher Tim Wakefield, BIDMC led the AHA’s “Top Hospital Challenge” for the second year in a row.

- The seventh annual A Reason to Ride bike-a-thon raised more than $51,000 for cancer care and research at BIDMC, bringing its grand total of support to more than $550,000 since it was established by grateful patient Tom DesFosses six years ago.

- The Committee on Social Responsibility of the Roberta and Stephen R. Weiner Department of Surgery at BIDMC raised nearly $52,000—an amount equivalent to 156,000 meals—for the Greater Boston Food Bank at the second annual “Food is Medicine” gala.

- This past fall, three BIDMC physicians—Marc Cohen, M.D., Kelly Ford, M.D., and Elizabeth Molina Ortiz, M.D.—became the 2014 class of the Linde Family Fellowship Program, which was started last year with the support of a $10 million gift from the Linde Family Foundation to create a reliable pipeline of influential leaders in primary care.

- More than $5,300 in gift cards were donated by BIDMC staff to support patients and families at Bowdoin Street Health Center this holiday season. In all, 114 families, including 231 children, benefited from the drive.
Boston MedFlight (BMF) is a small non-profit organization that does extraordinary things—not the least of which is bring together six elite Boston-area hospitals to put all competition aside to deliver the best possible care for their most seriously ill and injured patients. For the last three decades, BMF has been in the business of providing sophisticated critical care transportation for about 3,000 patients each year, but unlike other organizations offering these services, it was founded by a unique consortium of medical centers—Beth Israel Deaconess Medical Center, Boston Children’s Hospital, Brigham and Women’s Hospital, Massachusetts General Hospital, Tufts Medical Center, and Beth Israel Deaconess Medical Center—to be used as a vital shared resource. “This is a very unique program, possibly the only one of its kind in the United States to feature this type of program collaboration,” says Jayne Carvelli Sheehan, R.N., senior vice president of ambulatory and emergency services at BIDMC, who is the medical center’s administrative member of the Board of Directors of BMF and chair of its Development Committee. “All six of us are competitors, but at the table, it’s absolutely non-partisan. It’s all of us thinking about what’s best for the MedFlight organization because it serves all of our patients and organizations at a level that meets our patient care standards, our rigorous criteria, and our mutual beliefs.”

BMF’s distinctive structure benefits all parties involved—benefits that are ultimately passed along to the patient. As a non-profit, consortium-owned organization, BMF is held to a higher standard of accountability than its for-profit counterparts, notes Sheehan. With a fleet of three helicopters and a fixed-wing prop airplane (as well as five specially equipped ambulances), it certainly has to meet Federal Aviation Association regulations, and all its pilots are trained to the level of Airline Transport Pilot, the highest certification achievable. But because all its vehicles are in effect mobile hospitals, BMF is also subject to oversight by the Massachusetts Department of Public Health and other medical regulatory agencies, and its clinical and communications staff of emergency medical technicians are certified at the highest level. This degree of regulation along with the exacting standards of the consortium itself has made BMF an award-winning model for other transportation organizations nationwide.

The member hospitals also gain important advantages from the consortium relationship, which allows them to maintain their requirements for certification in advanced emergency medical treatment and trauma. “If you only have one trauma case,” notes Sheehan, “how can you be really good at it? We have to treat a certain number of high-acuity patients and trauma cases to ensure that we’re always the best at providing that level of care and to meet accreditation and certification requirements.” BMF’s “undesignated roster”—those patients who don’t or can’t specify a certain hospital for care—helps to fill that quota by assigning these patients to most appropriate consortium medical center for their needs in that moment. But perhaps the most important benefit accorded the members is that, put simply, it would be financially unfeasible to operate a critical care transport system of this capability and quality on their own. BMF’s level of excellence requires a large investment of resources—for highly skilled professionals, for specialized vehicles and equipment, for ongoing simulation training, and for round-the-clock availability. “An organization of this kind is always going to have high fixed costs, no matter what,” says Sheehan. “You always have to have that 24/7 call-in center. You always have to have staff at the ready. Regardless if you have 10 flights in one night or one. When seconds count, you don’t want to be waiting around for the pilot to drive in.”

What you do want in a life-or-death situation is a modern, well-maintained aircraft or ground vehicle to be on the move within 10 minutes of your emergency call. You want the most advanced trauma equipment in the hands of specialists who continually hone their skills in clinical procedures, decision-making, critical thinking, and teamwork. And you want these features to be available to anyone who needs them, regardless of their ability to pay. BMF has provided all this and more to the Boston area for the last three decades. But as a non-profit entity, supporting a consortium of six non-profit hospitals, it has relied heavily on the support of their consortium members and philanthropic donations large and small to advance its lifesaving work. With the organization’s thirty-year anniversary in January, BMF has embarked on a $21 million capital campaign to ensure that it will continue to provide the sickest and most seriously injured patients with the right vehicle at the right time to get them to the right facility. “Any donation to MedFlight is a donation to us,” says Sheehan. “They are a critical lifeline in our work, and we are made better by all they do.”

To learn more about Boston MedFlight, visit www.bostonmedflight.org. For information on how to make a donation to Boston MedFlight through BIDMC, please contact: Deb Curran at (617) 667-7345 or dcurran1@bidmc.harvard.edu.
INTELLECTUAL MUSCLE

BIDMC’s Brain Fit Club Takes Cognitive Challenges Head On

Maureen O’Donnell doesn’t remember much about the three months she spent in the hospital following a brain aneurysm. She remembers calling 911 when she knew something was horribly wrong, but nothing else about the extensive complications, first trip to a rehabilitation center, or surgery to place a permanent shunt in her brain. “It’s amazing I am alive,” she says based on the second-hand accounts she heard later.

As a result of the aneurysm, O’Donnell suffered from speech impairment, mobility challenges, and cognitive deficits that affected her concentration and memory. “I went through physical therapy and speech therapy, and I needed that,” she says, “but I found cognitive rehabilitation to be huge.”

Last year in an effort to put together what happened during those three months and come to peace with her brain health through personalized “workout routines” designed to keep each patient’s cognitive function nimble, fit, and active. Just as physical activity keeps your body healthy and better equipped to recuperate following injury, the Brain Fit Club uses cognitive training to help aging brains stay healthy and injured brains heal faster. “As we learn more about the key characteristics of healthy brain function that maximize the capacity of the brain, we want to use the cutting-edge insights of research to promote the best functioning,” says Alvaro Pascual-Leone, M.D., Ph.D., director of the Division of Cognitive Neurology and the Berenson-Allen Center for Noninvasive Brain Stimulation. “And in doing so, we hope to optimize coping with or recovery from brain illnesses and minimize the risk of future brain illness.”

Only recently have scientists dispelled the long-held belief that the adult human brain is hard-wired and unchangeable. In the last two decades, research has shown the brain is continuously making new cells, adapting and reorganizing following challenges from injury or disease and reshaping its connections. This groundbreaking concept known as plasticity has unlocked the potential of new approaches to treat symptoms of neurological injury or disorder. At the same time, scientists are learning that many of our lifestyle choices that are beneficial for physical health—like diet, exercise, sleep, stress reduction, and social connection—can also promote brain health and potentially ease the cognitive effects of aging. “This is critical not just because of cognitive problems and neurological diseases, but also because we have come to realize that a healthy brain is essential for a healthy body,” Pascual-Leone says. The Brain Fit Club is the first facility of its kind to integrate this knowledge into its programming.

In its first year of operation, the Brain Fit Club was in high demand and treated nearly 400 patients with diagnoses ranging from Parkinson’s and Alzheimer’s disease to concussions and multiple sclerosis, as well as healthy individuals with a family history of neurological disease or who are just worried about brain function in aging. Indeed, the program is not limited to neurology patients. Working together with colleagues from the Department of Gerontology, the Brain Fit Club offers a program to sharpen the minds of the aging population. Clinicians in the Brain Tumor Clinic are also working with the Brain Fit Club to develop a brain training program to help patients mitigate the effects of chemotherapy and radiation. “It gives people hope,” says Bonnie Wong, Ph.D., director of the Brain Fit Club. “Medications have their place and they are useful and important, but a lot of people want to find a way to make a behavioral change and a lasting change; we want to be able to give them both.”

Regardless of diagnosis, first-time patients of the Brain Fit Club undergo a series of tests to determine general background information about overall health and lifestyle choices such as social life and hobbies, as well as
dietary and sleep habits. Clinicians also evaluate cognitive function including attention, concentration, and memory to determine individual strengths and weaknesses. “The goal is to target those particular limitations that the person has shown on the testing and take what we know about that person’s background and find an intervention that fits that individual’s cognitive and health profile,” says Wong. “We want to empower people by giving them the skills to be their own brain health coaches now and after they leave the Brain Fit Club.” Workout prescriptions might include a combination of computer-based training programs, non-invasive brain stimulation, attention and memory skills-building, nutritional coaching, mindfulness meditation, sleep and lifestyle education, gait and balance evaluation, and group classes such as tai chi or gentle yoga. “We want to stimulate your brain to make new connections and maintain existing ones by ‘cross training’ your brain using evidence-based interventions,” Wong says. Clinicians use imaging technologies to evaluate and measure the function and plasticity of a patient’s brain in order to define its health. This baseline result, known as a brain index, can be used as a benchmark to assess the effectiveness of cognitive training in preventing neurodegenerative diseases and age-related disability.

The goals of each patient vary. As part of her tailored treatment, O’Donnell regularly meets with a psychiatrist and social worker, and also attends mindfulness meditation group sessions, which have helped quiet her anxiety and improve concentration. “The Brain Fit Club has helped me gain independence,” she says. “It is social, interactive, and I think it can help a lot of people.” O’Donnell is also involved with the Brain Aneurysm Foundation, which has been a key part of her recovery, and is keeping a journal and reading, a pastime that was nearly impossible following the aneurysm. “It is challenging and hard work, but I find it very helpful,” she adds.

While the Brain Fit Club strives to help ease the burden for patients like O’Donnell, who suffer symptoms from preexisting injury or disease, the program is also trying to change the way neurologists and psychiatrists approach their patients. “We need to change to an approach where we characterize the potential risks of individuals and deploy interventions to maximize well-being and maintain brain health to prevent the development of a disorder,” Pascual-Leone says. But in order to make that paradigm shift, the clinicians face a number of challenges, including the need for ongoing research, better technology, staff, and space. “The only way to make this happen is with help from people who believe in it and have the generosity to empower us to try it,” says Pascual-Leone, noting the generous philanthropic contributions from donors like Carolyn and David L. Brodsky, Sandra S. and Donald K. Kurson, and the Berenson Family, including Helaine B. Allen, Cynthia and Ted Berenson, and Patricia Berenson and Jeffrey Carp. “We are unbelievably

“The only way to make this happen is with help from people who believe in it and have the generosity to empower us to try it.”

—Alvaro Pascual-Leone, M.D., Ph.D.

CONTINUED ON P. 16
We report with great sadness the loss of Stanley J. Bernstein, a long-standing member of the BIDMC community, on March 30, 2013. He was 69. “Stan possessed enormous intelligence, resilience, integrity, and devotion to his family,” says Robert Cohen, M.D., senior nephrologist and director of education in the Division of Nephrology at BIDMC. “His understanding of medical issues, quest for information, and attention to all aspects of his care was meticulous and remarkable. My experience with Stan reflected the model of shared decision-making that is so essential in modern medicine. It was a privilege to participate in his care.”

Bernstein was chair and chief executive officer of The Biltrite Corporation in Waltham. Founded by his family in 1908, Biltrite has 100 years of experience developing and manufacturing a wide variety of thermoplastic and elastomeric products, including shoe soling, sheeting, gasketing, flooring, and building materials. Bernstein also served as a director of the athletic footwear company K-Swiss from 1987 to 1998. He received his B.A. from Brown University in 1965, concentrating in French and English literature, and his LL.D. from the University of Pennsylvania Law School.

Bernstein dedicated himself to many philanthropic causes, most notably BIDMC and two of his alma maters, the Roxbury Latin School and Brown University. Bernstein was the adoring husband of his wife, Cathy; the loving father of his children, Michael, Geoffrey, Marisa, and Carly; and a devoted brother to his siblings, Frank and Betty. His wife and two sons made a gift in Bernstein’s development at the medical center. “He will be greatly missed.”

Bernstein was the adoring husband of his wife, Cathy; the loving father of his children, Michael, Geoffrey, Marisa, and Carly; and a devoted brother to his siblings, Frank and Betty. His wife and two sons made a gift in Bernstein’s memory to support Cohen’s work to enhance communications skills training and education in the field of nephrology at a national level.

With sadness the BIDMC community reports the loss of Abraham D. Gosman, an overseer emeritus at the medical center, who died on October 21, 2013. He was 84. “Abe was a loyal and dedicated part of the BIDMC family. Everyone who knew him was struck by his kind demeanor, his strong intellect, and immense pride in his family,” says Kris Laping, senior vice president of development at the medical center. “He will be greatly missed.”

Gosman was considered an icon in finance and philanthropy, investing millions into the development of health care facilities, including nursing homes and drug and alcohol rehabilitation centers. He was a founding member of the National Association of Senior Living Industries. He also booked and represented talent at night clubs early in his career, and carried his love of the entertainment business with him throughout his life.

A resident of Weston, Mass., and West Palm Beach, Fla., Gosman contributed to charities both in the Boston area and in Florida. In addition to his significant support to BIDMC, he also gave major gifts to a variety of health care, academic, and community-based non-profit organizations. A dedicated sports fan, especially of the New England Patriots, he generously supported the development of a new sports facility that bears his name at Brandeis University in Waltham.

Gosman was survived by his son Michael and his wife, Elizabeth; son Andrew and his wife, Jessica; and son David, as well as many grandchildren. He was predeceased by his late wife, Betty (Joslin) Gosman.
Alex Trotman loved a good cup of coffee. The former Ford Motor Company chief executive officer, who passed away suddenly in 2005 at a community hospital in England, was responsible for more than 350,000 employees at the automotive giant, but appreciated the time to sit down with a colleague for a break. Last fall, when the Trotman Family Charitable Trust donated $500,000 in his honor to support the new Beth Israel Deaconess Cancer Center and Surgical Pavilion at Beth Israel Deaconess Hospital–Needham, they thought it would be fitting to name a place where many could find similar respite from the hospital setting—its café. “He was just a great family man, a great person, and a very low-key person,” Valerie Trotman says of her late husband. “I wanted to name something that everybody can see and use—patients, the employees, visitors—and it’s a nice place to take my grandchildren.” The hospital’s signature café, which has been a staple in the Needham community since it opened in 1962, was relocated to the first floor inside the main entrance and was officially named the Trotman Family Glover Café at a ceremony in June.

The Beth Israel Deaconess Cancer Center and Surgical Pavilion, a three-story, 30,000-square-foot building which officially opened on September 5, 2014 is a unique collaboration between BIDMC and BID–Needham to provide more accessible cancer care and expanded surgical services for patients in surrounding communities. “My father would be very happy that BID–Needham will be providing local services for people who are battling cancer,” says Alex and Valerie’s daughter Helen Trotman. “I hope this new facility will help patients living locally and reduce the stress of traveling into Boston for care.”

The gift from The Trotman Family Charitable Trust is the largest donation to date for the campaign. BID–Needham has raised a total of $4.3 million toward its $6 million goal for the project. "It is so important to our greater community to have such a fabulous facility staffed by people of the quality that you would get in Boston," says Samantha Burman, the Trotmans’ daughter and member of the BID–Needham Board of Trustees. "It has become an important part of how my family and I want to give back to the community to make sure that the hospital maintains its visibility and continues to be a strong service to this community." ♦

Philip Lerer, 1920–2014

The BIDMC community suffered a visceral loss with the passing of Philip Lerer on January 4, 2014. He was 93.

Lerer was a loyal supporter of the medical center’s mission in a variety of areas including cancer, cardiology, and medical education and was instrumental in the establishment of BIDMC’s Cardiac MR Center, the second such center in the nation. “Mr. Lerer was a long-time dedicated member of the BIDMC family,” says Warren Manning, M.D., chief of non-invasive cardiac imaging at the medical center. “Everyone who met him was struck by his soft-spoken demeanor and inquisitive mind.”

An only child, Lerer helped his mother, Ida, run Lerer’s Delicatessen in Lowell, which later became Lerer’s Supermarket. He managed the successful business until his retirement.

Lerer was passionate about giving back to the community, particularly Jewish causes, and regularly asserted his commitment to the “Mitzvah of Bikur Cholim”—the healing of the sick, which he expressed through his significant support of Boston area hospitals. Begun largely by chance based on its “reputation,” his close relationship with BIDMC was sealed by the hospital’s staff, who took exceptional care of his mother. He eventually became engaged with BIDMC volunteer leadership as an overseer and grew to be one of the medical center’s leading donors. Of his generosity to the medical center, Lerer said, “I wanted to stay involved with the hospital not only because of the quality of my mother’s care, but because I saw that the hospital played such a part in helping many people. I wanted to see that they would be able to continue providing that care to their patients.”

Lerer left behind no children and is survived by a cousin, Harold Garnick. ♦

Elliot J. Stone, 1921–2014

The BIDMC community mourns the loss of Elliot J. Stone, an overseer emeritus and longstanding board member of the medical center, who died on January 27, 2014 in Palm Beach, Fla. He was 93. “Elliot was distinguished in both the business world and the community,” said Kris Laping, senior vice president of development at BIDMC. "He was a loyal member of our Board of Overseers, and we are so grateful for his dedicated service.”

Stone was a Boston-area native and philanthropist who spent more than 40 years in retail management. A graduate of Brookline High School and Clark University, he began his retail career after serving in World War II with the 101st Airborne Division and entered the executive training program of the downtown Boston store R.H. White’s in 1945. Stone climbed the ranks at the two department store giants Gimbels New York and Jordan Marsh, culminating in his service as president and CEO of the latter in 1979 until his retirement in 1989. Stone became an integral figure at Jordan Marshal, known for his innovative marketing and his ability to change with the times.

Stone spent his retirement supporting his favorite charities, including BIDMC, Combined Jewish Philanthropies, and Hebrew Rehabilitation Center for the Aged, and playing golf at Pine Brook Country Club in Weston and Banyon Golf Club in West Palm Beach, Fla. He served on the boards of both clubs.

Stone took great pride and joy in his family. He is survived by his wife Marion (Goldberg) Stone; two daughters, Marcia Finsterwald and husband, Michael, and Diane Goldman and husband, Mark; five grandchildren; and a great-grandson. ♦
In April, the BIDMC Board of Overseers hosted an emotional and thought-provoking event to recognize the first anniversary of the Boston Marathon bombings and the medical center’s response to these traumatic events. Co-chaired by Melissa Weiner Janfaza and Andrew E. Janfaza, Rita and Adam J. Weiner, and Roberta and Stephen R. Weiner, the evening showcased the moving story of Patrick Downes, one of the bombing victims, and featured a panel of clinicians whose courageous efforts that day saved countless lives. Oscar-winning actor Kevin Spacey was on hand to speak about his experiences visiting the victims at BIDMC shortly after the tragedy and took part, along with Boston Athletic Association Executive Director Thomas Grilk, in a moving ceremony to honor some of the “unsung heroes” at the medical center with 2013 Boston Marathon medals. The event also helped to cheer on BIDMC’s 2014 Boston Marathon team.

With a record-high 70 runners, BIDMC’s “Tread Strong” 2014 Boston Marathon team exceeded its $600,000 philanthropic goal, raising more than $640,000 to benefit a variety of BIDMC causes, from community health programs to groundbreaking research. In recognition of this landmark fundraising effort, the Boston Athletic Association (BAA), the organization that manages the Boston Marathon, named BIDMC one of its official charities for 2015. With this honor, BIDMC will receive bibs for this year’s running of the marathon along with recognition on the BAA web site and in the BAA Racers’ Record Book.
GALLAHUE RIBBON CUTTING AND DEDICATION
JUNE 23, 2014

When grateful patient Jeffrey Gallahue made a donation of 33 chairs to the cancer centers at BIDMC and BID–Needham, he wanted to recognize the dedication and compassion of his nurse, Jacqueline “Jackie” Felt, R.N. In June, he and his family surprised Felt with a ribbon cutting and dedication ceremony at BIDMC in her honor. Felt’s family and nurse colleagues were also in attendance along with Gallahue’s oncologist, Ryan Sullivan, M.D. A member of the BID–Needham Board of Advisors and founder of the non-profit organization We Beat Cancer, Gallahue provided “guest” chairs for the chemotherapy bays on the ninth floor of the Carl J. Shapiro Clinical Center at BIDMC and on the first floor of the new Cancer Center and Surgical Pavilion at BID–Needham to ensure the comfort of family members and friends sitting with patients during treatment.

10 Patricia Gallahue, Jeffrey Gallahue, Tom Gallahue, Joanne Gallahue
11 Ryan Sullivan, M.D., Jeffrey and Patricia Gallahue, Jackie Felt, R.N., and Ron Felt, Mark Felt, Ron Felt

BEN-HAIM PROFESSORSHIP RECEPTION, DINNER, AND SYMPOSIUM
SEPTEMBER 17, 2014

Last fall, BIDMC established the Shlomo Ben-Haim, M.D., Professorship in Medicine in the Field of Cardiac Electrophysiology in honor of Mark E. Josephson, M.D., with a reception at Harvard Medical School (HMS), dinner, and symposium. Ultimately, this HMS chair will bear both the Ben-Haim and Josephson names in tribute to two exceptional leaders in cardiac innovation. BIDMC created the named professorship to celebrate the distinguished career of Josephson, chief of the Division of Cardiovascular Medicine and director of the Harvard-Thorndike Arrhythmia Institute at BIDMC, who pioneered the field of cardiac electrophysiology. Ben-Haim, a renowned Israeli biotechnology entrepreneur, led the philanthropic effort to bring the chair to fruition with a multi-million gift. Several patients, colleagues, and friends also helped to endow the chair.

13 Shlomo Ben-Haim, M.D., Mark E. Josephson, M.D.
14 Robert Wiesel, Stanley and Lyn Lucks
15 Kevin Tabb, M.D., Mark E. Josephson, M.D., and Joan Josephson, Simona Ben-Haim, M.D., and Shlomo Ben-Haim, M.D., Mark Zeidel, M.D.
16 Eugene Bard
17 Steven and Pamela Lesser
CITY HALL’S SHOW OF SUPPORT

City of Boston Mayor Martin J. Walsh made a special appearance at Bowdoin Street Health Center, BIDMC’s affiliated community health center in Dorchester, for the official groundbreaking of its new Wellness Center. The 4,000-square-foot expansion and 1,700-square-foot renovation project, which was the result of a successful $4 million campaign, will bring a range of new and expanded health services to residents in the area. “Bowdoin Street Health Center already plays a vital role in the daily life of this neighborhood,” Walsh said. “With these new resources, I am confident the health center will continue to lead the way.” For more on the expansion and renovation project, see the story on page 11.

BIDMC wants to invest in portable communications devices specially designed to electronically link interpreters with non-English speaking patients when in-person assistance is not required. This new technology, called “Phone on a Pole,” would enable our interpreters to reduce their travel time and serve even more patients and their families.

Just 40 “poles” at $2,000 each would cover every inpatient and outpatient floor at the medical center. Join us in our effort to fund 20 phones today, and your gift of any size will be matched by a generous $40,000 pledge from an anonymous donor to fund the remaining 20. Your support will translate into safe, high-quality care for everyone at BIDMC.

To make your gift, visit www.bidmcgiving.org/phone, email development@bidmc.harvard.edu, or call the Office of Development at (617) 667-7330.