Dream Early, Dream Big

On May 27, 2009, Lewis Cantley, Ph.D., director of the Cancer Center at Beth Israel Deaconess Medical Center (far right), appeared on The Early Show to recognize his leadership of one of five “dream teams” that were awarded grants totaling $73.6 million from a national coalition called Stand Up To Cancer. Cantley’s multidisciplinary team will focus on targeted therapies in women’s cancers. For more details, see the story on page 7.

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For Palliative Care Expert Lachlan Forrow, M.D., Hope Springs Eternal

Grateful Nation is here! Check out how good gratitude can be…for you and BIDMC.

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SUMMER 2009

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Grateful Nation is here! Check out how good gratitude can be…for you and BIDMC.
Lachlan Forrow, M.D., says he considers himself a hope-for-the-best, prepare-for-the-worst type of person. An expert on what some may think is the hardest job in medicine, Forrow works with patients who are nearing the end of life and whose illnesses may have overcome even the most advanced medical treatment options.

As director of both the Ethics and Palliative Care Programs at Beth Israel Deaconess Medical Center, Forrow doesn’t consider his job depressing. In fact, he says that his job is uplifting and rewarding because he is able to help alleviate the fear, pain, and suffering that both his patients and their families experience at a time when they need help most.

“When I visit patients and I tell them why I’m here to help, virtually never do people feel like I’m taking away hope. In fact, I love their hope,” says Forrow. “One of the lessons I teach is that hope has nothing to do with probabilities. There is an absolutely false belief that if you give people numbers, you then take away hope. Every Red Sox fan knows that’s not true.”

For many patients, hope and compassion when facing news is the most advanced medical treatment that Forrow and his colleagues can give. To do so, Forrow established the palliative care program at BIDMC, which has grown to a five-person team including Julie Knopp, R.N., M.S.N., a nurse practitioner; Mary K. Buss, M.D., an oncologist and palliative care physician; and Cindy Lien, M.D., a hospitalist and palliative care physician.

As a physician in the 1990s, Forrow saw a need for a world-class alternative to dying in the intensive care unit (ICU) so that patients and families had real choices in decisions about medical treatments near the end of life. He was granted a two-year fellowship for the Project on Death in America by the Soros Foundation to develop a model program alternative at BIDMC.

“For the vast majority of people, if you ask how they want to spend their last days, they don’t mention an ICU at all; they talk about being comfortable, peaceful, and in a home environment with loved ones around,” says Forrow. “They are very concerned about being a burden to their families. So my team and I are here to help them have what they want and need.”

Forrow says he could not have picked a better candidate to help build the program than Knopp, a home care and hospice nurse with more than 30 years of experience. “She’s my all-time favorite. She brings skill and compassion to difficult situations and firsthand knowledge about what works and what doesn’t,” he says. Knopp, who initially wanted to be a midwife, says that she fell in love with caring for patients nearing the end of life after a single experience with a patient in her training. Today, the program Knopp, Forrow, and their colleagues have built together has already helped more than 2,000 BIDMC patients and families since its inception.

The team has a full daily schedule of visiting with patients, and Forrow is also on call to assist any patient, family member, or clinical staff person facing an ethical clinical care issue. “At the end of the day, the most important thing we can do for families is to help it be true that their loved ones absolutely have the best possible care in the world right up until the time that they die,” says Forrow. “But even when you do that, if you lose someone that you profoundly love, it’s still going to be very difficult afterward.”

To comfort grieving families and to help them manage the responsibilities that come after a loved one has passed is the job of social worker Banks. Recently, the Lawrence J. and Anne Rubenstein Charitable Foundation supported the palliative care program at BIDMC and funding will specifically include support for the bereavement program.

“Listening to patients and their families, hearing their voices, and respecting their wishes is just as important as decisions about medical procedures that can or cannot be taken,” says Steven P. Perlmutter, a trustee of the Rubenstein Foundation. “Death or the prospect of death of a loved one is a very emotional and often overwhelming experience and having a support service to help families come together about their loved one is crucial.”

While not every patient that Forrow sees is dying, he says that helping patients confront their own mortality is a tough challenge—especially in a city and at a hospital where some of the best physicians and surgeons and some of the most advanced medical technology in the world exist. Sometimes even more difficult, Forrow says, is helping these dedicated and expert clinicians accept that additional life-prolonging efforts may not be the best care for their patient.

“Every doctor and every nurse needs and wants the skills to do their work superbly,” says Forrow. “We aren’t trying to take over patient care ourselves; instead we want to help clinicians learn how to care for their patients in the best way during these difficult situations. It’s reassuring to them that even after all beneficial life-prolonging treatments have been exhausted, they can still offer their patients one last world-class service.”
Suite Dreams

You've probably never given much thought to a gastroenterologist's vision of paradise, but if you did, it might look something like the new endoscopy facility at Beth Israel Deaconess Medical Center. Encompassing two floors in the medical center's Stoneman Building, this division of BIDMC's renowned Digestive Disease Center incorporates one-of-a-kind design elements and the latest equipment for the minimally invasive diagnosis and treatment of disorders of the gastrointestinal (GI) tract. Since its opening a little over a year ago, it's made quite an impression on caregivers, patients, and donors alike. "We get visitors from all over the world who come here just to see this place, and their jaws drop as soon as they see the suites," says Douglas Pleskow, M.D., co-director of gastrointestinal endoscopy at BIDMC. "Even when they've just seen the admitting and discharge areas before seeing the suites, they're ready to fall over because 99 percent of the hospitals in the country don't have anything like this."

That BIDMC's team of gastroenterologists would be offering patients something they can get virtually nowhere else should't come as a surprise. They've been doing it for years, tackling some of the most high-risk and technically intricate GI procedures with some of the lowest complication rates. "In the last ten years or so, we've built probably one of the largest advanced endoscopy practices in the country," says Ram Chuttani, M.D., director of interventional gastroenterology and endoscopy at BIDMC. Ironically, they built it in a space that was extremely small and increasingly inadequate to the needs of not only their burgeoning clinical program but their intensifying efforts in research and teaching. "What this suite has allowed us to do is to really take this to the next level," says Chuttani of the fourth floor Theodore and Cynthia Berenson Family Endoscopy Center, named for Cynthia and Theodore Berenson who gave a $1 million gift to support the program, gastroenterologists use state-of-the-art technology to perform therapeutic GI procedures as technically complex as their names, like endoscopic retrograde cholangiopancreatography and endoscopic ultrasound. At its heart is the conference room or "command center," wallpapered with high-definition video monitors, where caregivers can not only view the procedures taking place in the three adjacent treatment rooms but also transmit the same images over high-speed Internet. "We have the capability of showing procedures two feet away, two thousand miles away, or halfway around the globe—and we've taken advantage of this," says Pleskow, explaining that they have, as part of their educational mission, broadcast live endoscopy to groups of up to 600 gastroenterologists in locations ranging from downtown Boston and Amsterdam to Monte Carlo and Dublin. The room also gives the team the flexibility to bring physicians and fellows on site to view complex techniques and learn hands on. "Most importantly they can see not just technically what we do but also how we talk to patients, how we interact with the families, how we call upon referring doctors, how we work as a team," says Chuttani.

Teamwork has been integral to the research effort of the group who have long been leading the charge to refine or develop new endoscopic techniques, including new tools to treat severe heartburn and to eliminate Barrett's esophagus, a precancerous condition. Led by Mandeep Sawhney, M.D., the endoscopy research program is now experimenting with some of the latest "toys" in the field. There's confocal microscopy, a real-time microscopic exam, which may ultimately eliminate the need for biopsy. There's a tiny scope that can go up into the bile duct to view a gall stone and a shock wave device to blast it to smithereens. Techniques under investigation here for the most private of procedures in the most "un-private" of settings. Unlike most general endoscopy units, which have an open blueprint with beds separated only by curtains, the Berenson Endoscopy Center has 27 walled patient rooms broken up into three or four distinct "pods." The result is a quiet, intimate setting where patients can converse confidentially with caregivers and family members before and after a procedure. To address the other overriding concern of patients, safety, the planners also added the most sophisticated monitoring and scope sterilization equipment available. "For outpatients who've had their colonoscopies five, ten years back, this is like coming to the Taj Mahal for your colonoscopy," laughs Chuttani.

If the third floor is the Taj Mahal, then the fourth floor might just be Nirvana. Here in the Center for Advanced Endoscopy, named for Cynthia and Theodore Berenson who gave a $1 billion gift to support the program, gastroenterologists use state-of-the-art technology to perform therapeutic GI procedures as technically complex as their names, like endoscopic retrograde cholangiopancreatography and endoscopic ultrasound. At its heart is the conference room or "command center," wallpapered with high-definition video monitors, where caregivers can not only view the procedures taking place in the three adjacent treatment rooms but also transmit the same images over high-speed Internet. "We have the capability of showing procedures two feet away, two thousand miles away, or halfway around the globe—and we've taken advantage of this," says Pleskow, explaining that they have, as part of their educational mission, broadcast live endoscopy to groups of up to 600 gastroenterologists in locations ranging from downtown Boston and Amsterdam to Monte Carlo and Dublin. The room also gives the team the flexibility to bring physicians and fellows on site to view complex techniques and learn hands on. "Most importantly they can see not just technically what we do but also how we talk to patients, how we interact with the families, how we call upon referring doctors, how we work as a team," says Chuttani.

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include a novel way to stage lung cancer through the mouth and obesity treatments that obviate the need for incisions. "Doug and I are like the hands, but he's the brains," says Chuttani of Sawhney. "He has systemically taken the program to the next level, and this unit has allowed him to do that." The research compontent was particularly appealing to Lawrence Gelb and his wife, Terry Schubach, who gave the first $100,000 gift to the renovation project. "I believe that this new GI center will develop life-saving procedures in the near future. "I think this is an extraordinary facility, but a hospital's visibility due to cutting-edge technology, and getting more doctors excited about referring were amongst the many pluses that we saw. That's some of the value: seeing what's it's doing for the institution." While the Caysters primarily gave their support to honor the legacy of Ronald's father, a longtime benefactor of BIDMC. "It's a wonderful team, and all the people there avail myself of some of the 'state-of-the-art' advice and counsel that this association has allowed me," says Castry. "It's a wonderful team, and all the people there have been just terrific."

And in the end, all the technology and techniques would be meaningless if it weren't for the humanity behind it. And in the end, all the technology and techniques would be meaningless if it weren't for the humanity behind it. "I think this is an extraordinary facility, but a hospital's visibility due to cutting-edge technology, and getting more doctors excited about referring were amongst the many pluses that we saw. That's some of the value: seeing what's it's doing for the institution." While the Caysters primarily gave their support to honor the legacy of Ronald's father, a longtime benefactor of BIDMC. "It's a wonderful team, and all the people there have been just terrific."

As a post-genomic researcher, the goal is to be able to directly predict a disease from an individual’s genotype, or their unique set of genes. For a disease like cystic fibrosis, we can already do that. Cystic fibrosis is the result of a specific single gene mutation, and we have a genetic test to identify that mutation. Heart disease is more complex because the disease is the result of multiple SNPs that occur within different genes. Each SNP plays a small role in increasing disease susceptibility and is further influenced by environmental factors. To predict a multi-factorial disease like heart disease on genetics alone is still an exercise in probability.

Today, genotyping, which determines a person’s unique SNPs, looks at a sampling of only one million of the three billion pieces of polymorphic genetic information that we know exist. But within five years, it’s likely we’ll have the technology to look at all of the pieces, and we can then work together to determine how to analyze the information to develop preventive actions or treatment plans for a particular patient. While we still have a lot to understand about heart disease, with the exciting advances we’re making in post-genomic science, genetically understanding and predicting heart disease is now an attainable goal.
That a hospital’s underlying mission should be to keep its patients healthy and safe from harm might seem obvious but achieving this goal is fraught with complexities. Resolved publicly to put an end to all preventable medical errors in its facilities by 2012, Beth Israel Deaconess–Needham have begun a range of innovative strategies and programs to meet the challenges of ensuring patient safety head on. Their efforts have not gone unnoticed. “We believe that your system—the culture, the expectations of what you bring through the Boards and the staff—has positioned you to be at the leading edge of a movement that frankly many institutions are going to get caught under the wave of,” noted James B. Conway, senior vice president at the Institute for Healthcare Improvement, in a keynote address at the Medical Center, too, have found investing in the safety movement an intriguing and cost-effective way to advance the practice of medicine in Boston and beyond.

One of the impediments to promoting patient safety in a scientific way is the lack of consensus within the medical community on what exactly “harm” is. While the literature in the now-burgeoning field regularly uses the term, no universally accepted definition exists. With a $500,000 gift from the Rx Foundation, BIDMC has created a three-year program to bring quantifiable measures and standards to this currently anecdotal subject.

“Funding from the Rx Foundation supports our special efforts to ‘improve detection and analysis of harm,’” says Kenneth Sands, M.D., M.P.H., BIDMC’s senior vice president for health care quality and safety. “Better understanding our performance in terms of occurrence of harm is a central step in leading to safety improvements.” Sands hopes that the program will not only establish internal mechanisms to report adverse events, evaluate contributing factors, and uncover opportunities for prevention, but that the program will provide an overarching model for assessing harm across an institution, which can then be shared with and adopted by other organizations.

The importance of sharing knowledge to advance patient safety is not lost on Robert Mezler, who has been actively involved in BIDMC’s quality and safety efforts since becoming a trustee in 1982, including a stint as chair of the Patient Care Assessment and Quality Committee. Mezler and his wife, Judith, gave a $300,000 gift to the medical center to establish a visiting professorship in health care quality and patient safety so that the staff at BIDMC and other Boston organizations could benefit from a wide range of expertise in these areas.

“You get this multiplier effect,” says Mezler of the potential of a speaker series to bring the latest ideas about quality and safety improvement to Boston. “If we can improve what the physicians, the nurses, and the techs do, the result will be improved quality of care for every patient they see. Hopefully, this series will give us a lot of bang for the buck.”

The annual visiting professor lecture series, which began last year, “is designed to bring an internationally respected expert in quality and safety to the medical center to give a keynote address on an important topic and to meet in small groups,” explains Mark Zeidel, M.D., chair of BIDMC’s Department of Medicine, who initially approached the Mezlers with the idea for the program. The first lecture featured Uma Kogtal, M.D., senior vice president and quality and transformation director for health policy and clinical effectiveness at the University of Cincinnati’s Children’s Hospital Medical Center, another health care organization with impressive safety goals. In October, the headliner will be Daniel Jones, a consultant to the British National Health Service on the Lean process techniques from the manufacturing sector to improve quality and reduce costs.

Both Mezler and Zeidel anticipate that future lecturers will continue to come from outside health care. They believe that medical institutions could learn much about quality and safety from industry or even the military. Mezler cites the example of the impeccable safety record of nuclear submarines. “They live to a standard that we could only dream about,” he notes. “While BIDMC’s care is excellent, we can always do better. Because when you’re a patient, all you care about is the best possible outcome—and justifiably so, that’s what hospitals are there for.”

Stanley Bernstein was inspired to support outcomes research at BIDMC’s CardioVascular Institute (CVI) primarily because his own care was so good. “I wanted to do something in the cardiovascular area as a way of thanking the doctors for saving my life,” he says, reflecting on the time he spent at the medical center for a heart infection and valve damage that necessitated complex open heart surgery. “My primary care physician placed me at Beth Israel Deaconess, and I was there for nine weeks. The care was terrific.” As a result, Bernstein and his wife, Cathy, gave a $250,000 gift to create the Cardiovascular Faculty Outcomes Fund at the CVI, which is designed to support formal analysis of clinical outcomes in all aspects of cardiovascular care.

With the help of the fund, the CVI has been able to sustain a specialized committee that meets monthly to oversee initiatives involving quality assurance goals and priorities, reviewing cases and their outcomes, and monitoring patient satisfaction. “It is a multidisciplinary team composed of doctors, nurses, and administrators,” explains Rick Markello, the Institute’s chief operating officer and chief financial officer. “The Outcomes Fund also helps support the salary of one of the doctors for the time he spends sharing the committee.” Thanks to the Bernsteins’ generosity, the CVI was also able to launch the “Be Informed” program, which ensures that patients and their families know their cardiovascular caregivers and understand their diagnoses and courses of treatment.

Whether it’s in a specific area of care or institution-wide, Sands is proud of the progress BIDMC has made in the area of patient safety. However, he recognizes that it’s no time for the institution to rest on its laurels. “I look forward to having clear priorities and better data on a national scale so that our projects can be more aligned and even more ambitious,” he says. This degree of dedication delights both safety experts and patients alike. “I am a Beth Israel Deaconess patient,” said the Institute for Healthcare Improvement’s Conway, “and I love the fact that the organization, the system where I receive care is so committed to being held accountable for the quality of care and services it delivers.”

Judith and Robert Mezler

“I THINK IF GOVERNANCE IS NOT FOCUSED ON EXCELLENCE IN HEALTH CARE QUALITY, IT WON’T HAPPEN,” SAYS MELZER. “EVERY GROUP IN THE ORGANIZATION HAS TO BE STRIVING FOR EXCELLENCE.”

Kenneth Sands, M.D., M.P.H.
Studies show that grateful people benefit from better health, more optimism, and less stress. They may even experience fewer episodes of clinical depression. With this knowledge, we created Grateful Nation, an interactive community that gives grateful people the opportunity to connect and give back. Get started by attending one of the events below, or log on to find out how you can organize your own event: www.gratefulnation.org.

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Walk on Saturday, September 12, 2009.
www.gratefulnation.org/saocwalk

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Bike on Sunday, September 13, 2009.
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A CAUSE...FORE!...A CURE
Golf on Tuesday, September 15, 2009.
www.gratefulnation.org/golftournament

LOVE TENNIS?
Play on Thursday, September 17, 2009.
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ALL THAT JAZZ
Enjoy some jazz on Thursday, October 22, 2009.
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Sponsored by grateful patients and their friends, all Grateful Nation events support the great work of Beth Israel Deaconess Medical Center.
SUSANNE MARCUS COLLINS

Pulling Some Strings

Susanne Marcus Collins knows that there’s something special about the harp, the delicately balanced combination of wood and strings that produces music both inspiring and calming. “I think the simplicity is what keeps it so lovely,” she says, “and that’s why it’s always shown up there with the angels, because it is so pure.” Trained in both the classical and the Celtic harp, Collins was delighted to hear the strains of the latter while waiting for an emergency appointment with her new internist, Amy Ship, M.D. Having recently moved back to Boston, she found the music, along with the fact that Ship came in to see her on her day off, a pleasant surprise. “I noticed the difference in the people who were around,” she recalls. “They seemed to let go of their cares for a little while and listen. I was amazed at how the very basic strings of the harp just helped people breathe a little bit deeper.”

Collins was inspired to find out more about BIDMC’s Healing Music program, which was established with a gift from an anonymous donor to offer live harp music in a variety of locations throughout the medical center including lobbies, waiting areas, and patient care units. In addition to learning of its enthusiastic following among patients, visitors, and staff, Collins discovered that funding for the program was finite. Concerned that her favorite hospital would lose this unique asset, Collins pledged a $200,000 gift to not only ensure its longevity but also expand its reach to both of BIDMC’s campuses by engaging the services of another professional harpist.

Recognizing the value of community buy-in to a program like Healing Music, Collins has “thrown down the gauntlet” by generously agreeing to give another $100,000 if BIDMC can raise the same amount from other donors. “I am actually a very private person,” says Collins, who is the daughter of Home Depot co-founder Bernie Marcus, “but I learned from my father that there are times when you need to be a little public if only to inspire other people, to let them know that you are doing something important but that you can’t do it alone.” Much as BIDMC’s employees came together to prevent lay-offs, she sees this challenge grant as a way to empower a larger group of more modest donors and sponsors, particularly in these challenging economic times.

The time may never be more right to ensure that as many people as possible reap the benefits of the harpist’s strings. Studies — along with the program’s anecdotal evidence — suggest that music can ease patients’ pain and breathing difficulties, soothe them to sleep, and help them and their families better cope with the devastation and loss of illness. Equally affected, however, are BIDMC’s employees for whom the harp offers a brief and welcome respite in their busy, often stressful days. Says Collins, “It’s really an incredible instrument to help people calm their fears and to break from the stress of reality right now.”

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Sisters Against Ovarian Cancer Walk

SUPPORT US AS WE STEP UP AND BREAK THE SILENCE!
Saturday, September 12, 2009
For more information, please visit www.gratefulnation.org/saoewalk.
SHELDON SIMON

A Cause for Concern

More than ten years ago, fate handed Sheldon Simon a cause he was meant to support. In 1998, his wife, Amy, the mother of his two young daughters, was diagnosed with late-stage ovarian cancer. The news was devastating; little was known about the disease, and the success of treatment so late in the game was slim.

After an initial round of chemotherapy, Amy came to Beth Israel Deaconess Medical Center, where she became a patient of Stephen A. Cannistra, M.D., director of gynecological medical oncology at the hospital. “We left no stone unturned. We even tried experimental treatments,” says Simon. “But like many patients who battle ovarian cancer, our efforts in the end were unsuccessful.” After a 15-month fight, Amy died in September of 1999.

“There we were. My oldest daughter was in first grade, and my youngest was 15 months old,” says Simon. “Ovarian cancer is often hereditary; the need for better prevention and early intervention was completely clear to me and so began my commitment to BIDMC and the work of Dr. Cannistra.”

Today, Simon is still fighting for the same cause. His personal call to action was further solidified after the mother of his second wife of three years was also diagnosed with late-stage ovarian cancer. “The news felt like I had been hit in the head with a two-by-four,” says Simon. “But like many patients who battle ovarian cancer, our efforts in the end were unsuccessful.” After a 15-month fight, Amy died in September of 1999.

“Lewis Cantley, Ph.D., has never been one to take the complexities of cancer research lying down. Now a recent grant from an entertainment industry–founded initiative will allow him stand up to this disease as never before.

Following a rigorous evaluation process, the national initiative, called Stand Up To Cancer (SU2C), recently awarded a total of $72.6 million to five scientific “dream teams,” including one headed by Cantley, to further its mission of getting new cancer treatments to patients in an accelerated timeframe. “I’m honored and privileged to lead this outstanding group of investigators,” says the director of the BIDMC Cancer Center of his multidisciplinary and multi-institutional team, which will receive a three-year, $15 million grant. SU2C was created by the Entertainment Industry Foundation, and the majority of its funds were raised in connection with an historic, one-hour, star-studded telethon that aired September 5, 2008 simultaneously on ABC, CBS, and NBC.

Something of a celebrity himself, at least within the cancer research arena, Cantley discovered a molecular pathway called PI3K, which has led to one of the most promising avenues for the development of personalized cancer treatments by pharmaceutical companies. Now collaborating with more than 30 esteemed researchers from organizations around the country, he will pursue the role that PI3K mutations play in women’s cancers, particularly breast, ovarian, and endometrial. “Our goal for this project is to identify the specific biomarker molecules that will predict which patients will be most likely to benefit from PI3K inhibitor drugs, either as single agents or in combinations with other drugs,” says Cantley. “And because of the extraordinary level of collaboration created through the formation of this ‘dream team,’ this goal seems imminently possible.”
Geriatrician Lewis A. Lipsitz, M.D., (right) tries to make his patients’ golden years a little more bright.

“As a resident, I remember the photographs that were attached to the medical charts of elderly patients from Hebrew Rehabilitation Center,” says Lewis A. Lipsitz, M.D., the chief of gerontology at Beth Israel Deaconess Medical Center. “The photograph showed that the frail and very sick patient in front of me was once a vibrant, smiling person; someone who probably had lots of friends, a family, and a successful career. I knew then that geriatric medicine was for me because I wanted to help bring back a little bit of what I saw in that photo.”

Years of medical experience have taught Lipsitz, a certified geriatrician, that making his senior patients well again is never a perfect science; his goal instead is to keep each patient as healthy, happy, and functional as possible until the day they die, a job that requires a sense of humility and a good nature.

Lipsitz sees patients at the medical center and at Hebrew SeniorLife (HSL), where he is also vice president of academic medicine and director of the Institute for Aging Research. Many of BIDMC’s geriatricians work with physicians at HSL, a clinical care and gerontology research center for seniors. Together the two institutions strengthen geriatric care and research, an important collaboration in a field that is still relatively new.

Geriatric medicine did not emerge until the late 1970s after the National Institute of Aging was established. BIDMC was one of the first hospitals in the country to offer specialized geriatric training, and Lipsitz was one of the first of three geriatrician fellows at the hospital.

“Today, BIDMC’s successful outpatient program called Senior Health at BIDMC provides primary care and consultation services for age-associated problems like hypertension, falls, low blood pressure, osteoporosis, diabetes, and memory loss. For hospitalized senior patients, a 15-bed inpatient unit in the Reisman Building is dedicated to acute, specialized medical care. “The unit serves as a superb model for inpatient geriatric care in which highly trained geriatricians, nurses, and therapists work alongside hospitalist physicians to ensure that very specific needs are met,” says Lipsitz.

Since the medical needs of seniors are often complex, the Division of Gerontology developed the GeroSafe Program to improve the safety of older patients, an effort supportive of the hospital Board’s level of commitment to eliminate areas of preventable harm. A team of geriatricians, hospitalists, nurses, and administrators are developing a “geriatric bundle,” which is a standard set of protocols for every senior patient to reduce complications. The Transitions of Care initiative improves the way senior patients are transferred between locations to ensure that safety, well-being, and physical health do not suffer.

“Our goal is to make the medical center a safe place for geriatric patients,” says Lipsitz.

While keeping seniors safe remains a priority, so does keeping the minds of seniors sharp and engaged. “For many older people this is a time when they experience loss: loss of family, independence, memory, and even the ability to do things they once did—the very things that defined them,” says Mary Ann Malboe, L.I.C.S.W., a clinical social worker at BIDMC. “This can be confusing and upsetting, and they need someone to talk to.”

Coming of Aging
Lipitz has teamed up with Kun Ping Lu, M.D., Ph.D., a successful cancer biologist at BIDMC whose primary research interest is to understand the fundamental mechanisms of aging and age-related diseases. Lu, who came to BIDMC in 1996, co-discovered an important protein called Pin1 that regulates mitosis, the process by which a cell divides. He made a surprising and major discovery that Pin1 plays a pivotal role in successful aging. When Pin1 function is out of control, it can lead to premature aging and many age-related diseases. For example, when Pin1 is over-expressed in the body, cells continue to divide out of control and cancer develops. Likewise, when Pin1 is under-expressed, neurons in the brain undergo degeneration and Alzheimer’s disease develops, but boosting Pin1 activity in the brain to certain levels can actually help suppress the disease. Lu’s work further stresses the importance of understanding aging changes that affect the entire human body. The Epix Corporation made a gift of $35,000, which is allowing exploration of these discoveries related to Alzheimer’s treatment and early diagnosis.

“So much is unknown about these age-related diseases, but here at BIDMC we have some of the best people and resources,” says Lipitz. “Our clinical care, our education, and our research improves the lives of our seniors, and we’ll keep getting better.” But no matter how much research is done, Lipitz says that we’ll probably never find a cure for mortality. “What’s his view on the key to healthy aging? Keep active, think positively, exercise daily, and choose your parents well.”

Kun Ping Lu, M.D., Ph.D., has pinned down a key pathway in age-related diseases.
IN THEIR OWN WORDS

Beth Israel Deaconess is blessed with extraordinary leadership, people with a diversity of backgrounds and talents who make incalculable contributions to its mission. We asked some of our leaders what it is about BIDMC that makes them give so much of themselves—their time, their energy, their creativity, their philanthropy—to making this institution the best it can be. Here’s how they responded…

MARY ELLEN GROSSMAN, Chair, BIDMC Board of Overseers

“To know BIDMC is to love it. To learn what is happening at the medical center clinically and educationally, as well as the research in its state-of-the-art laboratories, is to value and appreciate its uniqueness. It is an honor and a privilege to, in some small way, help support this endeavor.”

Meg Grossman’s family has been involved with BIDMC for generations. In addition to a recent unrestricted $100,000 pledge to the medical center, she has also advanced a number of experiential and inclusive programs, including our new Meet the Mission series, designed to spotlight the work and talent of BIDMC.

EDWARD LADD, Chair, BIDMC Board of Trustees

“I have a personal prejudice that one of the big issues, particularly of our time, is trying to allocate resources between the present and the future and that the future almost always gets starved. And this is one of those instances in which we’re trying to build something that is indeed for the future. So there’s an incredible personal satisfaction in that.”

With his involvement at BIDMC spanning almost 15 years, Ted Ladd has sat on almost every committee the medical center has had to offer. In his current role as chair of the Board of Trustees, he performed the incredible task of meeting one on one with virtually every member of the 81-person Board. He and his wife, Beedee, also have provided extraordinary philanthropic support to the medical center.

JONATHAN LEE, BIDMC Board of Trustees; Co-Chair, BIDMC Campaign

“You give back to things you believe in. I do think that there is incredible progress here; I do think this is world class—from Paul Levy’s inspiring leadership to make BIDMC a national leader in patient safety to the exciting innovations in cancer research under the direction of Lew Cantley and Pier Paolo Pandolfi. We’re striving to be the best of the best.”

Jon Lee and his family made a $2 million campaign gift to BIDMC last year to support the Cancer Research Floor in the new Center for Life Science. A trustee since 2003, he is now an instrumental part of the planning process for the medical center’s comprehensive campaign.
PAUL LEVY, President and CEO, BIDMC

“Barbara and I did not have to think too long about our campaign pledge. We are inspired every day by the way BIDMC cares for patients, the creativity of our research team. We view BIDMC as having the potential to change health care across the nation. We have also seen the sacrifices that our medical staff and employees have made in the interest of our community as a whole over the past several years, and this gift is one way we are doing our part.”

Since assuming his role as BIDMC’s president and CEO in 2002, Paul Levy has become one of the most vocal advocates for transparency in the health care arena, from posting hospital-acquired infection rates on his blog to holding town hall meetings for staff on ways to save jobs. He and his wife, Barbara, generously gave a $500,000 unrestricted gift to BIDMC to support all aspects of its mission.

JOHN MANNING, Member, BIDMC Board of Directors; Co-Chair, BIDMC Campaign

“I have probably learned more from my fellow directors than they have learned from me. It’s a very, very smart Board — very diverse. I find that after listening to their various perspectives, what they see as being important and what they feel needs to be changed, I apply a lot of it to my own business life. I feel I’ve come away the richer from all of this.”

Drawn to BIDMC by the exceptional care he received as a patient, Jack Manning has been on its Board of Directors since 2006. He and his wife, Lyle Howland, pledged a $1 million unrestricted gift in 2007 to help the medical center continue its legacy of providing unbiased and individualized medical treatment.

LOIS SILVERMAN, Chair, BIDMC Board of Directors; Co-Chair, BIDMC Campaign

“At BIDMC, doing what’s best for the patient comes first. Each of us — from the attendant to the nurse to the doctor to the Board member — believe that quality and safety is at the forefront of improving medical care. We are one group working toward the same goal.”

Lois Silverman has been involved with BIDMC since her youth, graduating from the nursing school at Beth Israel Hospital in 1961. As the medical center’s first female chair of the Board of Directors, she has made it her personal mission to make BIDMC a safer place. In 2006, she and her late husband, Norman, gave a $3 million gift to name the Silverman Institute for Health Care Quality and Safety.
Q. You’re a speech pathologist but you run BIDMC’s swallowing therapy program. How did that happen?
A. In the late 1980s, a shift took place in my field from speech and communication difficulties to swallowing problems as the main focus in the acute care setting. I was lucky enough to be on the leading edge of this shift, starting programs and setting up protocols to evaluate and treat patients with swallowing problems. According to the literature, about 15 million people in the U.S. have dysphagia, or difficulty swallowing, with another million new cases each year. Today, 90 percent of my caseload consists of patients with swallowing disorders caused by things as varied as stroke, Parkinson’s disease, multiple sclerosis, ALS, and head and neck cancer.

Q. Has much changed in the swallowing area since you started?
A. In the acute care setting, we are consultants to the medical team, and most of our work is diagnostic. It’s all about diagnosing a problem and trying to prevent complications like pneumonia caused by aspirating food or liquid into the lungs, so we end up only evaluating our patients. Many people end up with feeding tubes, and the few treatments available to them don’t seem to help much. After doing this for 20 years, I felt that we could be doing more for our patients.

Q. Like what?
A. I became interested in an FDA-approved therapy called neuromuscular electrical stimulation that was being used widely in physical therapy, with growing anecdotal evidence that it helped patients with dysphagia more than traditional therapy alone. I just felt we needed to try this. So the question was whether we should do it as a research study or as a clinical protocol. I felt it wasn’t fair, and perhaps even unethical, to withhold something that might be more helpful to patients than traditional swallowing therapy alone. So my manager and I made the decision to do a clinical pilot with ten patients.

Q. How does the treatment work?
A. The best exercise for the swallowing muscles is swallowing. In this therapy, electrodes force a contraction in the muscles that are weak or not functioning during eating or drinking. The higher you turn up the intensity of the stimulation, the harder the patient has to swallow against the resistance. It’s kind of like weight lifting; the more repetitions you do at a high enough intensity, the stronger those muscles become.

Q. What were the results of your study?
A. Eighty percent of my patients improved at least one level and some improved three to four levels on the Dysphagia Outcome Severity Scale. My best success was in Dr. Robert Rines, who came to me 100 percent dependent on a feeding tube as a result of a stroke. In eight weeks, with lots of hard work, he was eating regular food on his own. I also have Bob to thank for the success of other patients in my pilot. Halfway through, I lost some staff and my funding was cut. Bob and his wife, Joanne, generously donated the money needed to not only complete the project but to continue our program for the next three years.

Q. Did you feel it was fate?
A. Yes. It was good luck and great timing! I am very grateful. My goal now is to grow this program and to create a better system for referrals to make it self-sustaining. Right now we’re offering something that is available at very few places in Boston, and I know there are more patients out there who would benefit.

Q. Why should doctors refer potential patients to your program?
A. There’s nothing more rewarding than giving people back the pleasure of eating. Bob Rines came into therapy unable to swallow his own saliva and told me his goal was to eat lobster. I said, Oh my goodness, I hope we get you to pudding. Then to sit across from him on his 85th birthday, surrounded by his family and friends, and watch him eat lobster — it was incredible. That’s why we do it.

For patient referral information on the C.W. Wagner Swallowing Therapy Program, call 617.632.7500. To help support the program like the Rineses, contact Allison Boehret at 617.667.7338.

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For more information, please visit us at www.gratefulnation.org or contact Erin Wholey at 617.667.7426 or at ewholey@bidmc.harvard.edu.
Most of us have heard about the importance of curb appeal and interior staging when it comes to selling a home. Beth Israel Deaconess Medical Center may not be involved in the real estate business but, with the help of some aesthetically minded donors, the hospital has been innovatively applying some of the field’s ideas to make a great impression on patients and staff alike.

“I used to sit in the dining area while my husband was in the hospital and there was nothing around that was bright and cheerful,” said Althea Lank of BIDMC’s West Campus dining facility. “Being a hospital patient can be challenging enough even in the best of times, and the hospital environment can have a significant impact on patient and family morale.” Inspired to improve the perspective of both the room and its clientele, she and her husband, Bertram (“Buddy”), designated a portion of their recent $1 million gift to the medical center to refurbish the space.

The recent renovation, which features a new wood floor, new tables and chairs, a fresh coat of paint for the walls, and a new ceiling, has been met with resounding approval. “People need to have that extra lift, especially when times are tough,” said Lank, whose family has a significant history with BIDMC, including her own volunteer work and her two daughters’ current involvement on the hospital’s Board.

Making each and every hospital setting more uplifting is important for us as a hospital to understand that even of their sum-total influence on care and recovery. “It for patients and their families is always a priority because they have had a tremendously positive impact.”

Kaplan said patients typically visit the CyberKnife Center for very serious cancer treatments, which can take as long as one to two hours. As a result, both patients and family members can find themselves waiting for long periods of time in various rooms at the center. “These areas need to help patients and families feel confident about the caring attitude of our institution,” said Kaplan. “They should help patients feel comfortable with the treatment they are about to get.”

Judith Levy, whose gift with husband, Allyn, transformed the CyberKnife waiting area, couldn’t agree more. “I don’t think having a CyberKnife treatment is the most wonderful thing to look forward to,” she said. “So, if they had a more relaxing space to wait in, it would be a nice way to improve a patient’s or family’s ability to withstand a terrible time in their life.”

Levy said applying a portion of their $100,000 gift to the CyberKnife Center to redecorating was inspired partly by the care she received from BIDMC radiology staff, whom she found to be caring and sensitive to her claustrophobia during an MRI procedure. She wanted to return the favor by helping others also feel more comfortable and relaxed when they had to undergo a potentially anxiety-provoking treatment.

With the Leevy’s help, BIDMC painted the walls of the CyberKnife waiting area a soft blue and inviting gold. The furniture was re-arranged, artwork was hung, and a new credenza, providing hot coffee and cold soft drinks, was installed. “Aesthetically, it is a much more inviting place to visit,” said Kaplan.

Comfortable environments can not only calm the soul but broaden the mind, an important component of BIDMC’s role as a teaching hospital of Harvard Medical School (HMS). “As our educational philosophy in medicine evolves to focus on small group and team learning, it is critical that we have space conducive to these interactions,” said Richard Schwartzstein, M.D., BIDMC’s vice president of education. Muriel and Norman Leventhal’s $1 million gift to renovate class-rooms and create a state-of-the-art conference suite on the second floor of the Carl J. Shapiro Clinical Center has provided just that.

“We did a wide strategic review of education space, and one of the things we found we most needed was large- and medium-sized conference rooms,” explained David Roberts, M.D., associate director of BIDMC Shapiro Institute for Education and director of the Principal Clinical Experience (PCE). “If you had 50 people and you needed to have a meeting or a lecture, there weren’t that many spaces on either campus that could accommodate a group of that size with the right audio and video equipment. While we still have much work to do to provide additional space for our larger residency programs’ teaching, the new conference spaces have had a tremendously positive impact.”

According to Schwartzstein, the new spaces created by the Leventhal’s generosity are available to all hospital staff, but they also provide a home base for the PCE, which helps further educate third-year HMS students. He said they include the most current electronic equipment, offer sufficient space to re-arrange chairs and tables, and are close to important academic areas such as the simulation center in the Shapiro Clinical Center’s basement. “They enable us to do small group teaching that emphasizes critical thinking by the students in the process of analyzing cases,” said Schwartzstein. “They help us use the most innovative teaching techniques as we train the next generation of doctors.”

Like the other creative transformations around BIDMC, they also make the medical center’s physical surroundings commensurate with the exemplary services it provides and, perhaps, a little bit more like home.
Seven Stories of the CLS  
**OCTOBER 6, 2008**

In recognition of BIDMC occupying a full seven floors of research space in the new 703,000-square-foot Center for Life Science (CLS), the medical center hosted a celebratory event to highlight the stories of some of the most talented scientific minds in the biomedical field. Attendees had the opportunity to take guided tours of BOMC’s state-of-the-art CLS laboratories, where investigators are shaping how we understand and confront some of the most challenging diseases of our time, from HIV/AIDS to cancer to cardiovascular disease.

1. Ted Ladd, Pat Black, David Schechter  
2. Nelson Stack, Leslie and Robert Stack  
3. Pier Paolo Pandolfi, M.D., Ph.D., Sandy Karson  
4. Allisa and Paddy Leck

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**Meet the Mission: CardioVascular Institute Breakfast**  
**FEBRUARY 12, 2009**

This breakfast featured presentations about the latest techniques for treating serious heart conditions from three of the CardioVascular Institute’s most distinguished physicians: Donald Cutlip, M.D., director of the Cardiac Catheterization Laboratory; Kamal Khabbaz, M.D., interim chief of cardiac surgery; and Frank Pomposelli, M.D., chief of vascular surgery. Sponsored by BIDMC’s Board of Overseers, the Meet the Mission series was designed to give the medical center’s friends, supporters, and patients an opportunity to learn firsthand from our physicians and researchers about some of their groundbreaking work.

5. Jay Fidler  
6. Jane Fidler, Phyllis Sisson, Ingeborg Saraceno  
7. Studi and Alfred Agnon

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**Lunn Society Luncheon**  
**NOVEMBER 21, 2009**

The Lunn Society recognizes those donors who have included BIDMC in their estate plans, ensuring a solid financial future for the medical center. This fall, BIDMC hosted a luncheon for Lunn Society members in the Lenfesth Conference Suite, which featured Lewis A. Lipsitz, M.D., chief of the Division of Gerontology. Lipsitz spoke about the unprecedented growth of the elder population and the urgent need for physicians who specialize in the diagnosis and treatment of conditions that affect people as they age. The medical center is well known for its innovative gerontological care and aging research (see feature story on page 8).

8. Martha Steinberg, David Perlman  
9. Ellen Jane Albanese, Nancy Poynter, Michelle Greaney  
10. Jacqueline Wolf, M.D., Cynthia Wright

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**Meet the Mission: Digestive Disease Center Reception**  
**JANUARY 22, 2009**

With more than 160 guests in attendance, the first of BIDMC’s Meet the Mission events in 2009 featured gastroenterologist Jacqueline Wolf, M.D. In her talk entitled, “Taking Control: Keeping Your Gut Happy,” Wolf spoke about some of the important issues around gastrointestinal health, particularly as they pertain to women. Sponsored by BIDMC’s Board of Overseers, the Meet the Mission series was designed to give the medical center’s friends, supporters, and patients an opportunity to learn firsthand from our physicians and researchers about some of their groundbreaking work.

11. Marsha Steinberg, David Perlman  
12. Ellen Jane Albanese, Nancy Poynter, Michelle Greaney  
13. Jacqueline Wolf, M.D., Cynthia Wright

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**On the Scene**
Palm Beach 2009
MARCH 8, 2009
BIDMC’s annual Palm Beach event in 2009 was a convivial celebration of family and friendship. Lois Silverman, chair of the Board of Directors, graciously opened her home to more than 150 of the medical center’s closest and most loyal supporters for a warm and informative evening featuring short talks by Jonathan Koscik, M.D., Ph.D., BIDMC chief of radiology; Paul Levy, president and CEO of BIDMC; Stuart Rosenberg, M.D., president and CEO of Harvard Medical Faculty Physicians; and Mark Zeidel, M.D., BIDMC chief of medicine. Sunny and Sam Gustin served as the event’s co-chairs.

Judy’s Hope Fundraiser at F1 Boston
MARCH 29, 2009
This afternoon event at F1 Boston put family fun into high gear for a good cause. With a wide range of entertainment for all ages, including car racing for adults and simulated racing for children, the day raised more than $25,000 for the Judy’s Hope fund. In recognition of the superior care she and her family have received at the medical center, Judy Kaufman established this fund in 2005 to benefit BIDMC’s Division of Hematology and Oncology.

Annual Celebration of the Silverman Institute for Health Care Quality and Safety
MARCH 30, 2009
Hosted by Lois Silverman, chair of BIDMC Board of Directors; Paul Levy, BIDMC’s president and CEO, and Kenneth Sands, M.D., M.P.H., senior vice president for health care quality at BIDMC, this second annual event highlighted the accomplishments of the Silverman Institute for Health Care Quality and Safety over the past year. The evening included the Michael F. Epstein, M.D., Lectureship on Clinical Quality and Patient Safety, featuring guest speaker Steven J. Spear, MIT lecturer and senior fellow at the Institute for Healthcare Improvement.

Meet the Mission: Neuroscience Center Reception
MAY 6, 2009
This event featured Michael Ronthal, M.D., deputy chief of the Department of Neurology, who demonstrated what BIDMC’s neurology residents call “Ronthal Rounds,” where he examines a patient in front of an audience and makes a diagnosis without relying on laboratory tests. Sponsored by BIDMC’s Board of Overseers, the Meet the Mission series was designed to give the medical center’s friends, supporters, and patients an opportunity to learn firsthand from our physicians and researchers about some of their groundbreaking work.
Dream Early, Dream Big

On May 27, 2009, Lewis Cantley, Ph.D., director of the Cancer Center at Beth Israel Deaconess Medical Center (far right), appeared on The Early Show to recognize his leadership of one of five “dream teams” that were awarded grants totaling $73.6 million from a national coalition called Stand Up To Cancer. Cantley’s multidisciplinary team will focus on targeted therapies in women’s cancers. For more details, see the story on page 7.