

# giving matters



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## VISION QUEST

### ELLIOT CHAIKOF, M.D., PH.D.

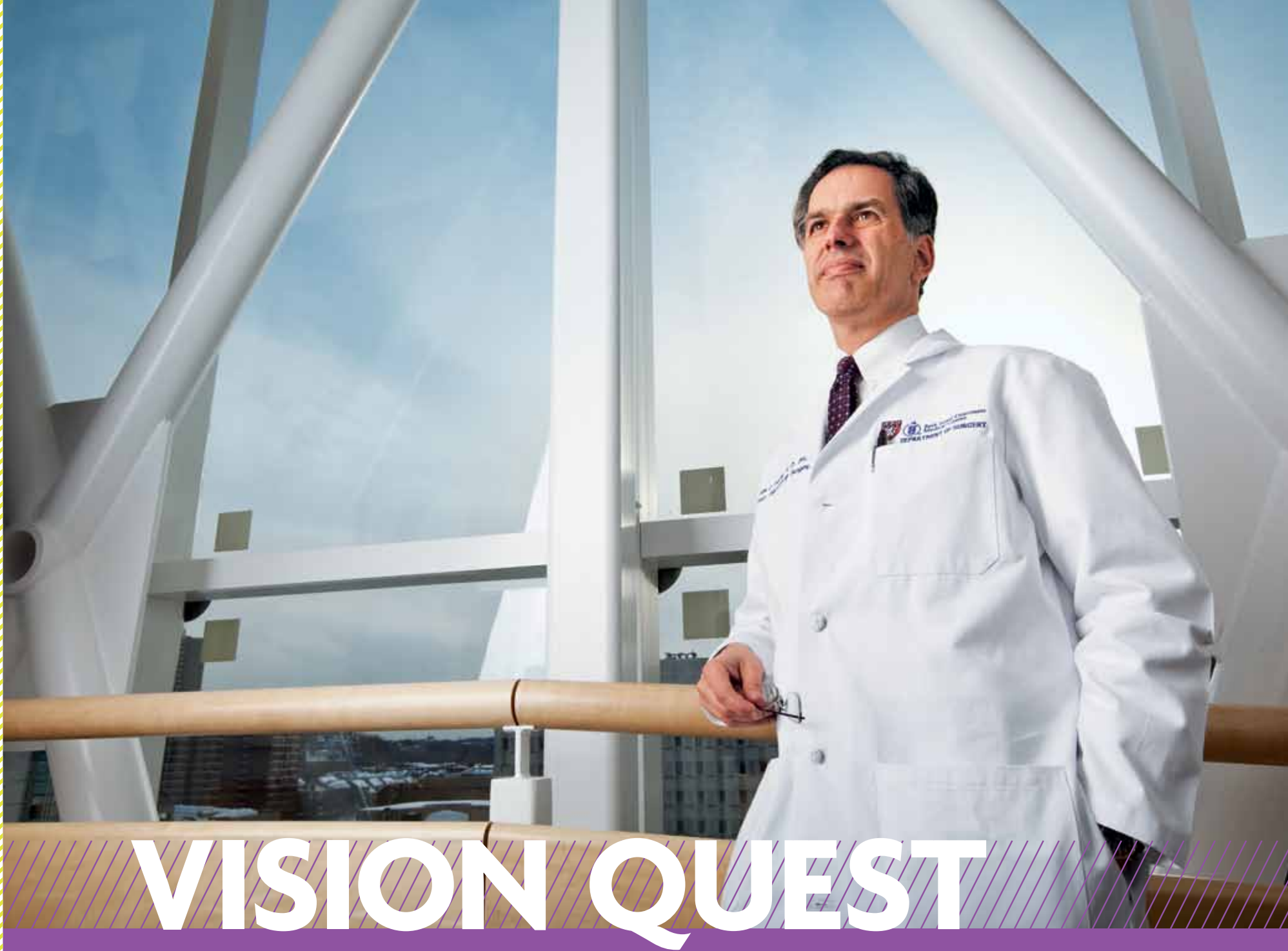
When Elliot Chaikof, M.D., Ph.D., returned to Boston last August to accept a new position at Beth Israel Deaconess Medical Center, it was like he was seeing the city for the first time. Although he had completed his medical residency in general surgery and doctoral training in engineering in the Hub, Chaikof had been lured away from New England for both personal and professional reasons. "Everybody has their own set of blinders," he says. "I think that it was useful, at least for me, to take a step away from Boston, to see that there are different ways of approaching a problem and multiple perspectives."

Now that he's back as BIDMC's new chief of surgery, Boston looks "even more beautiful" than it did two decades ago. "It's a city that epitomizes the embarrassment of riches,"

notes Chaikof, who has also become the chair of the Roberta and Stephen R. Weiner Department of Surgery. "That's the challenge: how do you take advantage of all the city has to offer—academically, intellectually, geographically—and recognize those strengths for what they are? Because I think if we pool our strengths and have an outlook on life that builds on partnership, leadership, and collaboration, we can do great things."

And Chaikof is here to do great things. With expertise in vascular surgery and a particular focus on regenerative medicine, he is looking to bring a fresh perspective and challenge the status quo in a field and a region that he acknowledges can have their

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# VISION QUEST

## ELLIOT CHAIKOF, M.D., PH.D.

### CONTINUED FROM P. 1

conservative sides. “We’ve all been taught that the answer’s in the back of the book, when, in reality, there is no back of the book,” he says. “I think we can be enthralled by things we assume are truths that when we step back we realize that it’s just not necessarily so. It’s especially easy in a field like medicine where it’s almost entering this cathedral, where this is the way it is.”

In his new position, Chaikof is determined to change the focus in surgery from the way it is to the way it could be—and innovative ways to get us there. With an excitement that is infectious, his reflections are peppered with the promise of advances in telerobotic surgery, cell-based therapies, engineered living tissues, and artificial organs. Chaikof notes what attracted him to BIDMC was its historical openness to pursue avant-garde ideas like these. “I think

the medical center has always thought differently long before its peer institutions,” he says. “Whether because it is a combination of two institutions that were founded fundamentally by individuals who were reaching out to those in need or that it opened its doors to students, physicians, and nurses who otherwise couldn’t break through barriers at the time, BIDMC has always thought about inventing the future, and it has always attracted people with great dreams.”

Successfully inventing the future requires a certain amount of humility, however, according to Chaikof. It requires admitting that one person or one place may not have all the answers. This lesson is one he learned from personal experience with his eldest daughter who was born profoundly deaf in 1987 (which, unbeknownst to him at the time, was the result of Usher’s syndrome, a recently defined genetic disorder

that now affects two of his children). Refusing to accept the consensus of medical opinion that the situation was just something their family would have to live with, Chaikof and wife, Melissa Kershman Chaikof, decided to delve into uncharted waters, leaving Boston and enrolling their young child in one of the first FDA trials for cochlear implants. The couple’s ultimately successful foray into novel technology and its medical and social implications has become a touchstone for Chaikof professionally. “At the core of what we do is create new wisdom,” he says of medicine, “and if you are going to create new wisdom, you have to be courageous and you have to accept the risk of failure because that’s part of being courageous. Because if you don’t, then the technology will always be too new, the surgery too risky, the outcome too unclear.”



“...if you are going to create new wisdom, you have to be courageous and you have to accept the risk of failure because that’s part of being courageous. Because if you don’t, then the technology will always be too new, the surgery too risky, the outcome too unclear.”

If courage and humility seem odd bedfellows, Chaikof believes they are fundamental in moving beyond traditional comfort zones to embrace and apply new knowledge in ways that are clinically meaningful. With his own background a unique amalgam of medicine and engineering, he is a big proponent of partnerships across disciplines, noting that the interfaces between subject areas are intellectual hot spots. At BIDMC, he sees particular promise in

academic-industrial collaborations that bring surgical research to the patient’s bedside and alliances that move care—and in particular surgical treatment—beyond the walls of the large academic medical center. “We have to be careful of being too enamored of building ever bigger and bigger boxes that are more costly,” he says of hospitals. “Bigger is not necessarily better. Quality isn’t necessarily about having 1,000 beds. It’s really about interfacing with

the community and with local and regional medical centers in partnerships that deliver care of the highest caliber and the greatest innovation.”

At the core, partnerships in medicine are about people—both caregivers and patients. Part of Chaikof’s mission at BIDMC is to create an environment in surgery that not only allows but encourages people to grow professionally, interact optimally as team members, and think creatively about the design and delivery of care. “It’s not one person’s vision; it’s really a shared vision and giving people an opportunity to shape it,” he notes. Chaikof believes significant investment in such an environment will support and nurture BIDMC’s existing excellence in human capital but also offer incentives for additional talented people to join the medical center community. “And we really want to attract national and international leaders,” he says, “individuals who will take your breath away.”

Even the most breathtaking leadership is only as strong as the people and systems in place behind it. To meet the rising challenges in medicine—an aging population,

wide-ranging health disparities, the balance between cost and quality—will require innovation from the top down all across the field, says Chaikof, including rethinking traditional medical education. While acknowledging that this transformation will take significant resources, he stresses that resourcefulness is equally important—something BIDMC has down pat. Be it through philanthropy, mentoring, or simply a willingness to try new things, Chaikof believes the focus should be on opening doors for the wonderful people here, giving them a chance and seeing where they will go. “It’s all about opportunities,” he says. “There’s any number of different people who could be chair of surgery and do it really well, maybe even better, but somebody at the end of the day gave me that opportunity and that’s just an incredible gift.” ●

## Frugal Fannie’s Helps BIDMC Hit Breast Cancer Where It Hurts



Nancy Longobardi and Kathleen Doxer

Nancy Longobardi is indebted to BIDMC for giving her a fighting chance. Just 18 months after the birth of her second child, Longobardi, a buyer for Frugal Fannie’s Fashion Warehouse, had her concerns of breast pain dismissed elsewhere as nothing serious. However, at the urging of her boss Kathleen Doxer, Frugal Fannie’s founder and co-owner, she came to the medical center for a second opinion. Doxer had battled breast cancer years earlier and was treated successfully with BIDMC in her corner.

Although Longobardi’s doctors—breast surgeon Mary Jane Houlihan, M.D., and oncologist Nadine Tung, M.D.—concluded that she did indeed have breast cancer, an accurate diagnosis allowed her to get immediate and individualized treatment. She was quickly scheduled for surgery, followed by chemotherapy and radiation therapy at the medical center. “I am grateful to BIDMC and appreciative of the way I was treated,” says Longobardi. “Everyone was always so positive, despite it being a negative situation to begin with. It helped me remain optimistic through the hard times.”

Her own treatment behind her and eager to land breast cancer with a one-two punch, Longobardi, along with her husband, designed sweatshirts bearing the tagline “Fight Like a Girl” and approached Doxer about selling them at Frugal Fannie’s. Doxer enthusiastically agreed. The sweatshirts adorned with Grateful Nation/BIDMC tags, along with other breast cancer-inspired merchandise, are now on sale with 10 percent of each sale benefiting the BreastCare Center at BIDMC.

To find out more or get your own “Fight Like a Girl” merchandise, call 1-888-FRUGALS. ●



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## LETTER FROM THE SENIOR VICE PRESIDENT OF DEVELOPMENT

Dear Readers,

Everyone knows it's good to have options. In health care, especially, it can mean the difference between a positive outcome and a negative one. This issue of *Giving Matters* contains a number of stories about clinical and research projects that are widening the array of options patients have to optimally manage their health.

Jill and Hung Cheng have pledged a generous seven-figure gift to launch the Cheng and Tsui Center for Integrative Care at BIDMC (see page 16). This center will offer patients the opportunity to incorporate complementary and alternative treatments into their more traditional primary care regimes.

Seward Rutkove, M.D., recently won a \$1 million challenge award for developing an innovative method for measuring the progression of muscle deterioration in patients with ALS (see page 6). The method provides a more efficient way of evaluating the efficacy of potential drugs than the standard life expectancy studies, which are long and expensive; Rutkove's method could cut the cost of Phase II clinical trials in half, ideally adding new options to the sole existing ALS drug treatment.

It's not only our patients who benefit from options; our donors do too. Planned giving provides yet another way for those who want to support BIDMC's incredible work to have a significant impact. We recently received a wonderful \$3 million unrestricted bequest from the estate of Marion M. and Elliot Henderson and a \$1 million bequest intention from an anonymous donor. Gifts like these mean a secure future for BIDMC and will maintain our legacy of excellence in clinical care, scientific research, and medical education.

It just goes to show that choice is good—good medicine that is!

Kristine C. Laping



### Grateful Nation Makes It Easy for People to Share and Express Their Gratitude.

While this expression can take many forms, one of our favorites is receiving grateful letters from the Nation. We are pleased to share some of these letters with you in the hope that one thanks will lead to another and we'll create an unending cycle of gratitude.

*Want to share your gratitude too?*

*E-mail us at [gratefulnation@bidmc.harvard.edu](mailto:gratefulnation@bidmc.harvard.edu) or visit [www.gratefulnation.org/lettersfromthenation](http://www.gratefulnation.org/lettersfromthenation).*

My family and I know that I am living proof of a medical miracle and hope that, in some small way, our gift is a reminder of the miracles that can happen when hope and determination partner with cutting-edge, patient and family-centered medical care. From all of us who still believe in miracles, we extend our gratitude and warmest wishes for a joyous holiday season.

Sincerely,

Sara R. and Andrew K.

I am grateful to have such a superb team of doctors. My primary physician, Dr. Christine Harrington, is outstanding. She is always available and very caring towards her patients. I also have a phenomenal pulmonologist, Dr. Ronald Silvestri. He has a wonderful demeanor and is very passionate about the care he provides to his patients and his knowledge of medicine surpasses that of any physician in his field.

Sincerely,

Tracy G.

Dear BID Hospital, 11/25/10  
My Mom was a patient at  
your Hospital for liver disease.  
No one thought she would come  
home. This year, I am thankful  
for all of you that helped her.  
Thank you for letting us have her home  
for the Holidays. She is doing so  
well now! When I miss the bus, she  
drives me! Thank you all so  
much again!

Sincerely,  
Amanda  
Cona, Age 9





#### LEADERSHIP SPOTLIGHT

## James Dougherty and Robert Lepofsky: BIDMC's Business Brain Trust

**When first meeting James Dougherty and Robert Lepofsky, you quickly learn why they are uniquely qualified to help steer a new project at BIDMC. Both put you at ease; Dougherty with his enthusiasm and self-deprecating humor and Lepofsky with his quieter, resolute style.**

Dig deeper and you find razor-sharp intellects, an astonishing range and depth of business experience, and an intense commitment to social responsibility—through the medical center in particular.

The two are the new co-chairs of the BIDMC Board's Research Oversight Committee (ROC), which has been charged with taking a fresh look at the entire research program to help chart its future course. "I think they brought me back because they felt that Jim's strategic experience and my knowledge of the hospital would be a good mix," says Lepofsky, who was approached by the Board just as he was returning to retirement after stepping out temporarily to reposition a company as interim CEO.

While Lepofsky, a trustee emeritus, has played many leadership roles at BIDMC over the past 25 years, including vice chair of the Board and chair of the CareGroup Board, Dougherty was a newcomer to the medical center. Returning to his native Boston after 21 years of business leadership in New York, he was looking to apply his skills to a hands-on position in health care.

With this blend of legacy and strategy, the two have plunged into their role. "The first thing we plan to do is find out where the 'here' is—or where things stand right now. Then we will listen to everyone and take the best ideas, vet them, and guide them," says Dougherty, who calls himself a "turnaround guy." Though he stresses the research program is not a turnaround situation, Dougherty believes that the ROC has an important opportunity to facilitate critical change. "Even a successful organization like BIDMC can always be better," he says.

As skilled change agents and facilitators with a combined 50-plus years of inventing and reinventing organizations, the two could not be better suited for this task, notes Vikas

Sukhatme, M.D., Ph.D., BIDMC's chief academic officer, who leads the medical center's research programs. "They can ask the hard questions, like: 'Should we have a research effort?', and if so, 'What are the priorities?', 'What is our commitment to basic science and how should we intensify its connection to clinical research?', and 'How do we want it to evolve over the long term?'"

Built on a philosophy of interdisciplinary collaboration, BIDMC's \$250 million research enterprise is ranked fourth nationally. It has 264 principal investigators, more than 850 projects, and 500 clinical trials in areas as diverse as vascular biology, metabolic disease and obesity, AIDS, and cancer. Its Technology Ventures Office, too, has earned a national reputation for speeding the transfer of discoveries from the bench to the bedside through collaborations with private industry.

Evolving and growing organically over time, BIDMC's research program has not had an overall assessment in recent years, according to Sukhatme. "So the Board, the president, and I decided it was time to step back and take a broader view and to tap this business brain trust to help us," he says.

The two chairs see three main goals emerging as they begin their work: first, develop a research strategy; second, explore the potential of the Technology Ventures Office; and, third, enhance communication to create a common understanding of BIDMC's research objectives. "This also means keeping our philanthropy arm in the loop so fundraising priorities are clear," says Lepofsky, who will head up the technology ventures discussions, while Dougherty will take the lead on the strategic initiatives.

In addition to hearing from scientists and chiefs, the pair intends to seek input from outside experts from pharmaceutical and other industries and benchmark against the best programs in the country. "In our world, we believe in action and moving forward. So we are asking people to make a real commitment to this process," says Dougherty. "I think it will be worth it." ●

**"Their vision is a global, strategic one—and that is what we want and need right now," says BIDMC Chief Academic Officer Vikas Sukhatme, M.D., Ph.D., of Dougherty and Lepofsky (above), co-chairs of the medical center's new Research Oversight Committee.**



# Prized Researcher

## BIDMC Neurologist Wins \$1M Award for ALS Work—Reportedly Largest of Its Kind

Progress in finding a treatment for amyotrophic lateral sclerosis (ALS), a rapidly progressive and invariably fatal neuromuscular disease, has long been hampered by the lack of an objective, reproducible, and sensitive way to evaluate the effectiveness of potential therapies against the disease's detrimental effect on muscles. Now Seward Rutkove, M.D., chief of the Division of Neuromuscular Disease at BIDMC, has won a \$1 million award from Prize4Life for the discovery and refinement of an innovative method that meets these long-elusive criteria.

With only one viable treatment in existence and no cure, most patients with ALS, commonly known as Lou Gehrig's disease, die within two to five years of diagnosis. To address this void, Prize4Life, a nonprofit dedicated to accelerating the discovery of a cure for ALS by offering incentives to drive innovation, issued a challenge to researchers in 2006—find a better method for assessing the rate of progression of ALS such that the cost of Phase II clinical trials for treatments could be cut in half.

Rutkove won the award—reportedly the largest ever for meeting a specific challenge in medical research—for his invention of a new method, called electrical impedance myography (EIM), to measure the health or sickness of a muscle and track its changes over time. The technique is

based on the observation that as a muscle becomes more diseased, electrical current moves through it differently—a difference that can be measured systematically.

“There are currently no precise measures of ALS disease progression that allow for short-term monitoring of the disease and the assessment of treatment efficacy,” says Melanie Leitner, Ph.D., chief scientific officer of Prize4Life. “Dr. Rutkove's careful and thorough body of work addresses this need, offering renewed hope for the development of new and varied treatment options for the many patients and their families suffering from ALS.”

The practice of measuring electrical impedance has a long history of providing valuable information across a variety of medical and non-medical applications. Rutkove first started research in this area more than a decade ago when he began seeking better, non-invasive and more quantitative ways for assessing nerve and muscle disease. Since that time, his research has included demonstrations of EIM's effectiveness as an ALS biomarker, animal studies to understand the mechanisms by which EIM works and prove its potential value in ALS, and the development of a patent-pending device specifically optimized for neuromuscular evaluation, which is now slated for human clinical trials this year.



▲ Seward Rutkove, M.D.

“As a practicing neurologist, I regularly witness the devastating effects of ALS,” says Rutkove. “I am honored to receive the Prize4Life award and will continue my research to expand the application of EIM to ALS and other neuromuscular diseases.”



**Web extra:** Watch a video of Rutkove demonstrating his prize-winning EIM method at [www.bidmc.org/prize4life](http://www.bidmc.org/prize4life).



## Marking the Remarkable with Annual Giving

*“I have yet to find one nurse who is not of wonderful character: empathetic and sympathetic. That's what makes the experience so great.”*

—Bill Quigley

A frequent flier at BIDMC's Pheresis Unit for almost five years, Bill Quigley is quite familiar with the medical center's nursing staff, who help him manage his hematomacrosis, or chronic excess iron in the blood. To him, they are “the most wonderful people in the world” and make him feel like he's the only patient on the unit.

“On more than one occasion, I've been to another medical provider where you're treated as the next person at the counter,” says Quigley. “Not here. If my experience is indicative of the rest of the hospital, it's truly a remarkable facility.”

Quigley has been so happy at this remarkable facility that he supports the BIDMC Annual Fund, which plays a vital role in sustaining the overall excellence of its clinical programs and services—including helping his nurses do their job so well.

To make a gift to the Annual Fund or for more information visit [www.gratefulnation.org/annualgiving](http://www.gratefulnation.org/annualgiving) or call (617) 667-7330.

# ASK THE EXPERT

with Alice Lee



ALICE LEE

is vice president of business transformation at Beth Israel Deaconess Medical Center.

**Q.** I've heard that BIDMC is applying concepts from the automotive industry to improve efficiency and safety in the health care workplace. These seem like very different environments. How exactly does this approach work?"

**A.** For the last six years, my focus has been on figuring out how we, as an organization, can become more nimble as solvers of problems by studying our work systems and processes, listening carefully to our patients and staff, and running many small experiments to get better and better to ensure that we have the safest and best outcomes. Our staff and physicians already use the scientific method in their research and care delivery processes so approaching improvement as a science has been a great way to engage our teams.

Invariably, people ask why we would look for ideas in how to solve problems reliably outside our own environment of health care. How can it make sense to use an approach popular in manufacturing, they wonder. Caring for patients is very different than making cars, I'm told. However, much of the work in health care, just like in other industries, is composed of many complex processes and hand-offs, and, ironically, is not designed with patients in mind at all (anyone who's had to wait in a doctor's office knows that!). So like other industries that make products that people

buy, we have to figure out how to coordinate and synchronize our processes so that patients get the care they need as soon as they need it—safely and efficiently each and every time. It's that simple. We're not looking to create a system where our patients are treated like products on an assembly line—absolutely not! What we're looking to do is put some sense of order around the processes that make up our work, which benefits both the patients and the staff/physicians.

When I started my research seven years ago to understand how other industries handle quality, safety, service, and flow issues, I found that all the organizations I visited that were able to deliver excellence reliably had something in common: Lean—an approach that started at the automotive company, Toyota, and has since spread to other manufacturing industries. What was really striking to me about these businesses is that I could go into a world that I was unfamiliar with and immediately understand their processes. They were visual, clear, intuitive, and the workers were clearly engaged in measuring

and improving their own work. I was excited and knew we had to understand what Lean is and how we can translate what I saw in these manufacturing plants into our medical center setting.

Since then we've been working to incorporate the Lean way of thinking into our workplace, particularly at the leadership level. We are as successful as we are because of the evolution of thinking by our leadership team in understanding that Lean is not a toolset only; it is a complete management system that ensures everyone every day can participate in making the place better. The basic premise underlying our Lean leadership training is to "go see"—get out of the conference room and see what's actually happening on the ground; "ask why"—really identify and study the makeup of a problem before jumping to conclusions or solutions; and "respect your people"—show respect for and empower the individuals who are doing the work.

I am very proud of the enormous strides we have made at implementing Lean in the health care setting at BIDMC. We are pioneers! There are many hospitals in the U.S. and

internationally who call me for help in getting started and learning from our Lean journey. We have active buy-in from our administration and leadership, including our own very knowledgeable Lean Advisory Board, and have successfully trained our senior management team—all with limited resources and only a full-time staff of seven, including me.

I believe now we are at a pivotal point in time. While other health care organizations are jumping on the Lean bandwagon, applying the approach in a very piecemeal or limited way to chase short-term dollars, we are really trying to create a cultural shift in performance improvement here. That will still take a lot of effort and more resources than we have now—something I admit that keeps me up at night. However, I am encouraged because we have many Lean leaders, including most recently Dan Jones, chair of the Lean Enterprise Academy in the U.K., telling us that we have the chance to be of global importance in this area, to do something no one has done before. Can you imagine? ●

## Two of a Kind

Pandolfi becomes second BIDMC scientist to win prominent cancer award



▲ Lewis Cantley, Ph.D., and Pier Paolo Pandolfi, M.D., Ph.D.

**P**ier Paolo Pandolfi, M.D., Ph.D., director of the Cancer Genetics Program and chief of the Division of Genetics at BIDMC, has received the 2011 Pezcoller Foundation-AACR International Award for Cancer Research, making BIDMC the only medical institution in the world with two Pezcoller recipients on its faculty. Lewis Cantley, Ph.D., won this prestigious international award in 2005.

"This is a tremendously exciting time—I would even say revolutionary—for cancer research, and I'm thrilled to be a part of it," says Pandolfi. "As we now clearly recognize, 'cancer' is not a single disease, but is made up of many, many different mutations. While this provides us with unprecedented opportunities for developing personalized treatments, our ultimate goal is to understand and cure cancer, and this award gives us further motivation to achieve this goal as we continue to fight relentlessly for the sake of our patients."

The Pezcoller Foundation-AACR International Award for Cancer Research was established in 1997 to honor a world-renowned scientist who has made a major scientific discovery in either basic or translational cancer research and whose ongoing work holds promise for progress in the field of cancer. Pandolfi was recognized for his outstanding work in the field of cancer genetics and for his groundbreaking development of cancer mouse models. ●



# Foundation Gift Allows BIDMC Center to Share the Wealth of Its Resources



▲ John V. Frangioni, M.D., Ph.D.

When it comes to finding cures for disease, John V. Frangioni, M.D., Ph.D., director of BIDMC's Center for Molecular Imaging, recognizes the value of a concept most people learn in kindergarten—sharing. Indeed, much of the center's work focuses on providing technological resources and generating scientific data that researchers from BIDMC

and around the world can use in the search for new compounds and methods to diagnose, treat, and hopefully someday cure a range of devastating diseases.

With a \$170,000 award to the center, the Tuberous Sclerosis Alliance recently acknowledged the advantages of using this kind of shared-resource

approach to improve the lives of patients suffering from the rare illness at the heart of its mission. Tuberous sclerosis complex (TSC) is a multi-system genetic disorder that causes tumors to grow in the brain and other vital organs such as the kidneys, heart, eyes, lungs, and skin. Although the tumors tend to be non-malignant, the disease is characterized by an array of destructive symptoms including seizures, developmental delay, behavioral problems, skin abnormalities, and lung and kidney disease.

Frangioni and his colleagues have developed a new method of growing TSC tumors in mice along with state-of-the-art single photon emission computed tomography (SPECT/CT) techniques to "see" the development of these tumors in real time. Now, as the National Drug Testing Resource of the Tuberous Sclerosis Alliance at BIDMC, they will open their doors to all investigators, both academic and industrial, who want to test the effectiveness of new drugs and drug combinations for TSC beginning early this spring.

"Thanks to the Alliance's support, we have been able to create the link this field has been missing," says Frangioni. "With our new animal model and imaging technology, clinically realistic drugs can finally be tested for this disease efficiently, quantitatively, and reliably. This resource will undoubtedly give researchers a much deeper understanding of the mechanisms of TSC and bring us one step closer to developing effective therapies."

The Tuberous Sclerosis Alliance is just one of the many organizations helping move pioneering research into the realm of patient care. To learn how your corporation or foundation can have a lasting impact on medicine by supporting our Center for Molecular Imaging or other innovative research initiatives, please contact Rhea Brubaker at (617) 667-4582/rzbrubak@bidmc.harvard.edu or visit [www.gratefulnation.org/corporatefoundationgiving](http://www.gratefulnation.org/corporatefoundationgiving). ●



## GRATEFUL NATION

2011 Boston Marathon Team



POWERED BY  
Beth Israel Deaconess  
Medical Center

**Gratitude Goes Miles  
(With a Little Help from Our Friends)**

Thanks to the generosity of **John Hancock Financial Services**, five members of Grateful Nation will put their feet to the street in the 115th Boston Marathon to raise funds for *Healthy Champions* at BIDMC's Bowdoin Street Health Center.

Go the extra mile and help our marathon team reach its goal of **\$31,000** in support of this special program for at-risk kids.

Visit [www.gratefulnation.org/bostonmarathon](http://www.gratefulnation.org/bostonmarathon) to donate and learn more.




# 1=2

## MATCHED DOUBLES

**With a matching gift through your workplace, you can make your gift twice as nice for the patients and staff at BIDMC.**

It takes very little time or effort to receive a match for a charitable donation to the medical center. Make a single call to your Human Resources Department, and we could be thanking you twofold.

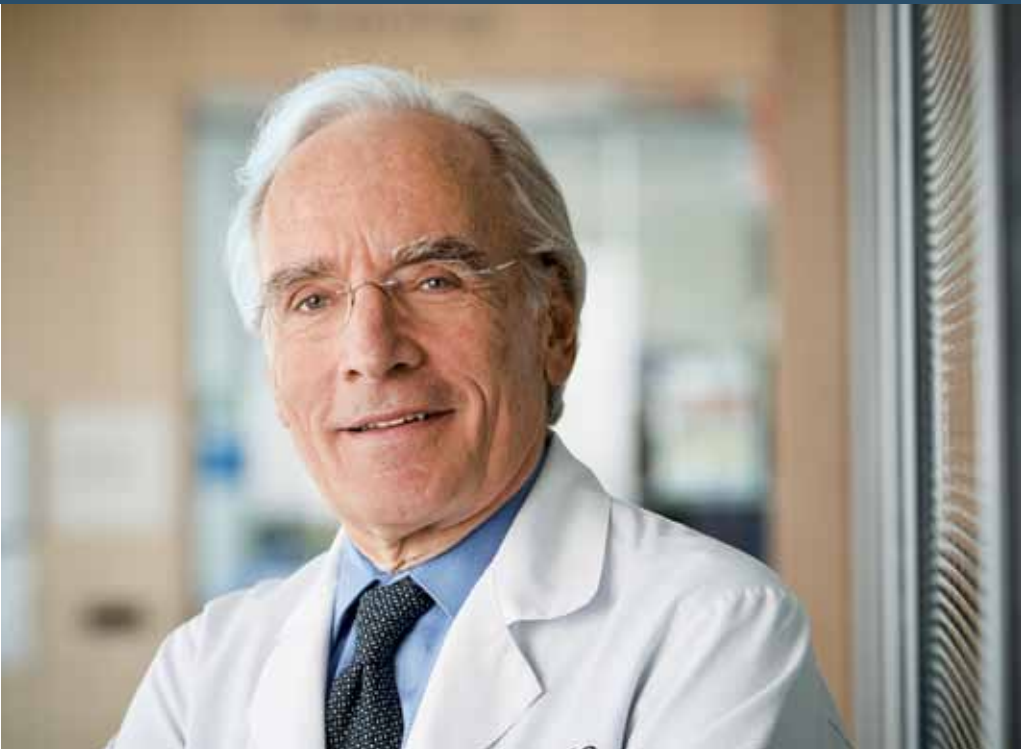
To make a gift to BIDMC or learn more about matching gifts, visit [www.gratefulnation.org/annualgiving](http://www.gratefulnation.org/annualgiving) or call (617) 667-7330.





# GRATEFUL NATION PUTS BIDMC DOCS IN THE SPOTLIGHT

In Grateful Nation's Physician Spotlight Series, the incredible doctors at BIDMC discuss their clinical and research efforts—which give so many patients and their families reasons to be grateful—and express their thanks for those who support their work.



DIRECTOR OF THE PARKINSON'S DISEASE AND  
MOVEMENT DISORDERS CENTER

**DANIEL TARSY, M.D.**

*"As a clinician working with a progressive disease like Parkinson's, I feel grateful to be at a place like BIDMC where patient care is a top priority and in an environment that is supportive of trying new and different treatment methods if it will potentially help our patients."*

For close to 40 years, Daniel Tarsy, M.D., has been diligently working to improve the lives of patients with Parkinson's disease, ultimately establishing BIDMC's Parkinson's Disease and Movement Disorders Center. Today the center is a National Parkinson Foundation Center of Excellence, a distinction that requires an innovative and multifaceted approach to the disease.

Most commonly recognized for its movement symptoms like tremors, muscle rigidity, and slowness, Parkinson disease's impact on the body can be much more widespread, ranging from sleep disorders to cognitive impairment to psychiatric issues. For Parkinson's patients suffering from both motor and non-motor symptoms, the center has started an interdisciplinary clinic where patients meet with specialists to address their individual concerns in an effort to develop a customized treatment plan. Confronting Parkinson's from all angles makes sense given its complexity, which is why Tarsy is also exploring the effectiveness of dance, yoga, choral singing, Tai Chi, and Wii Fit as methods of treatment to help with movement and balance issues, voice and speech impairment, and more.



To learn more about the work of Daniel Tarsy, M.D., or to support his research, please visit [www.gratefulnation.org/tarsy](http://www.gratefulnation.org/tarsy).



## LEAVING A LASTING LEGACY

*"BIDMC is an extraordinarily caring facility. I feel so fortunate for the varied roles it has played in my life and wanted to find a special way to give back. By establishing this fund, I am marrying my love of social work, Israel, and of course, the Medical Center while at the same time ensuring a legacy that will endure beyond my lifetime."* **ENID SHAPIRO**

Enid Shapiro's connection to BIDMC runs deep. As a patient and a former employee, she refers to it as "her hospital." Now, through a planned bequest, Shapiro has made sure she'll always be a part of the hospital she calls her own. Her gift will create the Enid Shapiro Endowed Fund for Social Work Exchange, enabling BIDMC social workers to travel to Haifa's Rambam Medical Center to learn from their Israeli counterparts and to provide a crucial link between the two renowned institutions.

Consider leaving your own legacy at BIDMC.

For more information, please contact Michelle Kovach at (617) 667-7354 or [mkovach@bidmc.harvard.edu](mailto:mkovach@bidmc.harvard.edu), or visit us online at [www.gratefulnation.org/plannedgiving](http://www.gratefulnation.org/plannedgiving).







# A QUIET REVOLUTION

▲ Daniel Tenen, M.D., Daniel Costa, M.D., Ph.D., and Susumu Kobayashi, M.D., Ph.D.

## Four Researchers Bring Lung Cancer Treatment Down to Their Level



▲ Mark Huberman, M.D.

“It was the first glimmer of hope we had since I was given a ‘death sentence’ by our local hospital,” recalls Steve Savarese of the first time he and his wife, Joanne, came to Beth Israel Deaconess Medical Center. While hope is not something often associated with a diagnosis of lung cancer, right from the outset the Savareses knew that they were going to get something from “their BIDMC team” they could get nowhere else. “Our overwhelming feeling was that these people were up on the very latest treatments, cared about us as a couple and Steve as an individual, and were going to fight alongside and for us,” says Joanne.

Over the next six months, Steve’s team waged an aggressive campaign against what even they felt was inoperable cancer and succeeded. Four and half years later he is cancer free. The treatment, consisting of chemotherapy and radiation to shrink the tumor, surgery to remove it, and more chemotherapy to prevent recurrence, is today’s standard for locally advanced lung cancer\*—and the result of countless studies over the last 25 years. “Steve has done very well with this treatment plan,” says his oncologist, Mark Huberman, M.D., adding that only a small percentage of patients with locally advanced lung cancer survive even with this regime. “That is why the research we are doing here at BIDMC and at other centers is so critical.”

Although the leading cause of cancer deaths in the United States, lung cancer has had limited research backing or funding compared to other diseases, mostly because of the stigma attached to smoking and because so few patients survive to be advocates. However, increasing awareness that lung cancer can

*\*stage 3 cancer that has spread to mid-chest lymph nodes but not other body parts*



strike anyone, anytime, even non- and never-smokers, combined with the first breakthroughs in the genetics of the disease have stirred a quiet revolution in the research community.

Today, BIDMC scientists are playing a major role in that revolution. “This is a very exciting time to be doing lung cancer research,” says Daniel Tenen, M.D., who along with Huberman, Daniel B. Costa, M.D., Ph.D., and Susumu Kobayashi, M.D., Ph.D., form the core of the thoracic oncology research effort at BIDMC and at the Dana-Farber/Harvard Cancer Center as well.

The turning point for progress in this area began in 2004 with the discovery that a genetic mutation on the epithelial growth factor receptor (EGFR) in lung cancer cells was responsible for signaling cancer cells to grow. Scientists also found that the drug gefitinib could block the signal and cause remission for a period of time. “This initial success targeting the genetics of the disease caused a great deal of optimism,” says Kobayashi, who believes that “we are now steps closer to curing some lung cancers.” Costa agrees: “We are swiftly moving in the direction of bringing lung cancer care right down to the molecular level and matching drugs to the exact genetic makeup of an individual tumor.”

Though they have different skills and strengths, the four scientists believe that they complement each other as they work towards the same goal. Tenen’s passion is studying the transcription factors or signals that turn on genes for normal and abnormal lung cell growth. This quest now takes him frequently to Asia, where he directs a cancer center at the National University of Singapore. “This center is an excellent place to study the EGFR-mutated form of lung cancer,” he says, “because young Asian, non-smoking women seem to develop this form of cancer more than any other group.”

On the other hand, Kobayashi has been driven to learn why the EGFR-mutated tumors become resistant to the drug gefitinib after a year. And he was the first to discover an important clue in 2005, which he published in the *New England Journal of Medicine*. The EGFR protein, he learned, circumvented the drug by forming yet another mutation to block it.

Huberman, a clinician who faces the human toll of cancer every day, is always engaged in clinical trials, including current studies to determine if certain drugs given after surgery prevent recurrence. One is evaluating erlotinib, which also inhibits EGFR-mutated cancer, and the second is evaluating bevacizumab (Avastin), which stops the abnormal growth of blood vessels that feed tumors.

*“Substantial support could really make a difference in our understanding of the biology of this disease and potential cures.”*

Costa splits his research between the clinic and the lab, and recently created a stir in both worlds with a study that showed that reducing the dose of erlotinib by two-thirds did not change its effectiveness. The study, published in 2010 in the *Journal of Thoracic Oncology*, is a good example of how BIDMC lung cancer scientists can take a problem observed in the clinic to the lab and back again to create better, less-toxic therapies.

CONTINUED ON P. 12

## Making Lung Cancer Change Its Tune



▲ Judy Roberts at the Playing for Change concert

After being diagnosed with lung cancer as a non-smoker in 2006 and successfully treated at BIDMC by Daniel Costa, M.D., Judy Roberts has made it one of her life’s ambitions to create greater awareness around what is considered the biggest cancer killer worldwide. “For lung cancer patients, like myself, Dr. Costa is one of our modern-day heroes, attempting to be on the frontlines in discovering causes and cures,” says Roberts. “I am extremely grateful for both Dr. Costa and BIDMC.”

In an effort to give back and in honor of lung cancer awareness month, Roberts put her background in music events to work and organized a benefit concert at Boston’s Symphony Hall this past November. Funds raised through ticket sales went to BIDMC in support of its lung cancer research efforts. “It’s not what we have, but what we give that defines us in life,” remarks Roberts.

The concert featured the group Playing for Change ([www.playingforchange.com](http://www.playingforchange.com)), based on Grammy Award-winner Mark Johnson’s music documentary where street musicians from around the world have united in a mission to inspire change around the globe. “The symmetry of this world music and its mission aligns with the towering research that lies ahead for Costa and others,” comments Roberts. “It all starts with change.”

For more on the event and to view additional photos, please visit [www.gratefulnation.org/playingforchange](http://www.gratefulnation.org/playingforchange).

## A QUIET REVOLUTION CONTINUED FROM P. 11

As their exploration intensifies so does the need for resources to keep it at the cutting edge, say the scientists, who admit they spend hundreds of hours looking for funding sources. “Substantial support could really make a difference in our understanding of the biology of this disease and potential cures,” says Tenen, whose 12,000-mile, biweekly trips to Singapore assist in providing additional resources for these studies.

In this vein, Huberman recently received a \$250,000 pledge from Jennifer Katz Silver and George and Lisa Katz, in memory of their mother, Nancy Katz, who died from lung cancer in 2008. Silver and the Katzes see the gift as a fitting tribute to Nancy, who was a dedicated Board member at BIDMC for many years and was treated by Huberman for the duration of her illness. The funding will support a junior faculty investigator on Huberman’s team.

Kobayashi was also the recipient of a \$100,000 award from Uniting Against Lung Cancer, the largest foundation supporting research and awareness for lung cancer in the United States. This funding is helping support his research to explore resistance of another “oncogene,” known as EML4-ALK, to drugs designed to block it. EML4-ALK is the fusion of two genes that also stimulates the growth of non-small cell lung cancer in non-smokers.

But donations don’t necessarily have to be large to have an impact on research. Many smaller gifts in memory of Costa’s patients, including those from Kevin Brumett and Joseph Dellagala, have helped fund his drug resistance investigations along with proceeds from a Playing for Change concert organized by his patient, Judy Roberts (see sidebar on page 11).

The nature of medical research, however, is that there are always new funding opportunities on the horizon. Still on Huberman’s wish list is a program to genetically test all lung tumors. “This data would be invaluable down the road as we continue to uncover more of the genetics of the disease, and it would increase our ability to participate in clinical trials,” he says, adding that this kind of testing is not consistently covered by insurance.

Says Steve Savarese, who never smoked cigarettes (although would in the past have an occasional cigar) and who was stunned by the onset of his illness, “We feel very grateful for the research that was done to guide our wonderful doctors. We would encourage anyone who can to help in the fight to cure this disease by supporting these latest research efforts. I think it is time.” ●



▲ Joan H. Cutler with her husband, Ted

## In Memoriam: Joan H. Cutler, 1930-2010

**T**he BIDMC community fondly remembers Joan H. Cutler, a philanthropist whose dedication to fundraising on behalf of a multitude of organizations in and around Boston has had a significant and lasting impact. Joan, who suffered a fatal heart attack on September 6, 2010 at the age of 80, worked tirelessly behind the scenes supporting biomedical research, the arts, and the disadvantaged based on the belief that everyone was entitled to a good life.

“Joan had an amazingly clear value system,” says Harold S. Solomon, M.D., a BIDMC trustee and her primary care physician at the medical center. “She was grateful for her wonderful life and determined to give back as much as she could, to as many worthy causes as possible. She was loved by everyone who knew her, and everyone wanted to be in her company. She continues to be sadly missed.”

Joan began fundraising more than 40 years ago after one of her sons was diagnosed with Crohn’s disease. At BIDMC, her efforts focused on the work of the Cancer Center after her daughter, Ellen Calmas, was successfully treated for breast cancer.

While she and her husband, Ted, made significant financial contributions to a variety of organizations and interests throughout the years, Joan’s willingness to approach family, friends, and even acquaintances about the causes important to her was how she made her greatest philanthropic mark.

“Joan’s energy, wisdom, thoughtfulness, and generosity were respected by all,” says Lois Silverman Yashar, friend and chair of the BIDMC Foundation Board. “Philanthropy was a large part of her life and, leading by example, she embodied the word from generation to generation. Her children—Robert, Joel, and Ellen—are a tribute to all that she was and the legacy she left.”

Joan is survived by her husband of 57 years, Ted; her son Robert Cutler and his wife, Pam; her son Joel Cutler and his wife, Randi; her daughter Ellen Calmas and her husband, Richard; and eight grandchildren. Ted Cutler is a BIDMC trustee emeritus; Joel Cutler is a member of the Board of Directors and the Foundation Board at BIDMC; and Ellen Calmas is a member of the BIDMC Board of Overseers. ●



# GRATEFUL NATION EVENTS

Since the launch of Grateful Nation, BIDMC's fundraising program centered around gratitude, we have brought more than 6,200 people together through various events, raising close to \$725,000. Sponsored by grateful patients and their friends and family members, all of our fundraisers support the great work of BIDMC.

To learn more about attending our upcoming events or even starting one of your own, visit [www.gratefulnation.org/events](http://www.gratefulnation.org/events), where you can also view more photos under "Past Events."



## A NIGHT OF MISCHIEF

OCTOBER 30, 2010

Halloween in Boston will never be the same thanks to BIDMC's Future Leaders Group, chaired by Amye Kurson. Close to 400 people attended A Night of Mischief at the W Boston. Treated to the music of three different DJs, guests partied the night away while enjoying devilishly festive cocktails and hors d'oeuvres. The event also featured 20 exciting raffle prizes, including tickets to see the Boston Bruins vs. the Philadelphia Flyers, certificates to Skin Deep Med Spa on Newbury Street, dinner at some of Boston's finest restaurants, and much more. Supported by William Grant & Sons, the event raised more than \$25,000 for Grateful Nation to advance the leading-edge medical care and research of BIDMC.

- 1 Paul and Ashley Bernon
- 2 Joshua Dunksy
- 3 Amye Kurson, Rebecca Galeota



## KICK-OFF EVENT FOR THE SHEAN MARLEY SCHOLARSHIP FUND FOR NURSING EXCELLENCE

NOVEMBER 19, 2010

For Shean Marley, a nurse in BIDMC's emergency department (ED), clinical excellence and education were inextricably linked. Throughout his life, he demonstrated an unwavering commitment to both. In honor of Marley and his legacy, his friends and colleagues have established the Shean Marley Scholarship Fund for Nursing Excellence. More than 200 people gathered for a kick-off fundraiser, organized by ED nurse Brenda McDonough, which raised about \$8,800. Held at Florian Hall in Dorchester, the event included a live band, raffles, and a silent auction. The group is planning another event for fall 2011.

- 4 Brenda McDonough, Susie Fontes
- 5 Courtney McDonough, Jess Newkirk, Michelle Marley
- 6 Jeff Potter, Bee O'Neill
- 7 Paul Swallow, Kathy McGinn



## CALLING ALL ANGELS

DECEMBER 4, 2010

Close to 200 family members and friends of Danyelle and Christopher DiGuardia attended the Calling all Angels benefit concert in memory of their daughter Emilia Marie. Held at T.T. the Bear's Place in Cambridge, the event featured headliners Bang Camaro and Sidewalk Driver along with Casey Desmond, Gem Club, Lovewhip, Spirit Kid, and Stereo Telescope. Through ticket, merchandise, and raffle sales and generous donations, the concert raised almost \$5,000 for Friends of Emilia, Inc., which supports BIDMC's Klarman Family NICU where their daughter received care during her short life.



- 8 Kate Murdoch, Kerri-Ann Richard
- 9 Robert DiGuardia, David DiGuardia
- 10 Sheleagh Somers-Alsop, Barbara Curran, Christopher and Danyelle DiGuardia, Jane Smallcomb
- 11 Danyelle DiGuardia, David and Allison Bell
- 12 Mary and Robert DiGuardia





## KIDNEY GENE

Pioneering genetic research sheds light on disparities in renal disease

**An expert in kidney disease, Martin Pollak, M.D., had seen the phenomenon himself: go into any dialysis unit in the Boston area and the patients receiving treatment to replace the function of their failing kidneys would be overwhelmingly African American. The statistics bear this anecdotal evidence out; of the half a million people in this country living with kidney failure, one in three are black, even though this group makes up only about 13 percent of the population.**

"The cost of taking care of end-stage kidney disease patients in the United States alone is about \$30 billion a year," says Pollak. "But it's not just the money that's important; it's that the money is an indicator of the burden that this disease has on society, and it's reaching almost epidemic proportions in African Americans."

The nagging question was "Why?" and, when he became chief of nephrology at BIDMC a little more than a year ago, Pollak became even more determined to find the answer. Having experience in the field, he continued to focus his efforts in genetics, teaming up with junior faculty member, David Friedman, M.D., whose laboratory was on a similar quest. "When a disease has a big difference between two populations that's

a potential hook—an angle you can take advantage of—in understanding its cause," says Pollak. "Then, by first identifying a gene and understanding what that gene does in context, you are getting right to the heart of the matter as opposed to starting somewhere in the middle of the disease process, where you don't know if what you're studying is really relevant or not."

Seeking relevance from the very beginning, Pollak's team used data from the 1000 Genomes Project, an initiative that is sequencing DNA from individuals worldwide, to search for gene mutations that are more common in Africans than in Europeans. They then analyzed these gene variants in African

Americans who had one of two common forms of kidney disease. What they found added another layer of complexity to theories that differences in health care access or economic factors might be primary contributors to the high risk of kidney disease in the African American community. Instead, their results indicated that certain differences on a single gene, called APOL1, have a distinct causal connection to the risk disparity between races.

Generally speaking, an individual inherits two copies of a gene, one from each parent. Pollak's team found that when people inherit two copies of the variant APOL1 gene, their risk of developing kidney disease skyrockets to almost ten times that of the general population. What's more, the high-risk forms of APOL1 are relatively common in African Americans, occurring in more than 30 percent of this ethnic group. The prevalence of these APOL1 variants has not only provided the researchers with a reason why kidney disease is higher in blacks but also suggested a reason why this disparity has developed over time. "When a harmful disease genotype is so common, it often indicates that, whatever the genetics behind it, there's probably

some upside," says Pollak, "because things that are just bad for you aren't going to persist in a population—that's not the way evolution works."

In an evolutionary twist, it turns out that the upside to APOL1 has to do with a disease not even found in the United States: African sleeping sickness. Working with scientists at the Université Libre de Bruxelles in Belgium, the BIDMC researchers discovered that the very same gene variants that are responsible for the higher incidence of kidney disease also confer a human immune response against the parasite responsible for sleeping sickness. Get two copies of the APOL1 variant, and you're at very high risk for kidney disease. Get only one copy, however, and you're protected against the most deadly forms of sleeping sickness. In short, the negative effect persists because the positive effect exists—something evolutionary biologists call "balancing selection."

This intertwining of diseases makes Pollak's research both more important on a broader scale and more complicated to untangle. It's not just the surprising beneficial connection with sleeping sickness,



# NEWS OF NOTE

Visit [www.gratefulnation.org/newsnote](http://www.gratefulnation.org/newsnote) for more.

## TECHNOLOGY FIRST

One of five hospitals to take part in a pilot program for the **Certification Commission for Health Information Technology, BIDMC** is the first hospital nationally to meet new federal electronic health record requirements with its own software, winning certification that its technology supports all quality, safety, and efficiency goals spelled out in the American Recovery and Reinvestment Act (ARRA).

## FELLOW FELLOWS

**Lewis C. Cantley, Ph.D.**, chief of BIDMC's Division of Signal Transduction, and **Cornelius P. Terhorst, Ph.D.**, chief of BIDMC's Division of Immunology, were recently awarded the distinction of AAAS Fellows by the **American Association for the Advancement of Science (AAAS)** for their distinguished contributions to advancing biomedical science. They join nine other BIDMC faculty who hold this honor.

## A QUALITY CONTRACT

**Beth Israel Deaconess Physician Organization (BIDPO)** and **Blue Cross Blue Shield of Massachusetts**, the state's largest private health insurer, have entered into a landmark multi-year contract aimed at achieving cost effective and patient-centered care. Under the Alternative Quality Contract, the 1,800-member physician group and Blue Cross Blue Shield of Massachusetts agree to a "modified global payment model" under which physicians will be paid for the quality rather than the quantity of the care they deliver to patients.

## THE SUGAR PILL GANG

Researchers at **BIDMC** and the **Osher Institute of Harvard Medical School**, led by **Ted J. Kaptchuk**, have made the surprising discovery that taking a placebo—an inactive medication or "sugar pill"—can be effective even if the patient is fully aware it is a placebo. The findings, which received extensive coverage in the media, could be important in developing a clinical strategy to use the placebo effect ethically, without having to lie to patients.



With ongoing support, nephrologist Martin Pollak, M.D., (opposite) hopes that his genetic research will ultimately put an end to dialysis for patients like Arlett Woodberry (above, right). For more information or to make a donation to help Pollak's efforts, please contact Rhea Brubaker at (617) 667-4582/rzbrubak@bidmc.harvard.edu.

which afflicts tens of thousands of people in Africa; kidney disease has been tied to a host of other serious, life-threatening conditions, all of which have a huge impact on public health worldwide. "The reason you don't want to have a little kidney disease is only in part because it leads to a lot of kidney disease," says Pollak. "It also leads to heart failure, heart attacks, vascular disease—all kinds of bad stuff." Indeed, most people with kidney disease don't die of the disease itself but because of these other disorders that go part and parcel with it.

Pollak points out that the interconnectivity of kidney disease echoes the nature of the kidney itself. "It's a beautiful and important organ system. It can't be dissected and removed from everything else," he says, noting that the kidney is involved in filtering the blood,

creating essential hormones, regulating blood pressure, and more. "That's why dialysis, even though it's a wonderful advance without which people would die, is still very suboptimal because it can't replace all the normal functions that a kidney does." But despite its value, Pollak sees the kidney as something of the Rodney Dangerfield of organs as it often gets no respect, seemingly lacking the "sex appeal" of the heart or the brain. He notes the unfortunate consequence of this fact is that kidney research is much more challenging to fund despite its critical implications not only for kidney disease but other diseases as well.

For this reason, Pollak hopes that preliminary breakthroughs like the ones from his lab and others bring broader awareness of kidney disease to both funders and the general public so they can continue

to build on their work. He knows that teasing out the mechanisms by which the APOL1 gene works—in the cell, in the kidney, in other organ systems, and in the body as a whole—in the short term may make it easier to tailor treatments for specific individuals with specific forms of kidney disease, who are now just lumped together in terms of therapeutic management. In the long term, it may put an end to this devastating illness that robs so many people of all descents of the quality of life they deserve. "For a long time people had noticed that kidney disease was much more common in African Americans but without a really good sense of why that was," says Pollak. "Now we know why at the most fundamental level. We have to take advantage of that knowledge and quickly turn it into better care for patients." ●

*Something of the Rodney Dangerfield of organs, the kidney often gets no respect, making research much more challenging to fund despite its critical implications not only for kidney disease but other diseases as well.*





▲ Kim Ariyabuddhiphongs, M.D.

## The Primary Alternative

### Major Gift from Chengs Establishes Center for Integrative Care

As savvy professionals, Jill and Hung Cheng know that sometimes the best choice is an alternative. So when it came to making a major gift to BIDMC, the Chengs decided to focus on an area of medicine with personal significance which would offer both patients and clinicians a wider array of clinical options.



▲ Jill and Hung Cheng

With a seven-figure gift, they have established the Cheng and Tsui Center for Integrative Care, which will transform BIDMC's primary care organization, Healthcare Associates (HCA), into an integrative practice that combines complementary and alternative medicine (CAM) with the best of conventional medicine.

"Having sought CAM treatments on our own," says Jill, "we realized that combining them with the quality primary care at BIDMC could be instrumental in improving patients' future care, especially preventive care." Adds Hung, "With this center our hope is to offer the best from the East and the West in health care for all patients, especially those who may not have had access to complementary treatments in the past."

BIDMC has named Kim Ariyabuddhiphongs, M.D., medical director of the Cheng and Tsui Center for Integrative Care. Ariyabuddhiphongs is a widely respected educator, clinician, and administrator within and outside the HCA practice. She is committed to pursuing additional training in the use of CAM therapies and leading educational efforts as part of her responsibility as medical director of the center.

"With nearly 40 percent of the population already seeking CAM treatments like acupuncture, meditation, massage, nutrition, and exercise coaching, combining these approaches so that we may offer patients the best overall health care plan is a natural next step," remarks Ariyabuddhiphongs. "I am excited to be part of bringing this center to life and look forward to seeing the benefits of bringing together the best medicine has to offer."



# Taking the Helm

## Buehrens Becomes BIDMC's Interim President and CEO at Critical Time in Health Care

**B**IDMC's Board of Directors has appointed Eric Buehrens, the medical center's chief operating officer, as interim president and chief executive officer. "Eric is well regarded as a man with a steady hand in managing the complexities of an academic medical center," says Stephen B. Kay, chair of the Board. "We have every confidence that he will be an accessible and highly focused leader."

Buehrens takes the reigns during a time of extensive change in the health care industry. Under his leadership, BIDMC has embarked on a six-to-eight-month strategic planning process designed to build upon the established strengths of the hospital over the next three to five years and continue as one of the top medical leaders worldwide.

Here, Buehrens gives his thoughts on his new role at BIDMC, the current health care landscape, and the ongoing strategic planning process:

### How does it feel to be appointed interim president of BIDMC?

It's a privilege to be asked to lead this hospital and to represent the medical and administrative staffs. As a part of the leadership team since 2007, I'm very proud of BIDMC for what it has accomplished even in that period of time, and I will do my utmost to make our community proud of me.

### What are some of the major changes in the health care landscape that will affect BIDMC over the next few years?

We're now four years or so into the health care reform process at the state level. The federal legislation has passed and will rollout incrementally from now until 2015. The underlying theory of the bill is not simply to squeeze a little more blood out of the stone but to incentivize provider organizations to offer care in a more efficient manner by changing the fundamental way in which we're paid for our services. We're at the front edge of that transition now, and I think that's going to continue to dominate the landscape.

Another factor to take into account is market regulatory changes aimed at reducing medical cost growth through downward pressure in reimbursement rates and alternatives to fee-for-service contracts. In the last 15 years, the health care medical cost trend in Massachusetts has escalated at three or four times the underlying rate of inflation, which is clearly unsustainable.

Also, we're already seeing lots of activity from community hospitals that are looking forward at the health care landscape much as we are, and they are very nervous. They're all seeking affiliations, joint ventures, or mergers with larger partners in the highly competitive market dominated by large academic medical centers.

### What will be BIDMC's strategy for addressing these changes?

We're going to have to figure out, at a very concrete level, what this hospital is going to do over the next three to five years to be successful and sustainable in this very complicated health care market. In this changing landscape there are questions we still need to answer. Who are we? What are we ultimately trying to do here? How will we do it? What resources and means will we employ in doing it?

There are a few things that we're pretty clear on. We're pretty clear that we're going to remain an academic medical center with strong commitments to our three missions in research, teaching, and clinical care. We're going to continue to improve the quality of care that is given, and we're very committed to working in partnership with our independent physician organization. We're also dedicated to becoming a more efficient, high-performing hospital. Increasing our focus on our Lean service improvement and efficiency efforts (see page 7) is going to be very important in the future.

As we move forward, a lot of emphasis is going to have to be placed on the strategic planning process in thinking about our care delivery network. We're going to want to look at our clinical programs, at our patient experience, technological capabilities, and more. We are going to want to get a fact-based understanding of

how we compare to our competitor institutions in Eastern Massachusetts with respect to clinical care, research, and teaching programs. We will do some financial modeling and look at the sensitivity of our finances under various scenarios of risk contracting. I think we are going to have to look at different opportunities, contractually and financially, to better align the physicians and the hospitals. We need to understand, as best we can, the implications of the rapidly changing regulatory environment. This is going to be quite challenging for us and for everyone else.

### Are you optimistic?

Without question. We have a strong management team and a talented and energetic group of chiefs. Hospital management and faculty leadership have a collaborative and respectful relationship. We have terrific physicians, nurses, caregivers, scientists, and educators of international reputation. We are successful as an institution, but our success has been built with hard work rather than money—so we have an efficiency advantage that will help us continue to be successful in the tough years of health care reform ahead. I am confident that we'll meet the challenges of the changing health care landscape and that we'll continue to treat every patient the way we would want the members of our own family to be treated. ●



*"We are successful as an institution, but our success has been built with hard work rather than money—so we have an efficiency advantage that will help us continue to be successful in the tough years of health care reform ahead."*  
—Eric Buehrens



# ON THE SCENE

## CANCER CENTER SYMPOSIUM RECEPTION

OCTOBER 7, 2010

To kick off the annual Cancer Center Symposium, BIDMC hosted a cocktail reception for more than 50 friends of the medical center at the Center for Life Science. Guests heard from world-renowned cancer researchers and clinicians including Lewis Cantley, Ph.D., director of the Cancer Center; Pier Paolo Pandolfi, M.D., Ph.D., director of the Cancer Genetics Program and associate director of the Cancer Center; and Martin Sanda, M.D., director of the Prostate Cancer Center.

- 1 Jeffrey Saffitz, M.D., Helaine Miller, Pat Black, Carol Mayer
- 2 Edward and Alice Grayson, Gary Schwandt
- 3 Pier Paolo Pandolfi, M.D., Ph.D., Lewis Cantley Ph.D., Fernando Manzanilla
- 4 Martin Sanda, M.D.



## MCMANMON RECEPTION FOR GOTTFRIED SCHLAUG, M.D., PH.D.

OCTOBER 21, 2010

Suzanne and Tom McManmon welcomed more than 40 family members and friends to their home for a reception in support of BIDMC neurologist Gottfried Schlaug, M.D., Ph.D., and his work in melodic intonation therapy. The evening included a provocative presentation from Schlaug, which incorporated Tom's remarkable story of stroke recovery and inspiring clips of other patients re-learning how to talk through singing and music.

- 5 Tom McManmon, Gottfried Schlaug, M.D., Ph.D.
- 6 Berneda and Louis Meeks, M.D., Tom and Suzanne McManmon
- 7 Suzanne McManmon, Gilda Slifka
- 8 Andrew Slifka
- 9 Rosalyn Slifka



## KICK-OFF RECEPTION FOR EVENING OF GRATITUDE

NOVEMBER 16, 2010

To launch the upcoming event, Evening of Gratitude, honorary event chairs Roberta and Irwin Chafetz hosted an intimate reception for close to 50 people in their home. On April 27, 2011, Evening of Gratitude will celebrate the professionals and volunteers of BIDMC's Cancer Center, specifically honoring the longstanding contributions of Lowell E. Schnipper, M.D., chief of hematology and oncology, and Hester Hill Schnipper, LICSW, chief of oncology social work, both of whom have been at BIDMC for more than three decades. The event will also celebrate the \$15 million grant from Stand Up To Cancer and raise funds for the Cancer Center.


- 10 Irwin and Roberta Chafetz
- 11 Susan Gotz, Ellen Calmas, Robin Shapiro
- 12 Robert and Carol Mayer, Stephen and Roberta Paris
- 13 Ted Cutler, Roberta and Irwin Chafetz





## BID-Needham Tops Campaign Goal by More than \$1M



To learn more or support BID–Needham, please contact David Hyman at (617) 667-4552/  
*dhyman@bidmc.harvard.edu*. 

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[www.bidmc.org](http://www.bidmc.org)



Bill Nawn (right) with his late mother, Marion (far left) and his sister, Heidi, at mile 16 of the 2010 Boston Marathon.

#### DOUBLE GIVE

On April 18, Bill Nawn is running the Boston Marathon not once, but twice—to support the BIDMC Cancer Center in his mother's honor. Embarking on what is known in the world of "ultra running" as a double marathon, Nawn starts from the finish line on Boylston Street before dawn and runs to Hopkinton where he joins the rest of the marathoners and journeys back to Boston. That's a grand total of 52.4 miles in one day! Nawn is running to honor his mother, Marion Kerr Nawn, who received treatment for leukemia at BIDMC and passed away this past August. To support Nawn's cause, visit [www.gratefulnation.org/milesofgratitude](http://www.gratefulnation.org/milesofgratitude).

giving  
matters

BETH ISRAEL DEACONESS MEDICAL CENTER

SPRING 2011

## UPCOMING EVENTS

**MONDAY**  
**APRIL 18, 2011**

Grateful Nation Team  
Runs the 115th Boston Marathon  
Start time: 9:00 a.m.  
Hopkinton to Boston

**MONDAY**  
**MAY 9, 2011**

OpenNotes<sup>SM</sup> Project Event with  
Tom Delbanco, M.D.  
5:00 p.m., Presentation, Sherman Auditorium  
at BIDMC  
6:00 p.m., Dinner Reception, Leventhal  
Conference Center at BIDMC, Boston

**THURSDAY**  
**JUNE 2, 2011**

BIDMC Board of Overseers' Critical Voices  
Event featuring Elliot Chaikof, M.D., Ph.D.  
(see cover story)  
TBA

**SATURDAY**  
**JUNE 4, 2011**

The Jane Battaglia Fight for Breast Cancer  
Foundation Second Annual Fundraising Event  
1:00 p.m.  
Home of the Tecce Family, Andover

For more details or to register for an event, please call (617) 667-7348  
or e-mail [events@bidmc.harvard.edu](mailto:events@bidmc.harvard.edu).

evening of  
gratitude

A celebration of care in the Cancer Center

**Wednesday,**  
**April 27, 2011**  
**InterContinental Boston**  
**6:00 p.m.**

Become a Sponsor  
Share your Story  
Recognize a Caregiver  
Purchase Tickets  
Make a Gift

For details on how you  
can get involved, visit  
[www.gratefulnation.org/  
eveningofgratitude](http://www.gratefulnation.org/eveningofgratitude) or  
call (617) 667-7331.

Beth Israel Deaconess Medical Center