

Finding Home: A Refugee's Story



“I said to my son, ‘Just be careful next time,’ but actually I was very scared.” After Mustafa’s son told Mustafa two men tried to lure him into their car during a routine trip to the store, the father of five quickly realized it was a kidnapping attempt and knew it was becoming more dangerous for his family to live in Iraq. Mustafa had been working with an organization advocating for humanitarian efforts and freedoms. As a result, he and his family encountered threats to their safety and well-being. “Some people didn’t like freedom,” he explains. “They don’t know how to love other people.”

Mustafa and his family made the difficult decision to leave their home in Iraq, and set their sights on the Boston area where his brother lived. “A big reason I came to the United States was to be sure my family would be safe,” says Mustafa. However, it was not without its struggles. “When you

move to a new place, you leave many things behind you, like your history, friends, family. Everything,” he adds. “I faced many challenges.”

There to help Mustafa and his family was the Immigrant and Refugee Health Program at Boston Medical Center, where Internist Sarah Kimball, M.D., is the medical director. “We see our program as a place where people can have both their health care needs met and a whole host of social needs, like immigration navigation and medical case management,” notes Kimball. “We put in place the pieces we know are particularly challenging for our immigrant and refugee patients so they can be as healthy as any of the rest of us in Boston.”

One of Kimball’s first steps in caring for Mustafa was to perform an examination to assess his overall health. It was then Kimball discovered Mustafa had high blood pressure and diabetes. “I was surprised and I was scared,” Mustafa recalls. While medication was needed to treat Mustafa’s conditions, Kimball knew it was not as simple as writing a prescription for someone who is still acculturating to life in a new country. A core component of the program is to factor how all aspects of a patient’s life could impact disease management. “It can be hard for patients to worry about the silent conditions when they’re worried about safety, their jobs, being able to understand people in their community,” she explains. “You can’t just look through a biomedical lens.”

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Chair of BMC’s Philanthropic Trust and BMC Trustee Randi Cutler, First Lady of Massachusetts Lauren Baker and Philanthropic Trust Member Mariann Youniss at the 2017 Food for Thought dinner.

Honoring First Lady Lauren Baker

This year’s Food for Thought, taking place on Monday, November 19, 2018, is guaranteed to be a special one as the night will be dedicated to First Lady of Massachusetts Lauren Baker. First Lady Baker has been an influential force for the Commonwealth because of her deep commitment to its children—her partnerships with Boston Medical Center and the innovative nonprofit, Wonderfund, have improved thousands of young lives. BMC is honored to have the opportunity to celebrate First Lady Baker and all her remarkable achievements.

Photo: Atlantic Photo Services, Inc.

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More Than 20 Years with Loomis Sayles

For approximately two decades, Loomis, Sayles & Company—a global investments corporation—has served as one of Boston Medical Center’s longest standing partners and has provided funding to the hospital in a variety of different ways. From program support in pediatrics to event sponsorship and in-kind donations during the holidays, there seems to be no limit to Loomis Sayles’ charity.



Most recently, Loomis Sayles generously gifted \$75,000 to BMC’s CATALYST Clinic—a pioneering program which works with adolescents and young adults struggling with substance use issues. The donation will allow the program to create educational materials for training and technical assistance efforts, disseminate the CATALYST care model to neighboring community health centers and deliver training and technical assistance to these partner sites.

“Loomis Sayles has supported Boston Medical Center for over 25 years,” says Meg Clough, director of community investments at Loomis, Sayles & Company. “We made that choice because it is the medical center which serves families in the city of Boston who need it most. We fell in love with BMC’s commitment to providing integrated, sustainable care with dignity. Each and every program, from the Grow Clinic to the Refugee Center to the adolescent addiction program, has been well-executed and become models for the rest of the country to follow. We are proud supporters of this amazing organization.”

To date, Loomis Sayles has given more than \$830,000 to BMC, and has changed the trajectory of many programs by providing critical support in areas of highest need.



From the President

Dear Friends,

What does it mean for Boston to be the healthiest urban population in the world and what will it take to achieve such a lofty goal? That’s what we’re tackling with our Boston Medical Center *Vision 2030*. In this issue of *Inspire* you’ll read more about what we’re doing to make our vision a reality.

Historically, hospitals have only focused on the medical care within their walls. But that’s not enough to address the upstream factors that can dramatically affect good health.

Boston Medical Center has long recognized that much of what impacts a patient’s overall health goes well beyond traditional medical care. By treating more than the acute health issue at hand we also address the underlying barriers to health, like housing and food insecurity. That approach has always been important, but it is an especially key strategy as we transition to an accountable care model.

Vision 2030 encompasses this longstanding belief—that by investing in the root causes of urban health issues, our patients benefit, and along with them, whole communities. This effort links us with partners across the city—community health workers, school advocates, social workers and more—joining together to improve the health of our neighborhoods.

In taking up this challenge, we’re excited and energized by the possibilities. Boston Medical Center has always been a pioneer, developing creative, unique ways to take care of a complicated patient population. *Vision 2030* is a natural next step for a hospital that’s always finding ways to evolve and innovate for the people we proudly serve.

Thank you for your strong and consistent support as we move ahead. I look forward to keeping you updated on *Vision 2030* over the next few years, and I hope this cause inspires you as much as it inspires me. BMC wouldn’t be the academic medical institution it is today if we didn’t take on goals that seem overly ambitious or unachievable—and then show they can be achieved. At BMC, we thrive on challenges and know our most life-changing work takes root in the most difficult of circumstances.

Sincerely,

A handwritten signature in black ink that reads 'Kate Walsh'.

Kate Walsh
President and CEO

New Program Helps Families in Recovery

New motherhood is an acutely stressful time for any woman. It is an especially precarious time for women recovering from substance use when the stress and demands of a newborn can overwhelm a woman's resources to cope. As a leader in the field of addiction services, Boston Medical Center is pioneering a program that will support women and their babies during this fragile new phase in life.

To treat mothers and their new babies together and support them in long-term recovery, BMC has opened the Supporting our Families through Addiction and Recovery (SO FAR) clinic. Building on BMC's groundbreaking prenatal treatment center, Project RESPECT, which cares for expectant women with substance use disorders, the new pediatric clinic focuses on a compassionate approach to care for both mother and child.

"Most of these mothers have significant trauma histories and because our culture criminalizes addiction, they feel like criminals when they are just very vulnerable people," explains Clinic Director and Chief of Ambulatory Pediatrics Eileen Costello, M.D. "Our goal is to support and encourage the mother because the prognosis of the baby is entirely dependent on the mother doing well."

The SO FAR clinic provides multiple interventions to help women maintain sobriety while adjusting to new motherhood. If the mother is less than age 26, she may receive her treatment for substance use within BMC's CATALYST Clinic—a program which helps teens and young adults struggling with addiction—at the same time as her baby's well visit. Women more than 26 years old are referred to the addiction services in adult medicine. At the SO FAR clinic, babies receive their primary care with attention to the particular issues that can affect infants once they are discharged from the hospital. The multidisciplinary SO



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EILEEN COSTELLO, M.D., CLINIC DIRECTOR AND CHIEF OF AMBULATORY PEDIATRICS

FAR team includes addiction specialists, mental health experts and infectious disease specialists (for Hepatitis C care for infants). In addition, the mother is paired with a patient navigator to help her work with community agencies to obtain housing and other special services such as parenting support. A peer counselor in recovery is a part of the team and meets moms during their visits.

This innovative model of care comes at a time when maternal use of opioids continues to grow at an alarming rate nationwide. Since opening its doors in July 2017, the clinic has seen an overwhelming response and is currently caring for 58 mother-baby pairs.

Costello notes that although new motherhood is a time rife with stressors, it can also be a turning point for positive

behavior change. "After birth, women are so in love with their new babies and in this euphoric state where they are motivated and want to make a change for the better."

Ultimately, SO FAR's goal is to help the smallest victims of the opioid epidemic overcome the odds. "If we can support the mother's health and sobriety then we have a chance to prevent the next generation from substance use," explains Costello.

The SO FAR clinic is part of the Grayken Center for Addiction. The Grayken Center for Addiction at Boston Medical Center is revolutionizing care for substance use disorders through innovation and advocacy, working to empower and improve the lives of people affected by the disease and create replicable care models for those at the front lines of the opioid crisis. ■



Cancer survivor Cecelia Morris and her daughter, Jacelia, at the 2017 Catwalk for BMC Cancer Care.

Save the Date for the 2018 Catwalk

This fall, on Thursday, October 11, Boston Medical Center will celebrate its seventh annual Catwalk for BMC Cancer Care. The signature event is an attendee favorite where BMC cancer survivors team up with local, well-known clothing designers to model fashionable ensembles on the lively catwalk.

This year, BMC is excited to partner with Lead Fashion Sponsor Rue La La—a members-only online boutique, headquartered in Boston, which provides users with exclusive offers and sales to fashion's most-desired brands. Rue La La will sponsor the evening's style lounge offering makeovers, giveaways and style on display.

"BMC's commitment to providing exemplary care for all is inspiring," says Rue La La CEO Mark McWeeny. "We couldn't be more proud, and excited, to partner in support of their mission."

For more information on or to buy tickets for this year's event, please visit www.BMCCatwalk.org.

Finding Home: A Refugee's Story

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While addressing Mustafa's chronic conditions from a medical standpoint was important, it was just one piece of his care. Kimball also looked at Mustafa's life from a broader perspective, like employment and housing, as they are all connected to one's health. "Often, we have to think outside of the box in terms of what else has to be in place in order to take care of something that could be fairly straightforward, like high blood pressure," she notes. "We often say immigration status is a social determinant of health and it's really predictive of what services patients can access, what their experience is...We can't just focus on medical issues. We have to focus on people's abilities to acculturate, like their comfort in their neighborhood and sense of safety."

"We see our program as a place where people can have both their health care needs met and a whole host of social needs, like immigration navigation and medical case management. We put in place the pieces we know are particularly challenging for our immigrant and refugee patients so they can be as healthy as any of the rest of us in Boston."

SARAH KIMBALL, M.D., MEDICAL DIRECTOR OF BMC'S IMMIGRANT AND REFUGEE HEALTH PROGRAM

The wraparound care approach came as a welcome surprise to Mustafa. "When you hear of BMC, you think of a center that takes care of medical things. But I found out they take care of everything around you," he says. To facilitate the family's adjustment to a new area, the program assisted them with learning English, applying for green cards, teaching them about services throughout the hospital and community, navigating the education system and even providing career advice to Mustafa's college-aged daughters. Their medical team also helped with the tough New England winters by providing Mustafa's children with warm winter coats—having arrived in January, the family was not yet prepared for the cold temperatures. One instance which struck Mustafa was when his son's pediatrician asked if he needed a bicycle, to ensure he was playing outside.

As Mustafa and his family continue to deepen their roots in the United States, it feels more like home each day and they are hopeful for what lies ahead—something Mustafa says would not have been possible without BMC. "BMC does not just take care of our health," he concludes. "They are taking care of my family's future." ■



Mayo Bowl Gets Sweeter

After raising \$2 million over the past seven years, event founder and BMC Trustee Jerod Mayo has graciously passed on the Mayo Bowl hosting responsibilities to current New England Patriots Running Back James "Sweet Feet" White. Last year, White co-hosted with Mayo, allowing White

to warm up for this next phase. This year marks a new era for the Mayo Bowl, which has been newly renamed Sweet Feet for Strikes in honor of its new host. The bowling event will take place on Monday, September 10.

Kidney Transplant Helps Family in Unexpected Ways

Ken Murray had been feeling tired and run down for months, but problems with his vision eventually drove him to the doctor. In April 2014, he noticed a rapid decline in vision and went to an ophthalmologist. During the exam, the doctor checked Murray's blood pressure, which was so high he immediately sent Murray to the emergency room at South Shore Hospital.



Kidney transplant survivor, Ken Murray, with his sisters Linda Noyce and Sharon Coon. Noyce ended up donating her kidney to Murray in May 2016.

“Being at BMC was a blessing for the whole family, from beginning to end. All our nurses, doctors and everyone else who took care of us were great. I would recommend BMC to anyone.”

KEN MURRAY

At South Shore, Murray was diagnosed with stage four kidney failure and told the damage to his kidney was irreversible. He would need a kidney transplant, and his doctor recommended Boston Medical Center as the place to have this operation.

“I thought I would be there overnight, but I was there for ten days,” says Murray. “Looking back, I had a steady decline, so it was hard to see how bad things had gotten at the time. But I trusted my doctor when he said that BMC was the best place for my operation.”

Luckily, Murray had several family members who were willing to donate a kidney if they were found to be a match, including his

sisters Linda Noyce and Sharon Coon. Approximately eight months after Murray was told he needed a transplant, his younger sister Noyce began the process of preparing to donate.

“Our mom and I went to donate blood and find out what blood type we are, but her blood pressure was too low that day and she couldn't donate,” says Noyce. “Our other sister, Sharon, was very busy with work, so she was going to get tested after us. But when they tested my blood, they found out I was a good match, so I went ahead with the donation process.”

After Noyce had gone through several months of the process necessary for her to donate, she began to feel anxious.

“I love my brother and of course I wanted to donate for him, but I began to get worried about carrying the burden of the procedure myself,” explains Noyce. “I was trying to act strong, but eventually I told Sharon what I was feeling and asked her to be tested.”

The family didn't know only one person could go through the donation process at a time, but Noyce's process had to be put on hold while Coon was tested. She ended up being the best match and the family decided Coon should donate instead.

Things continued to go smoothly until April 2016, when Coon was screened for cancer as part of the process. During the mammogram—an exam Coon had not had in two years—doctors discovered she had stage one breast cancer.

“Linda's apprehension saved Sharon's life,” says Murray. “Her cancer was stage one with clean margins, but if she didn't have to get a mammogram then, she probably wouldn't have noticed anything until it was a bigger problem.”

Coon was soon treated at BMC, receiving radiation and undergoing surgery to remove the cancer. After Coon's diagnosis, Noyce went ahead with the donation process and donated her kidney to Murray in May 2016. All surgeries went smoothly and everyone in the family now has a clean bill of health.

“Being at BMC was a blessing for the whole family, from beginning to end,” says Murray. “All our nurses, doctors and everyone else who took care of us were great. I would recommend BMC to anyone.”

“I didn't even want to leave!” states Noyce. “When they said I could go, I tried to stay another day. Everyone was so friendly, from the doctors to Food Service workers. It's really about the quality of the people working here. They treat you like a person, not just a number.”

“It makes you look at life different,” concludes Coon. “This is a good reminder to take better care of yourself. BMC gave us a second chance to do so.” ■



Legacy of Caring

The history of Boston Medical Center and its predecessor hospitals spans more than 150 years and includes affiliations with many prestigious academic institutions. One of the oldest of these institutions is Massachusetts Memorial Hospitals Nursing School which was established in 1885 and was one of the first of its kind in New England. Vose Hall, the nursing residence erected in 1897, still stands on BMC's campus and serves as a reminder of the generations of skilled nurses who trained at the hospital.

Although the nursing school closed in the 1960s, the Massachusetts Memorial Hospitals Nursing Alumnae Association (MMHNAA) has remained a faithful supporter of BMC. MMHNAA has funded nursing excellence within the hospital including commissioning premier educators to speak during BMC Nurses Week. The association also supported the building of the Solomont Center for Clinical Simulation and Nursing Education—a state-of-the-art learning center to improve the delivery of patient care.

After 54 years of improving professional nursing practice and advancing nursing education, MMHNAA dissolved in 2016. As a final act of generosity, the alumnae left a \$100,000 endowment to BMC to grant scholarships for nursing education. The association's gift sustains a future of nursing excellence and leaves a lasting legacy of MMHNAA's many contributions to the hospital.

Building the New BMC: The Home Stretch

Boston Medical Center continues to track toward completing the expansion and renovation of BMC's Emergency Department (ED) by 2019, and has reached a pivotal milestone in the *Building the New BMC* endeavor. A few months ago, the hospital celebrated the unveiling of the new, permanent ambulatory Emergency Department entrance on Shapiro Drive. But that's not all. Beyond those doors, patients also have access to the new, expanded Ed and Barbara Shapiro Pediatric Emergency Department as well as new adult and pediatric waiting rooms, patient registration and triage. In addition, a new connecting hallway from the ED to the Moakley and Menino buildings now makes both accessible from Albany Street.

This momentous step marks a turning point in the clinical campus redesign project. Increasing the size—and therefore capacity—of the ED is key to ensuring BMC patients continue to receive the best care possible. More so, it is at the foundation of the hospital's commitment to the city of Boston and the health and well-being of the 11,000 patients who visit the ED each month.

In addition to closing in on the finish line of the campus transformation, BMC is also successfully on course to exceeding its comprehensive campaign goal of \$400 million by September 2019, with \$275 million to support a variety of research efforts and essential programs addressing the unique needs of our patient population, and \$125 million in capital to physically transform the hospital environment to best serve Boston's long-term needs. To date, BMC is approximately 80 percent of the way there, having raised \$295 million, including \$117 million toward its capital goal.

These last few years have been an incredible journey for Boston Medical Center with remarkable progress. Each step to completion creates a markedly improved experience for BMC staff and their patients, and will galvanize BMC's work for years to come. ■



Sights Set on Campaign Finish Line

The *Building the New BMC* campaign would not be the historic endeavor it is without its legion of generous supporters, many of whom have been invested in Boston Medical Center's mission for several years. A great majority of the campaign's success is attributed to the 20 donors—35 percent of whom are trustees—who have committed gifts of \$1 million or more. Now, with less than 20 percent of the fundraising total remaining, BMC Trustee Karen Kames and her husband Chris Gaffney are making a second gift to help close the gap: a generous challenge grant for \$1 million where they will match dollar-for-dollar all new pledges of \$25,000 or more. "We've seen all the ways in which the campaign has come to fruition, like the new Women and Infants Center and the new Emergency Department," says Kames. "These are things that are so desperately needed so BMC can do an even better job. It's been such a long journey and we're so close to the finish that it was an easy decision." Since announcing the challenge, 14 gifts have been made in response.

The family's growing connection to BMC began when a physician presented an idea of establishing a clinic dedicated to caring for malnourished children. The idea evolved into the renowned Grow Clinic, which has cared for more than 1,650 children since 1984—something which continues to resonate with Kames. "It was such a great example of how BMC sees a need and figures out how to address it," she explains. "I see that over and over again. BMC is a place where the staff is constantly thinking on their feet, using creativity and innovation to best serve the population they work with. They're always coming from a place of, 'why not?' and translating pie in the sky ideas into workable solutions. It's a very unique quality."

For Kames, she has seen how innovation and compassion intersect



Lukas Gaffney, Karen Kames, Spencer Gaffney, Isabelle Gaffney, Olivia Gaffney and Chris Gaffney.

at BMC through a variety of lenses. In addition to being a part of BMC's leadership, she has worked alongside providers and staff as a volunteer with the SPARK Center, surgical intensive care unit and Autism Program. However, she is not the only person in her family to serve in this capacity. Her children preceded her as volunteers, spending their summers stocking shelves in the Food Pantry, providing wayfinding for Spanish-speaking patients and helping patients and their families in the Autism Program.

"What has always struck me about BMC is it's a calling for everyone who works there. They don't believe that because people's circumstances, culture or language are different that their quality of care should be different. Seeing it firsthand is really an extraordinary experience."

Witnessing the impact of their support has had a positive influence on the family. "The more I see, the more I feel this is such a good investment of our money and our energy as a family," Kames concludes. "And I love that my children have been involved. I feel it's made them better people." ■

Lunch with Kate—a Signature Event

Last month, Boston Medical Center hosted its fourth annual Lunch with Kate at the Wellesley Country Club—an opportunity to catch up with friends, learn more about the hospital and grab a bite with BMC President and CEO Kate Walsh.

The casual luncheon focused its program on adolescent addiction medicine, featuring special guests Michael Botticelli, executive director of the Grayken Center for Addiction at BMC, Sarah Bagley, M.D., founder and director of BMC's adolescent addiction program, CATALYST Clinic, and Jamie Chisum, principal of Wellesley High School. Walsh led the panel discussion while participants chatted about the groundbreaking work happening around the community and at BMC to tackle the growing opioid epidemic.

The free event, attended by 130 people from Wellesley and the surrounding suburbs, raised \$53,000 for BMC's addiction medicine programs, making it the most successful Lunch with Kate yet.



Event co-chair Mariann Youniss, Wellesley High School Principal Jamie Chisum, CATALYST Medical Director Sarah Bagley, M.D., event co-chair Pattie Bishop, BMC President and CEO Kate Walsh and Executive Director of the Grayken Center for Addiction at BMC Michael Botticelli.

Photo: Atlantic Photo Services, Inc.

Vision 2030: The Future of BMC and its City

Under the traditional medical model, the outcome is focused on making a patient healthy. But what does it mean to *keep* a patient healthy and how does one do so?

There has been a tangible shift in the health care industry in an effort to address this question and Boston Medical Center is in an ideal position to lead the way. No longer are providers centering their care on the diagnosing of disease, the bandaging of a cut or the treating of an illness. Hospitals are being held more accountable for maintaining health, all in an effort to decrease the rising costs of medical care.

In order to reach overall health, a provider must address any social barriers deterring a patient from this goal. Just because a mother accesses BMC's services to attend to her eight-year-old son's asthma, does not mean asthma is the only issue her son and family are facing. There is more to a clinical appointment than seeing and treating the presenting symptoms. A provider must put him or herself in the patient's shoes, to identify and care for the true causes of one's concern. Maybe there is mold in their apartment which triggers and exacerbates the boy's asthma. Maybe there is a language barrier and the family is having a hard time understanding how to alleviate his asthma symptoms. There are endless reasons as to why a patient is not achieving optimal health outside of the hospital. For years, BMC has developed a health care system to better comprehend and address the causes, with programs and services which complement standard health care.

This is Vision 2030: A long-term goal to make Boston the healthiest urban population in the world by using proven tactics



and advancing new partnerships and solutions to make it a reality. *Vision 2030* carries the notion that care goes beyond hospital walls and permeates essential services and programs throughout the community. To attain *Vision 2030*, BMC is directing much of its work on four main pillars of care: behavioral health care, addiction medicine, chronic disease care and programs confronting social determinants of health, such as housing insecurity and community violence. Integrating these services in all facets of health care will expand access and ultimately, benefit patients and their communities.

Moving forward, BMC will build on its alliances with reputable, influential organizations such as Boston Public Schools, Boston Housing Authority and Boston Police to both create new, integrated initiatives as well as roll out current, well-established programs. The commitment will transform how we view health in our city and serve as a model for other cities to follow. BMC, along with its collaborators, will become the resource to hundreds of thousands of people who rely on untraditional health care.

This is only the beginning for *Vision 2030*. Stay tuned as Boston Medical Center starts to take critical steps and discloses detailed, innovative plans to make Boston the healthiest urban population in the world.

Gala Launches Vision 2030



Photo: Atlantic Photo Services, Inc.

Governor of Massachusetts Charlie Baker with BMC Trustee Claire Perlman, CEO and Co-Founder of Ocean State Job Lot Marc Perlman and Chair of BMC's Philanthropic Trust and BMC Trustee Randi Cutler.

At this year's annual Gala, Boston Medical Center's biggest and most important fundraising event, more than 1,000 people filled the room at the Seaport World Trade Center, where BMC unveiled *Vision 2030*—the hospital's new priority to make Boston the healthiest urban population in the world by 2030.

The room was buzzing as Mistress of Ceremonies Reverend Liz Walker kicked off the evening with a powerful video, setting the stage for *Vision 2030*. Other special guests included Governor of Massachusetts Charlie Baker who addressed the crowd to celebrate BMC's achievements over the past year, and New England Patriots Defensive Back Devin McCourty and former Patriots Linebacker and BMC Trustee Jerod Mayo. McCourty and Mayo teamed up to promote the evening's wish list by using a slingshot to toss BMC branded T-shirts into the audience.

The event was co-chaired by Chair of BMC's Hospital Board of Trustees Martha Samuelson and her husband Paul, and former BMC Trustee Susan Donahue and her husband Digger. Approximately \$3.1 million was raised due in large part to the evening's many sponsors, including: Presenting Sponsors Anita and Josh Bekenstein, Susan and Digger Donahue, Martha and Paul Samuelson and Claire and Marc Perlman/Ocean State Job Lot.

FOUNDATION AND GRANT HIGHLIGHTS

MORE THAN \$1 MILLION GRANTED FOR CHILDREN AND FAMILIES

The Center for the Urban Child and Healthy Family at Boston Medical Center received a generous award of \$1,198,922 from the Pincus Family Foundation. This grant will provide four years of funding to create an Evaluation and Policy Core to support its mission to improve the well-being of children and families facing adversity. The Center will focus on trauma-informed care, bi-generational (parent-child) programming and care of children with chronic conditions. The Center's team—Megan Bair-Merritt, M.D., M.S.C.E., executive director, Charles Homer, M.D., M.P.H., senior evaluation and policy director, Bob Vinci, M.D., chairman of BMC's Department of Pediatrics, Ivys Fernandez-Pastrana, J.D., program manager of Family Navigation, Melissa Gillooly, administrative director and Carey Howard, M.P.H., program director—aims to work with stakeholders to develop and test innovative models of care for families facing adversity, strengthen partnerships with family-serving community organizations, and disseminate evidence-based care models to practitioners, policy makers and researchers across the country.

YAWKEY FOUNDATION FUNDS NEW PSYCHIATRY SPACE

Boston Medical Center recently received a major gift of \$500,000 from the Yawkey Foundation for the *Building the New BMC* campaign to support the design phase of the Psychiatry/Behavioral Health Ambulatory space. This gift is an instrumental step toward providing new expanded facilities, ultimately furthering the goals of the department—to improve access, patient engagement, clinical excellence and management of high risk patients—and providing innovative and patient-focused multidisciplinary care in the outpatient psychiatric setting. An optimized outpatient space will improve the patient care experience by providing team-based, collaborative care organized around patients' clinical needs, such as psychosis, addiction, anxiety and depression. In addition, this space will support special programming for high utilizers with behavioral health needs, which is an important focus of the accountable care model.

\$100,000 GRANTED TO HELP NEEDY CHILDREN

DCU for Kids has supported Boston Medical Center's Child Witness to Violence Project for a number of years, and has recently expanded its giving to include other BMC programs through a \$100,000 donation. The gift will support the Child Witness to Violence Project, Project RESPECT and Teens and Tots. Child Witness provides developmentally-appropriate, trauma-informed mental health services and advocacy for children who have been affected by violence and their families. Project RESPECT is a high-risk obstetrical and addiction recovery medical home which provides integrated obstetric and substance use disorder treatment for pregnant women and their newborns. Teens and Tots provides comprehensive, patient-centered prenatal education and obstetrical care to pregnant and parenting youth younger than 21 years old and their children. The goal of DCU for Kids, which is to improve the health and well-being of vulnerable children, is well-aligned with the mission of BMC.

GROUNDBREAKING AWARD FOR CATALYST

The Jack Satter Foundation recently awarded \$1,594,009 to the CATALYST Clinic, one of the flagship programs of the Grayken Center for Addiction at Boston Medical Center. CATALYST provides integrated primary care and addiction treatment for adolescents and young adults in a non-stigmatizing health care setting. CATALYST offers a range of services for young adults and their families, including: assessment and diagnosis of substance use disorders, counseling support, medication for addiction treatment, monitoring with urine drug testing, sexually transmitted infection screening and treatment, overdose education and naloxone access, access to primary care, patient navigation and peer recovery support. CATALYST is one of only a few programs in the nation targeting substance use disorders in adolescents and young adults with tailored developmentally-appropriate treatment and support services. Enduring support from the Jack Satter Foundation will allow CATALYST to further refine, improve and disseminate its innovative model. The Jack Satter Foundation, a generous supporter of BMC overall, has given more than \$2 million to the hospital since the Foundation launched.

LIBERTY MUTUAL CONTINUES TO SUPPORT BMC

Liberty Mutual Foundation awarded \$750,000 over three years to support Boston Medical Center's Kids Fund, Child Witness to Violence Project and the Boston Center for Refugee Health and Human Rights (BCRHHR). BMC's Kids Fund works in collaboration with pediatric faculty and staff to provide assistance to families with urgent needs, including food, clothing and medicine. The Fund also aids integrative therapies and support services for vulnerable kids. Child Witness is a nationally-recognized program that aims to ameliorate the side effects of community and domestic violence exposure on children, and build the capacity of the community to respond to the needs of exposed children. The BCRHHR provides comprehensive health care, legal aid, advocacy and social services for refugees and survivors of torture. Multi-year support from the Liberty Mutual Foundation will allow these vital BMC programs to continue offering services to patients free of charge.

A FIRST FROM THE GORDON AND BETTY MOORE FOUNDATION

The Gordon and Betty Moore Foundation awarded \$490,758 to support a study led by Child Psychiatrist Andrea Spencer, M.D., entitled, "Transforming Behavioral Health Care for Underserved, Minority Children through Family Engagement in Primary Care Pediatrics." A multidisciplinary team from the Departments of Psychiatry and Pediatrics will address the significant disparities in treatment and outcomes for minority children with behavioral health conditions such as attention deficit/hyperactivity disorder (ADHD). Specifically, this award will be used to establish an integrative model to better engage families in the management of their child's ADHD, regardless of socioeconomic status or race. This is the first award BMC has received from the Gordon and Betty Moore Foundation.

A Transformative Perspective in Action

Boston Medical Center's newly appointed Surgeon-in-Chief Jennifer Tseng, M.D., M.P.H., always knew improving public health would be a key focus of her medical profession. However, she never expected that a career in surgery would be her chosen vehicle. "I had this surprise love affair with surgery in large part because of a hospital a lot like [BMC]. I saw those surgeons were complete doctors. They were able to take care of problems from start to finish."

Tseng aims to improve population health by leveraging BMC's Department of Surgery as a vehicle in achieving better health outcomes and eradicating health disparities. Critical to making such advances is the patient-surgeon relationship. "It starts with respecting the person as a human being," she says. "Whoever walks through the door at BMC receives great care, no matter their differences. But their differences matter

when understanding what is important to them. It's at the heart of why we're here." In addition to providing care tailored to a patient's needs and circumstances, Tseng and members of her department use a team-based approach as best practice, with consistent communication between providers. "We're not 'ordering up' surgery. Surgery is part of the team," she adds.

Tseng also threads an ethos of compassionate, culturally sensitive and multidisciplinary care through her larger-scale initiatives. Doing so is key to moving BMC forward as a leader in caring for underserved populations and creating health equity. "It's important to create programs that take care of individual patients now, but it's also important to grow our trainees with programs and education so they are equipped to be the next generation," she concludes. "My hope is future surgeons see their skill



BMC's new Surgeon-in-Chief Jennifer Tseng, M.D., M.P.H.

and education as a tool to help individuals one at a time as well as on a population level. And I hope those tools will be employed for the good of all." True to their commitment to all, BMC Department of Surgery trainees and faculty have pioneered "Socially Responsible Surgery," a vibrant group that visualizes surgical care in the larger context of patient experience, community and public health.

Family-like Care for Joseph



Once a week, Joseph Amaral carves out time from being a high school principal to play basketball with his friends. However, one game was different from the rest—his heartbeat was irregular. After a number of tests, an abnormality was discovered on his pancreas. "At the time we did not know if it was cancerous," he recalls.

Joseph's physician did not hesitate to refer him to Jennifer Tseng,

M.D., M.P.H., BMC's surgeon-in-chief, explaining she was a stand-out surgeon, particularly for her close, personal care and team approach. During the consultation, Tseng walked Joseph through the 10-hour surgery to remove the cyst from the tip of his pancreas. From their first meeting, he knew he was in good hands, noting she had already collaborated with his doctors to create the best plan. "Dr. Tseng was very positive and upbeat," he says. "I felt she

treated me as a patient first, not the affliction." Tseng's approach is a reflection of how she values connecting with a patient to build trust and confidence. "When somebody has a potential cancer diagnosis, that person is so vulnerable," says Tseng. "It's important for us in health care to take the time and say, 'This is incredibly important and I'm going to give this my all.'"

Following the intensive surgery, Joseph spent eight days recovering at BMC. A team of doctors and nurses met with him every morning to create a recuperation plan for the day, building on the day before. Having the same team see him and break the process out into steps eased an otherwise overwhelming journey. "Our goal is to be an integral member of a patient's team," Tseng notes.

Tseng also made it a point to visit Joseph every day. "My patients are like my family," she remarks. She even delivered the news he was hoping for in person: the surgery was a success, and Joe's tumor was caught before it had the chance to turn into a cancer. Joe, his family and his students can expect a normal life, from an extraordinary man who faced a possible cancer diagnosis.

Preventing Gun Violence, One Pediatrics Patient at a Time

How do you keep children safe from guns? Answers to this question have been debated everywhere from suburban PTAs to cable news to Congress, and still approximately 1,300 children are killed by guns each year—10 percent of which are accidental shootings. A group of physicians and residents at Boston Medical Center say the answer to this is clear: the only true way to keep children safe from guns is to not have guns in the house with children.

“There is a lot of data that having a gun in the house is more dangerous than protective,” says Sean Palfrey, M.D., a BMC pediatrician. “But when there are guns in the house, we can teach people the safest ways to store them.”

To this end, the Department of Pediatrics has committed itself to asking patients and their families about guns in their homes and around their neighborhood and recently began offering free gun locks to all families. Unlike in other states, there are no restrictions on asking about guns in Massachusetts, so pediatricians take time during routine health maintenance visits to counsel patients and families on this issue.

The questions they ask are part of the American Academy of Pediatric recommendations for checkups. The guidelines are part of the *Asking Saves Kids* or *ASK* campaign—the only national safe gun storage program that has been independently evaluated by the nonpartisan Government Accountability Office and found to be effective. In addition, the questions have been included in the hospital’s electronic health records, underscoring the importance of gun safety to health.

“Physicians have a unique role in education,” says Sara Holmstrom, M.D., a pediatric resident. “This is especially true in primary care, which is largely preventive. Educating patients and their families on gun safety can help prevent gun violence, even one patient at a time.”

Questions are tailored to the child’s age group. For example, a provider might ask the parents of a toddler if there are guns in the house and if so, how they are stored. If the child is in elementary or middle school, a provider can also encourage parents to ask other parents about guns in the house and ask the patient what he or she has learned about guns and gun safety. While many parents assume their young children are unaware about guns in the house, Palfrey says research shows this is not true.

Providers try to talk to older children about guns both with their parents and alone, asking questions like whether they know where they could get a gun or if they ever store guns for their friends. Teenage girls, for example, might hold guns for their partners, while other teenagers might share a gun within their group of friends.

“Talking to children and parents about guns is like talking to them about drugs or sex or other ‘controversial’ issues,” says Holmstrom.

“You start by asking them about their friends and what they’ve seen in school or their neighborhood. We have to make them feel comfortable and build up trust first. Then we have to teach them how to be mature and safe.”

Palfrey says less than five percent of patients or families claim they have a gun in the home—and that he believes 80 to 90 percent of them. In order to reach all families with guns in the home or who may have friends or family with guns in their home, the Department of Pediatrics began offering free gun locks to all patients, regardless of their answer to this question. These locks prevent guns from being fired when the trigger is pulled. The department will be tracking not only how many locks they give away, but specifically how many are taken by people who say they do not own a gun.

“Physicians have a unique role in education. This is especially true in primary care, which is largely preventive. Educating patients and their families on gun safety can help prevent gun violence, even one patient at a time.”

SARA HOLMSTROM, M.D., PEDIATRIC RESIDENT AT BMC



“You have to start on a one-on-one level,” says Palfrey. “Then you have to extend out to families, the communities our patients are part of and academic groups.”

Extending outreach to other groups is the most crucial part of curbing gun violence, say Holmstrom and Palfrey. Families don’t usually operate in isolation, and therefore, you cannot make lasting change without partnering with other critical groups such as the Emergency Department, Social Work, community organizations and schools.

“Our goal is to empower patients and families,” concludes Palfrey. “We’re lucky in a way because both our providers and parents have children’s safety in mind.” ■



TEAM BMC CELEBRATES ITS SWEET SIXTEEN

For the sixteenth year in a row, Team BMC participated in the Boston Marathon, running 26.2 miles in honor of Boston Medical Center. Despite unprecedented weather conditions, including persistent rain and freezing temperatures, the team's unwavering dedication to BMC and its patients helped them cross the historic finish line on Boylston Street—in fact, all seventy-six runners completed the marathon. Their strength of spirit was apparent off the course as well, raising more than \$800,000 for the hospital and many of its specialties, including emergency medicine.

Team BMC would not be the effective fundraising program it is today without the longstanding partnership of its founding sponsor, John Hancock. Starting in 2002, John Hancock has provided marathon bibs to Boston Medical Center, helping the hospital establish Team BMC and solidify itself as one of the largest, most successful fundraising teams to take part in the world's oldest marathon. Team BMC has surpassed \$5 million raised through the Boston Marathon program thanks to the generosity of John Hancock.

Since John Hancock's initial support, Team BMC has grown to include nine other events, ranging from bike races to walkathons and even (for those more extreme athletes) triathlons. Team BMC's next events will be the Boston Athletic Association's 10K on Sunday, June 24, and the Columbia Threadneedle Investments Boston Triathlon on Sunday, July 22.

26.2 MILES

16 YEARS

MORE THAN \$5M

Race for a Reason

Did you know you can turn any athletic event into a show of support for Boston Medical Center? With Race for a Reason, you can make a difference in the lives of BMC's patients in your own special way. Whether you're running a 5K in your town or competing in an ironman in Hawaii, you can do so in the name of Team BMC, all the while helping members of our community who are most at-risk. To learn more about our Race for a Reason program, please visit TeamBMC.org.





The Hero of Preconception Care

Health care might have found its Wonder Woman. She can identify health risks in young African-American women and help them successfully resolve those risks. She is engaging, empathetic, culturally competent and extremely knowledgeable in preconception care. And soon, her advice will be available at any time to participants in a new study at Boston Medical Center meant to overcome factors that are detrimental to black women's health, like limited physician time and resources.

She can also be everywhere at once because Gabby, a significant health care disruptor, is not a real, physical person. The Gabby Preconception Care system, her formal name, is an embodied, online animated character, delivered via computer or tablet. She is programmed and designed to screen young black and African-American women for more than 100 general and reproductive health risks and to help them resolve those risks before pregnancy.

"Gabby is part of a new effort to focus on engaging young women before they become pregnant—a concept called preconception care," says Brian Jack, M.D., chief of Family Medicine at Boston Medical Center. "Essentially, healthy women are more likely to have healthy babies."

Despite decades of research, health disparities in birth outcomes persist for black and African-American women, who are more than two times as likely to deliver a low-birth weight infant as white women. Intervention studies in prenatal care have not been shown to lessen persistent disparities in birth outcomes, and it may be too little, too late in attempts to resolve concerning health disparities. In addition, there has been only modest progress in implementing what is known about preconception care into clinical practice,

and little research has been done to translate preconception care knowledge into health delivery systems.

Jack's team has spent the last six years developing, refining and studying Gabby to fill that delivery gap in preconception care. She represents a prototype for the future of health care delivery by aligning with current technology and supplementing the care provided by community-based health providers.

Gabby faces her next test in real-world clinical settings at six Healthy Start and six community health center sites. The new study, which is supported by a \$1.58 million grant from the Agency for Healthcare Research and Quality (AHRQ), will recruit 60 black or African-American women to interact with Gabby over six to nine months—at times decided by users.

Gabby has been successful in her mission to reduce pregnancy health risks before. In a randomized control trial, Gabby identified and successfully resolved health risks by more than 25 percent compared to a control group. Almost two-thirds of participants in the trial reported they used information from Gabby to improve their health, and another 22 percent planned to do so in the future.

"Gabby's ability to deliver content in a simple, conversational style is the closest person-to-person communication a device can provide. Her nonverbal conversational behaviors also enhance recall of critical information, as education is the key to the Gabby System and mitigating health risks," explains Jack.

The content of the Gabby System is tailored to women's desired outcome and is based on the Centers for Disease Control and Prevention's "Content of Preconception Care." For example, Gabby can tell



Gabby, a significant health care disruptor is not a real person. Instead, she is an online animated character as seen above.

the difference between women who are interested in pregnancy prevention versus women who want to become pregnant. Gabby delivers specific health behavior change dialogue using techniques like motivational interviewing and shared decision making.

Subjects in the study will be able to create a "My Health To-Do List" during and after their interactions with Gabby, which they can share with their medical providers. Post study, Jack plans to release an implementation toolkit to facilitate broader dissemination of Gabby.

"The Gabby System is designed to extend the patient-provider conversation beyond the office," concludes Jack. "Gabby won't replace the interaction between patients and providers, but instead serves as a catalyst for discussions between them. She's another resource that can be offered by providers to ultimately facilitate the invaluable, and often time-consuming work clinicians intend to accomplish with their patients, but do not always manage to do so." ■

New Project to Clear Pathways to Treatment

Statistics show recovery from opioid use disorder is a difficult journey. After completion of intensive detoxification, patients are at risk of relapse and overdose. In fact, 90 percent of patients relapse within a year of discharge.

While outpatient medically-assisted treatment can help reduce rates of relapse and opioid-related deaths, only a small percentage of patients engage in it. Obtaining long-term treatment can be further complicated when language and social factors are barriers. To help connect and further engage patients with life-saving addiction treatment and primary care services, the U.S. Department of Health and Human Services Office of Minority Health has awarded a \$1 million grant to a promising new study at Boston Medical Center.

Project RECOVER (Referral, Engagement, Case management and Overdose preVention Education in Recovery) will employ specially-trained peer recovery coaches—people with lived experience in addiction recovery—to support individuals with an opioid use disorder during the early months of recovery. It is a model seeking to help reduce obstacles to treatment, connect and engage patients with programs offering medication for addiction treatment, assist patients in accessing preventive and specialty care, prolong involvement in continuing care and ultimately, reduce opioid-related deaths.

“A peer coach’s first point of contact will be in a detoxification setting when a patient is receiving services. He or she will help identify a patient’s barriers to care: food, housing, transportation and other social determinants of health, and will seek to link them with health care and community services that can help,” explains the study’s Principal Investigator Ricardo Cruz, M.D., M.P.H., an attending physician in BMC’s General Internal Medicine department. “In addition, we will strive to pair minority patients with culturally and linguistically compatible coaches so they can better navigate care and prioritize what is most important in their life. The coaches will continue to provide support and assistance as patients engage in treatment over time.”

The study will follow how peer recovery coaches, overdose prevention education and the provision of kits with naloxone—a medication designed to rapidly reverse an opioid overdose—help 180 patients seeking opioid use disorder treatment. Two Boston-based opioid detoxification programs—Lahey Health Behavioral Services Boston Treatment Center and Dimock Community Health Center—have agreed to serve as partners on the project.

“What’s special about this project is the goal to help patients advocate for preventive care, testing for HIV, hepatitis B and C, evidence-based treatments and referrals to mental health services. Patients receiving substance use disorder treatment in clinics often receive isolated care that does not address the many chronic and acute medical factors that could be compounding their struggle with substance use disorder,” says Cruz.

As a whole, research on the effectiveness of peer recovery support remains in its infancy. Project RECOVER aims to gain further insight on the benefits of using a patient-centered approach to help patients engage in long-term, evidence-based treatment after completion of detoxification—a time when they are at increased risk of overdosing. Effective and replicable interventions of the study will be compiled in a Project RECOVER Toolkit with the goal to share results more broadly and help further combat the opioid crisis nationwide. ■

Expanding Addiction Treatment Access

One way Boston Medical Center leads the way in addiction medicine is through Project ECHO, a tele-communications tool used to bring the Office-Based Addiction Treatment (OBAT) program—a national model—to communities that do not have adequate access to addiction education. BMC is one of just five national Project ECHO hubs.

Thanks to CVS Health, BMC is expanding addiction education to even more communities through Project ECHO. The company recently provided a \$50,000 Health Community Grant to the Grayken Center for Addiction at Boston Medical Center, which then leveraged \$100,000 through a matching grant. Because of this critical funding, OBAT trainers will be able to add more sites to Project ECHO and reach potentially thousands of new patients with substance use disorders as a result.



“As a pharmacy innovation company, we are committed to helping people on their path to better health. We are proud to support organizations that increase access to quality health care because we know their efforts are critical to delivering better community health,” says Eileen Howard Boone, senior vice president of Corporate Social Responsibility and Philanthropy at CVS Health. “We are pleased to support the work that BMC does in the community and we look forward to working with them to fulfill their program’s mission.”

CVS Health is making an impact in more ways than one. This past September, the company helped Team BMC—the hospital’s premier athletic fundraising program—raise a record-breaking \$300,000 in the annual cycling event, Rodman Ride for Kids. In addition to raising funds for BMC pediatrics, the race also supported the hospital’s adolescent and young adult addiction medicine programs.



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Save the Date: Upcoming 2018 BMC Events

JUNE

B.A.A. 10K
 Sunday, June 24
 Back Bay Boston

JULY

**Kids Fund Golf
 Tournament**
 Monday, July 23
 Belmont Country Club



**Columbia Threadneedle
 Investments Boston
 Triathlon**
 Sunday, July 22
 South Boston

AUGUST

Falmouth Road Race
 Sunday, August 19
 Falmouth

SEPTEMBER

Sweet Feet for Strikes
 Monday, September 10
 Kings Dedham



Rodman Ride for Kids
 Saturday, September 22
 Foxboro



OCTOBER

B.A.A. Half Marathon
 Sunday, October 7
 Boston

**Catwalk for BMC
 Cancer Care**
 Thursday, October 11
 State Room

**Tackle Sickle Cell
 Casino Night**
 Monday, October 22
 Royale Boston



NOVEMBER

**Fall Fête: A Celebration
 of Courage**
 Thursday, November 1
 Cinquecento

**Spartan Race
 at Fenway Park**
 Saturday,
 November 10
 Fenway Park



Food for Thought
 Monday, November 19
 Mandarin Oriental Hotel

For more information regarding BMC events, please contact Events@bmc.org.

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