

Inspire

In the Blink of an Eye

The Gavaghan family knew very little information as they waited anxiously for their son and brother, Brendan, to come out of emergency neurosurgery at Boston Medical Center. All they knew for certain was his cell phone was in his hand as he fell backwards down the stairs, as indicated by a long mark along the wall. Everything else was unknown, including an answer to the most important question of all: was he going to make it?

It all started after the New England Patriots won the Super Bowl in 2017. Like any avid Patriots fan, Brendan joined thousands of others at the celebratory parade in Boston. After the fun ended, he headed home, entering his house through a back entrance like always. Within seconds, an everyday routine altered Brendan's life. As he walked up the stairs, Brendan tripped on the carpeting, causing him to fall backwards and land on a tile floor. The back of his head bore the brunt of the fall.

Running to see what caused such a loud noise, Brendan's father found his son unconscious and bleeding severely. He immediately called 911, and within moments first responders were rushing Brendan to BMC. Doctors assessed his condition and discovered his pupils were fixed and dilated—a sign of poor prognosis and that the team needed to act fast.



Brendan with sisters Maura and Erin at the 2018 BAA 5K, who ran in support of BMC.

A CT scan revealed Brendan suffered a subdural hematoma, a severe life-threatening injury in which blood amasses outside of the brain and increases the amount of pressure on the brain. His best chance of survival was surgery to remove the blood and a portion of his skull, which would give the brain unobstructed room to swell—key to preventing further damage. Within 30 minutes of arriving to the emergency department, Brendan was in the operating room.

While the surgery was underway, the family's private waiting room was transformed into a makeshift vigil where Brendan's parents and two sisters waited with a legion of friends and relatives. Hours later, there was a knock on the door. Neurosurgeon Keith Davies, M.B., B.Ch., entered

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BMC President and CEO Kate Walsh, Chair of BMC's Philanthropic Trust and BMC Trustee Randi Cutler, First Lady of Massachusetts Lauren Baker, Mistress of Ceremonies Heather Unruh and Director of BMC's Grow Clinic Deborah Frank, M.D.

Food for Thought

Every November on the Monday before Thanksgiving, Boston Medical Center celebrates Food for Thought—an annual dinner raising significant funds for the Grow Clinic and its pediatric partner programs. This year, the evening also honored First Lady of Massachusetts Lauren Baker for her work with the Wonderfund. Through the Wonderfund, First Lady Baker has made it her mission to support children involved with the Department of Children and Families (DCF).

Led by Mistress of Ceremonies Heather Unruh and attended by other notable guests including Governor of Massachusetts Charlie Baker, the event raised more than \$800,000 for BMC.

Photo: Atlantic Photo Services, Inc.

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From the President

Dear Friends,

In our last issue of *Inspire*, we introduced *Vision 2030*—Boston Medical Center’s long-term goal to make Boston the healthiest urban population in the world and ensure *every* resident has access to comprehensive health care.

Boston Medical Center has a long history of caring for Boston’s most challenged patients—neighbors, friends and loved ones who face unimaginable obstacles to leading healthy lives. The key to BMC’s approach is thinking broadly about health care, not just better health outcomes but creating the chance for our patients to thrive in every way outside the walls of the hospital. BMC’s Grow Clinic is a great example. For more than 30 years, the Grow Clinic has tackled malnutrition in young children, setting a solid foundation for their development and growth. In 2001, we opened the nation’s first hospital-based Food Pantry to treat the after-effects of poor nutrition and offer the nutritious foods many of our families cannot afford or otherwise don’t have access to. And most recently, we invested in better and more stable housing for residents of Boston’s neighborhoods—many of whom are our patients—because the best care in the world will never be enough without a place to call home.

These are just a few of the innovations developed by BMC clinicians. Their creativity is boundless, rising to the challenge of every unmet need, whether or not it falls within the traditional definition of health care. **But just as our dedication to Boston**

never ceases, neither does our work. Our patients have complex needs like substance use, chronic disease and mental health challenges—often all of these at once. It will take the creativity of everyone at BMC, working closely with community partners, to make sure their needs are met.

Vision 2030 is so much more than a catchphrase—it’s a rallying cry to lead the nation in addressing the social determinants that undermine good health and create new models for others to follow. In this issue of *Inspire*, we’ll show you some of the ways we’re working toward that goal, through new initiatives like the Center for the Urban Child and Healthy Family and a three-tiered nutrition intervention program.

As always, we are incredibly grateful for your continued generosity. Our bold ambitions and our drive to reach them is only possible because of you—our BMC family. As our *Vision* becomes a reality, I look forward to sharing updates on our progress. Thank you for writing this new chapter with us.

Sincerely,

Kate Walsh
President and CEO

2019
gala

Mark your calendars for the Boston Medical Center Gala, taking place on Saturday, May 4, 2019, at the Seaport World Trade Center. The signature event will be co-chaired by Vertex Pharmaceuticals Chairman, President and CEO Jeffrey Leiden, M.D., Ph.D., and MassMutual Chairman, President and CEO Roger Crandall. For more information, please visit www.BMC.org/Gala.

celebration

Building the New BMC: That's a Wrap

After four years of hard work, *Building the New BMC* is nearing. As of mid-November, Boston Medical Center officially completed the lion's share of the campus redesign project. Most recently, the hospital finished a critical stage, a month-long process to complete its move from the East Newton Pavilion, which was recently purchased by the Commonwealth of Massachusetts. The state-operated Lemuel Shattuck Hospital will relocate a portion of its services from Jamaica Plain to the building in 2021.

Boston Medical Center's move from East Newton Pavilion will help BMC deliver on its promise of becoming a more modern and consolidated campus, enhancing experiences for both patients and staff and providing more opportunities for teamwork. It will also make BMC more efficient and support its objective to be carbon neutral and the "greenest hospital" in Boston.

Although every stage of the campus consolidation's immediate plans has been completed, BMC recognizes there are still areas needing to be addressed and is continuing to work towards developing new outpatient spaces for pediatrics and behavioral health.

A Look Ahead

The conclusion of the campus redesign is a major milestone for Boston Medical Center, allowing the hospital to shift focus to *Vision 2030*—BMC's long-term strategy to make Boston the healthiest urban population in the world by 2030. With the campus in optimal shape to foster collaboration across departments and within the community, BMC is well-positioned and ready to roll out innovative plans to achieve this lofty goal.

Boston Medical Center recognizes it cannot achieve *Vision 2030* on its own and is building relationships with external partners to develop, deploy, iterate and evaluate strategies to promote health equity in Boston. This is an exciting new chapter for Boston Medical Center—one that will position it as a leader in public health for years to come.

Vision 2030 Priorities and Aspirations

COMPLEX CHRONIC DISEASE To define a new model of care for complex disease management that improves health outcomes and reduces avoidable health care utilization

SUBSTANCE USE DISORDERS To reverse the trend in overdose deaths and improve access to evidence-based substance use disorder treatment and harm and risk reduction services

MENTAL HEALTH DISORDERS To integrate mental health services into primary care and expand access to mental health services throughout the community

HOUSING INSECURITY AND HOMELESSNESS To improve access to safe and affordable housing options and establish supportive housing interventions for individuals with complex medical and social needs

OTHER KEY SOCIAL DETERMINANTS OF HEALTH To sustainably target key social determinants of health negatively impacting health outcomes in conjunction with community partners



Photo: Maura Wayman Photography

Fall Fête's program speakers with BMC President and CEO Kate Walsh.

Fall Fête: A Celebration of Courage

The fifth annual Fall Fête: A Celebration of Courage raised \$160,000 for refugees, immigrants and asylum seekers receiving care at BMC. The vibrant evening, led by Reverend Liz Walker (pictured second from right), featured poignant words from Lin Piwowarczyk, M.D., Center for Refugee Health and Human Rights director (pictured far right) and Sarah Kimball, M.D., Immigrant and Refugee Health Program director (pictured far left). In addition, a refugee client speaker (pictured center) shared a moving account of how BMC helped him overcome unimaginable challenges.

The night ended with a special announcement: BMC is expanding its services to include an Immigrant Health Center.

When Food Becomes Medicine

A diabetic, elderly, housebound man has irregular blood sugar from running low on food at the end of the month. A family living in an apartment miles away from a grocery store is forced to shop for food at a local bodega with no healthy food options. A single parent must make the difficult decision to pay for utilities instead of groceries.

Members of the Boston community who face insurmountable medical and social challenges could benefit from nutritious food, but they cannot access it.

A desire to increase available healthy food options is the driving force behind one of the newest programs from Boston Medical Center Health System: a three-tiered nutrition intervention program. “We have recognized food as medicine for decades,” explains BMC Pediatrician and Associate Director of the Grow Clinic Megan Sandel, M.D., M.P.H. “Now, we are making food and nutrition an integrated part of our care delivery system.” Sandel credits the program’s philanthropic roots in effecting change of such magnitude. “Philanthropy really seeded this project and now it’s growing into a national model,” she notes. “It’s a great testament to how Development and our operational system are working hand in glove, influencing how we care for patients and the community.”

The program emerged not long after the system, which includes BMC, physician practices and the BMC HealthNet Plan, shifted to the Boston Accountable Care Organization (BACO) in March 2018. BACO is designed to help patients manage their illnesses and reduce health care costs by preventing unnecessary or duplicate tests, and reducing preventable admissions to the hospital and emergency room visits. It aims to do so by addressing the root causes of poor health outcomes and high health care utilization with food insecurity being one of the most pressing.

Patients with food insecurity are identified through a new social determinants of health screening and referral tool known

as THRIVE. “People don’t walk into a hospital saying they’re food insecure,” Sandel says of the importance of active screening. The questionnaire is designed to identify eight potentially unmet social needs, including food insecurity, directly associated with health outcomes and health care use. Patients with identified social needs are connected to additional support.

Based on their risk and medical complexity, patients with food insecurity may be referred to one of three interventions: a medically-tailored meal (MTM) intervention (Tier Three) for those most complex patients; a mobile grocery store intervention (Tier Two) for those living in food deserts; and a limited disbursement

food pantry intervention (Tier One) for those who identify food insecurity but have relatively low medical and social risk. Together, these tiers will ensure BMC is able to deliver the *right* level of food access and nutritional intervention to the *right* patient at the *right* time.

Patients who are high health care utilizers and suffer from nutrition-related conditions such as congestive heart failure, end stage renal disease, diabetes mellitus, HIV, cancer and chronic obstructive pulmonary disease will be placed in Tier Three. At this level, meals tailored to their dietary and nutritional needs will be delivered to their homes, in an effort to easily facilitate dietary behavior changes and promote

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MEGAN SANDEL, M.D., M.P.H., BMC PEDIATRICIAN AND ASSOCIATE DIRECTOR OF THE GROW CLINIC

BMC’S TIERED APPROACH TO PROMOTING FOOD SECURITY AND OPTIMAL HEALTH

tier 3



Offering medically-tailored meal delivery for high-risk, medically complex patients with nutrition-related disease profiles

tier 2



Opening access to healthy food options for medium-risk, food insecure patients living in food deserts with a mobile grocery store intervention

tier 1



Providing access to healthy foods for all low-income patients through limited disbursement food pantries

The Future of Health Care is Calling

optimal health. For these patients, food insecurity poses the greatest risk to having unnecessary hospitalizations and emergency department visits, requiring the highest level of intervention.

Tier Two is intended for patients who have very limited access to healthy and affordable foods and are at risk for their chronic diseases to become worse as a result. These are patients who live in food deserts—areas where wholesome food and fresh fruits and vegetables are scarce at best. Other patients suited for Tier Two are those who have limited transportation options and financial resources. In Tier Two, healthy foods are brought to these areas, by way of mobile grocery stores: vehicles stocked with nutritious foods, fruits and vegetables for patients and other community members to purchase at a reduced cost. An on-site nutritionist provides consultation and direction for shoppers, reinforcing clients are making the best choices for their health and budget.

Unlike other food pantries where qualified individuals are provided with a limited amount of food, Tier One sets out to open access to even more healthy foods, for more people. The limited disbursement food pantry intervention builds on BMC's experience with its own food pantry, in order to meet the challenge of serving a larger patient population under BACO.

This tier best meets the needs of low-income patients who would benefit from an increased amount of healthy food.

BMC is working with community partners to develop the program, threading together existing programs and services and building greater collaboration among them. "Through these networks we're creating a delivery system for health, not just handing off a phone number," Sandel explains.

Doing so will help cement the program's sustainability and longevity, advancing BMC's mission to create health equity over the long-term. "It's our focus on the long-term that sets this program apart," concludes Sandel. "We are making food as medicine a routine part of care." ■



Imagine your doctor is available at your fingertips. He or she can meet you at your school, your home or even your college dorm to discuss your health, provide advice and advocate on your behalf. For epilepsy patients in Boston Medical Center's Pediatric Neurology Department that dream is a reality.

Over the past two years, pediatric neurologists at BMC have partnered with a collaborative technology company called ACT.md to

build an innovative platform which brings specialty care where their patients need it most. Telehealth Epilepsy Care Collaborative (TECC) uses web conferencing technology to facilitate crucial conversations between multiple caregivers to diagnose disorders, create seizure action plans and enhance patient care. Through TECC, BMC specialists are able to assist pediatricians at clinical sites across New England to identify patients with seizure disorders and put early treatment plans in place. The platform also enables specialists to provide real-time follow-up appointments that alleviate the time and stress of coming to the hospital.

"Epilepsy patients can have complex medical needs and may have other accompanying conditions such as autism or other global delays, and while this technology doesn't replace in-person appointments, it helps reduce hospital visits, lowers medical costs and allows for productive conversations with our families in a less stressful environment," explains Laurie Douglass, M.D., co-chief of pediatric neurology and director of pediatric epilepsy at BMC.

The technology is easy to use and can be accessed anywhere including remote community emergency departments, school nurses' offices or even college dorm rooms. Douglass underlines how the technology can provide invaluable insight into a patient's treatment plan.

"One of my patients was experiencing seizures during his afternoon nap but was fine at night. Through the platform, I was able to do a home visit and learned that he was sleeping on a couch during the day and in an electric bed with the head elevated at night. As a result, I concluded that the couch was exacerbating his sleep apnea and causing his seizures," she explains.

Beyond providing real-time specialty care, TECC is building a support network for young people with epilepsy. The platform provides a HIPAA-approved health portal where patients can access their health information as well as allow important caregivers access. The portal also provides education, webinars and resources to help young people better manage their disorder independently and feel less alone.

TECC is made possible through a three-year, \$1.2 million grant from the Health Resources and Services Administration. The program aims to reach a minimum of 1,000 children and youth up to age 24 with epilepsy. Through its advanced telemedicine applications, TECC promises children growing up with epilepsy more freedom to manage their condition on their own terms. It seems like the future of epilepsy care is here.

In the Blink of an Eye

Continued from page 1

with a promising update. “He said, ‘I’m optimistically hopeful,’” recalls Brendan’s mother, Susan. “It was night and day from what we were told earlier. And we really held onto that good news.”

Before it could be determined whether Brendan would have any long-term deficits, his brain needed time to rest and heal. He was transferred to BMC’s surgical intensive care unit (SICU) where he was under constant, close monitoring. While it was difficult seeing Brendan in critical condition—he was in a coma with a ventilator helping him breathe—the entire nursing team put the family at ease, which was especially meaningful to Susan, a fellow nurse. “The nurses were incredible,” she remembers, noting how they made the family as much of a priority as Brendan.

“We work very well together, we work very hard and we have a lot of experience handling difficult situations,” explains BMC nurse Beth Stevenson, R.N. “Our experiences, both personal and professional, make it easy to put ourselves in their shoes. This is why we embraced the Gavaghans as much as they did us.” A testament to their outstanding care

“I am so lucky to be where I am today, and I know it’s because of BMC. They saved my life, and I am so thankful to everyone who cared for me. But what means the most is what [BMC] did for my family. It’s powerful knowing people were watching out for me like that.” BRENDAN GAVAGHAN

was how the family felt comfortable leaving Brendan’s bedside to go home every night and recharge. “Doing that speaks volumes to our confidence in the providers,” says Susan. “As hard as it was to go home, we knew we were leaving him in capable hands.”

Over the next few days, Brendan showed signs of improvement. He was weaned off the ventilator and was responding to verbal cues. “At first we weren’t sure how far he was going to come back from this,” recalls Stevenson. “But little by little he took us by surprise. I could tell he was going to pull through.” After about two weeks, Brendan was discharged to a rehabilitation hospital. “He came to us comatose and unable to breathe on his own, and left us saying ‘please’ and ‘thank you,’” adds Stevenson. But it would not be the last Brendan would see of BMC. A few months later, he was back to see Davies for surgery to replace the

portion of his removed skull. Davies used a custom-made implant designed from a CT scan of his skull and created by a 3D printer. The surgery was a turning point in his recovery, setting him on a path to a fully restored life.

As Brendan and his family resumed their normal lives, they wanted to show BMC their appreciation for having the opportunity to do so. Susan joined BMC’s Patient Family Advisory Council to help further the hospital’s mission and his sisters ran the 2018 BAA 5K with Team BMC—the hospital’s athletic fundraising team.

“I am so lucky to be where I am today, and I know it’s because of BMC. They saved my life, and I am so thankful to everyone who cared for me,” concludes Brendan. “But what means the most is what [BMC] did for my family. It’s powerful knowing people were watching out for me like that.” ■



Photo: Atlantic Photo Services, Inc.

Cancer survivor Erik Pina and his granddaughter Jada.

Catwalk Brings Fashion and Record-Breaking Support

The seventh annual Catwalk for Boston Medical Center Cancer Care, raised more than \$450,000 for BMC cancer patients and their families.

The event was an amazing evening celebrating cancer survivorship. Fifteen patient models and four staff models graced the runway showcasing beautiful ensembles by eight local designers and stylists as the lively crowd cheered them on. Longtime BMC supporter Chantel Mayo returned for the second year in a row with her fashion line The Brand Finale, dressing the children of cancer survivors and staff.

The event would not have been possible without the generous support of the evening’s top sponsors Donna and Rob Manning, Rosemary and Jim Phalen, Liberty Mutual Insurance, The Vela Foundation and Rue Gilt Groupe, as well as Catwalk Committee co-chairs Melanie Foley of Liberty Mutual Insurance and Tricia Patrick of Advent International Corporation.

Keith Faced Homelessness Then Found Refuge

Keith Lawman was 69 years old when his sister died and the house they shared in Boston went up for sale. Retired with no family, Keith had nowhere to go and was unsure where to turn for help with finding a new place to live. When he explained his situation during a routine doctor's appointment at Boston Medical Center, his doctor gave him a referral to the hospital's Elders Living at Home Program (ELAHP).

Kip Langelo, program manager for the Elders Living at Home Program, sees many cases just like Keith's each year. Older adults are the fastest growing segment of the homeless population. A recent report from the Boston Housing Authority (BHA) cites that four in 10 Boston seniors live in households with total annual incomes less than \$25,000. These low-income seniors find themselves unable to pay ever-increasing rents or are unexpectedly forced out of their affordable rentals due to sales. It is an emerging problem as the cost of living continues to rise in the city, leaving vulnerable elders overwhelmed and afraid.

"We work with many partners in the community to quickly re-house homeless adults or help stabilize older adults who are at risk of eviction," explains Langelo. "From legal experts to behavioral specialists, we make sure that people are informed of their rights and have the support they need to stay in their homes."

When Keith came to Elders Living at Home for help, Langelo knew he could be re-housed quickly thanks to a partnership with the BHA. The organization awards preference to seniors facing homelessness and rapidly places them in available subsidized units around the city. Thanks to this partnership, Keith was able to avoid moving to a shelter and instead moved to an apartment just blocks away from his doctors at the BMC campus.

"We work with many partners in the community to quickly re-house homeless adults or help stabilize older adults who are at risk of eviction. From legal experts to behavioral specialists, we make sure that people are informed of their rights and have the support they need to stay in their homes." KIP LANGELLO, PROGRAM MANAGER, ELDERS LIVING AT HOME

"I'm so happy, I have nothing to fret about now, having somewhere to lay my head," remarks Keith.

BMC patients referred to ELAHP create long-term relationships with program staff. Most continue to receive stabilization services after they are housed, with case managers making in-home visits to make sure their clients are receiving Meals on Wheels and nursing visits, among other things.

"Every case is different. Some people need help remembering medical appointments or paying their bills. Others might need adjustments made to their apartments to make them ADA [Americans with



Keith faced homelessness after his sister passed away and the house they shared went up for sale. With the help of the Elders Living at Home Program at BMC, Keith was able to remain housing secure—an important factor in a person's overall health.

Disabilities Act] compliant. Clients also come to the ELAHP office to have their mail read, select items from the office's small food pantry or just enjoy a friendly chat," adds Langelo.

"Kip never leaves me alone," jokes Keith, referring to the many calls and home visits made by ELAHP case managers. For Keith, the program staff gave him more than just an apartment, they gave him a country. Born in Jamaica, he had lived and worked in the United States on temporary status for decades. Elders Living at Home staff worked with legal experts at Medical-Legal Partnership Boston to help him complete all the necessary paperwork to finalize his U.S. citizenship.

Launched more than 30 years ago, ELAHP pioneered their hospital-based model and are now leading experts in the field of re-housing and preventing homelessness. With medical evidence mounting on the importance of stable housing to good health, BMC is expanding initiatives to ensure patients of all ages have access to affordable housing. As such, the Elders Living at Home Program now provides services to younger individuals and families in need of housing in Boston and surrounding areas.

"Whether you're 55 or 25, we are dedicated to helping people toward a better life. It can be a long process and our clients have to do all the hard work, but at the end of the day nothing has as much impact on our patients' lives as a stable home," concludes Langelo. ■

FOUNDATION AND GRANT HIGHLIGHTS

Putnam Foundation Champions for Autism Friendly Initiative

The Constance O. Putnam Foundation has gifted the Autism Program with \$60,000 to support its Autism Friendly Initiative. The initiative focuses on improving the hospital experience for patients with autism spectrum disorder (ASD) by implementing a range of interventions targeting patients' sensory and communications needs in the fast-paced and often over-stimulating hospital setting. The gift will support the dissemination of sensory toolkits and training videos to facilitate a smooth visit for patients with ASD. The toolkits have been developed in collaboration with the Department of Child Life and contain objects such as sunglasses, noise cancelling headphones, weighted blankets and fidget items. The videos will be a combination of clinician, staff and family interviews as well as demonstrations addressing commonly faced barriers to optimal care. They will live online to enable broader user access and reach throughout the health care system.

Training the Next Generation of Addiction Medicine Experts

The Shipley Foundation and the Landry Family Foundation have awarded the Boston Medical Center Addiction Medicine Fellowship \$100,000 and \$50,000, respectively. Alexander Walley, M.D., M.Sc., founder of the Inpatient Addiction Medicine Consult Service, serves as director of the program. During the one- or two-year fellowship, fellows are given an unparalleled opportunity to treat addiction and address social determinants of health. The support of the foundations has allowed the program to add a third fellow to address the need for highly qualified addiction medicine experts responding to the nationwide addiction crisis. In addition, training future leaders in addiction medicine enhances BMC's ability to disseminate its experts' evidenced-based best practices beyond Massachusetts. The BMC Addiction Medicine Fellowship Program is accredited by the Accreditation Council for Graduate Medical Education.

Medtronic Gives \$50,000 for Integrative Medicine

Boston Medical Center is a leader in the provision of evidence-based integrative therapies for members of underserved populations who often cannot afford to access acupuncture, yoga, mindfulness exercises, therapeutic massage and other adjunctive therapies. BMC's Program for Integrative Medicine and Health Care Disparities, led by Robert Saper, M.D., M.P.H., has a mission to create a national model to demonstrate the role integrative medicine can play in improving the health and quality of life of patients regardless of income. The program currently offers integrative classes to support the unique needs of those suffering from chronic diseases and has become a key asset for patients with chronic pain looking for pain management alternatives to opioids. BMC believes high quality care should include adjunctive services, and with the help of Medtronic's generosity, is taking the necessary steps to ensure integrative care is available to all patients regardless of their ability to pay.

PCORI Grants Record-breaking Gift of More than \$12 Million

Cognitive Behavioral Therapy (CBT) is an effective treatment for anxiety in children. However, most children with anxiety do not receive CBT due to access barriers. With funding from Patient-Centered Outcomes Research Institute (PCORI), Principal Investigators Lisa Fortuna, M.D., M.P.H., M.Div., and Donna Pincus, Ph.D., are leading a team to test two different ways of providing CBT for children with mild to moderate anxiety—face-to-face versus online—in health centers and pediatric practices, both urban and semi-rural, that serve primarily racial-ethnic minority children. For this study, a therapist connected with the child's pediatrician will deliver face-to-face CBT using the Cool Kids manual or facilitate use of the Cool Kids Online CBT program. Online delivery of CBT using Cool Kids has demonstrated effectiveness in reducing anxiety symptoms, and could make CBT more accessible if it proves as or more effective than in-person delivery. Project findings will be disseminated widely to transform best practices for the treatment of childhood anxiety.

Medicine through Computer-Based Simulation Game

Barbara Walsh, M.D., pediatric emergency physician, was awarded \$50,000 by the Childress Institute for Pediatric Trauma in support of "Addressing Pediatric Sentinel Events: A Computer-Based Simulation Game to Improve Pediatric Trauma Management." Walsh and her team—which includes game software developers from Becker College—are designing a game to build knowledge and improve skills in emergency medicine providers. This game aims to advance patient safety and reduce pediatric sentinel events, which are unanticipated events in health care settings resulting in death or serious physical or psychological injury not related to the natural course of a patient's illness. The trauma case studies are based on data from severe injury cases in Massachusetts and Connecticut and have been developed to evolve with complexity as the game progresses.

Children's HealthWatch Tackles Housing Instability

Children's HealthWatch was awarded \$25,000 by the Paul & Phyllis Fireman Foundation, \$50,000 by The Boston Foundation, \$10,000 by the United Way of Massachusetts Bay and \$3,500 by One Family, Inc., to understand the feasibility and potential impacts of creating a Massachusetts-specific affordable housing benefit to increase access to stable homes and make families healthier. Housing instability—when a person is behind on rent in the past year, has moved two or more times in the past year or has a history of homelessness—is a known risk factor for poor child health and family well-being. Thus far, "The Pathway to Stable Homes Action Plan," led by Megan Sandel, M.D., M.P.H., Ana Poblacion, Ph.D., M.Sc., and John Cook, Ph.D., M.A.Ed., has held a listening tour with stakeholders and conducted a simulation model to test a set of braided policies for a sustainable pathway to stable homes; specifically, the policies address childcare constraints, housing cost burden and eviction prevention.

Team BMC Raises more than \$220,000 with Summer and Fall Races

On the heels of a successful 2018 Boston Marathon, Team BMC moved full steam ahead into a race-packed summer and fall, with the majority of its events benefiting the Grayken Center for Addiction at Boston Medical Center. For the third year, the team returned to Carson Beach for the Columbia Threadneedle Investments Boston Triathlon, raising more than \$85,000. However, Team BMC's triathletes weren't the only ones swimming, biking and running in support of BMC's addiction programs and services. BMC also served as the race's charity partner, allowing any participant to raise critical funds—a momentous move towards building awareness and reducing stigma around substance use disorders (SUDs).

After wrapping up the summer, the team swapped sneakers for bicycles with September's Rodman Ride for Kids. Eighty-nine riders took on the 25-100 mile course for the tenth year in a row, surpassing the \$237,000 fundraising mark for Boston's youngest and most vulnerable patients—including those affected by SUDs. Team BMC also added two new races to its roster this fall: Shatterproof Rise Up Against Addiction 5K Walk/Run as well as Mike's 5K to Crush Substance Abuse. Both races offer more opportunities for the community to participate in the fight against addiction and to make a difference by enhancing substance use treatment programs and providing more well-rounded support to BMC's patients. **If you want to learn more about Team BMC and how you can participate in one of its nine events, please visit www.TeamBMC.org.**



Exceptional Care Without Exception Trust Member Jim Geraghty with fellow Team BMC triathlete Susanne Duato.



Honoring John Hancock

Thanks to the profound commitment of John Hancock Financial, Team BMC has raised millions of dollars through the Boston Marathon Non-Profit Program since 2002. To commemorate this deeply impactful partnership, a 40-foot mural was installed in a corridor by BMC's Emergency Department. The mural features photos and quotes from marathon runners throughout the years, whose participation and contributions to BMC's patients and staff would not have been possible without John Hancock's generosity.

Photo: Atlantic Photo Services, Inc.



MFS: A Friend and Longtime Supporter

Boston Medical Center is incredibly grateful for the continued support and commitment of partner MFS Investment Management. To date, MFS has donated more than \$550,000 to BMC, making a lasting impact on the lives of BMC patients and their families. Its most recent gift of \$100,000 to the BMC Gala supported the *Building the New BMC* campaign—a four-year renovation to co-locate two of the former campuses, Boston City Hospital and Boston University Medical Center Hospital, in order to be more efficient and improve patient experience.

Over the years, MFS has given to the BMC Gala on several occasions, standing as one of BMC's longest-running sponsors. In addition to monetary gifts, executives from MFS have also been involved with the event. Rob Manning, executive chairman at MFS, and his wife Donna, a former BMC nurse, stand as co-chairs of the signature event in 2015. Since then, both have become influential friends of BMC, supporting and attending other fundraisers, including the Catwalk for BMC Cancer Care.

THE OPIOID EPIDEMIC IS THE BIGGEST PUBLIC health crisis of our time. Over the past five years, more people in the United States have died from overdoses involving opioids than from HIV/AIDS, firearms, or breast cancer. Between 2 and 4 million Americans are now estimated to have an opioid use disorder, and another 10 million have misused prescription opioids in the past year. Overdose deaths—the vast majority attributable to opioids—hit 72,000 in 2017, the most ever. The diversity and sheer reach of the epidemic are astonishing. In Massachusetts, 50% of all residents know someone addicted to opioids, and 27% know someone who has died from an overdose. The statistics remind us that everyone is touched by addiction. These increasingly lethal drugs have shown they can readily take root in teenagers and retirees, any race and ethnicity, urban and rural communities, and every corner of the state.

LIGHTING THE WAY

Between the grim headlines, progress is being made. In Massachusetts and a handful of other states, overdose deaths have actually declined modestly, even as they've continued to soar elsewhere. Decades of research have shown that treatment

“YOUNG ADULTS ARE DYING AT A STAGGERING RATE. WE'VE FIGURED OUT HOW TO ADDRESS THIS, AND IT'S SCALABLE.”

Michael Botticelli, Executive Director, Boston Medical Center's Grayken Center for Addiction



Boston Medical Center has helped thousands of patients struggling with addiction, creating brighter futures for people like Jamie, 25, and her daughter Angel.

works—that the vast majority of people with opioid use disorders who find their way to high-quality treatment programs are able to achieve long-term recovery. And as providers shift their prescribing to successfully manage pain without opioids, fewer drugs are ending up on the street and the potential for abuse is reduced.

The Grayken Center for Addiction at Boston Medical Center (BMC) is at the forefront of the opioid fight. As an academic medical center and safety-net hospital serving the most vulnerable patients in Massachusetts, BMC has been a leader in addiction treatment since well before the current crisis began. The Grayken Center's multidisciplinary team of clinicians and researchers is battling the crisis on multiple fronts, rapidly innovating and testing

CHANGING THE FUTURE BEGINS

WITH CHANGING THE NUMBERS

50%

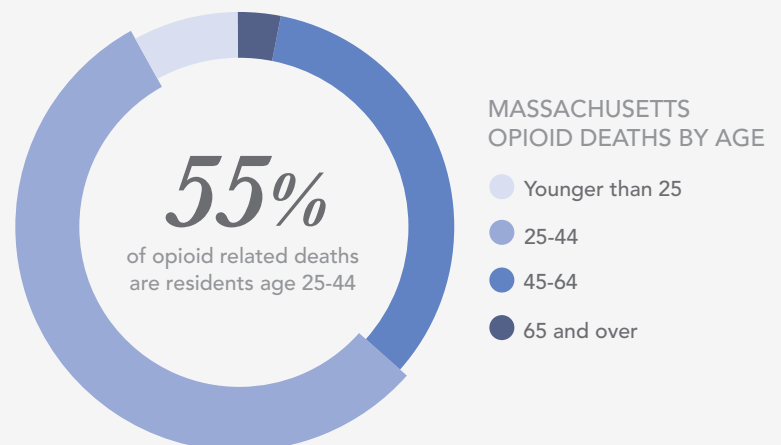
know someone who is addicted to opioids

45%

know someone who has overdosed on opioids

27%

know someone who has died from an overdose



THE GRAYKEN CENTER FOR ADDICTION AT BOSTON MEDICAL CENTER

OFFERING ADDICTION TREATMENT WHEREVER CARE IS PROVIDED

CATALYST provides primary care and addiction-related support to struggling adolescents and young adults.

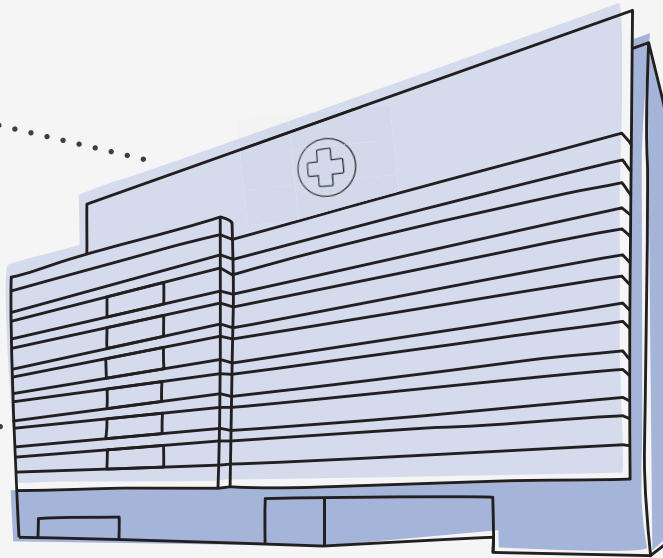
75 PATIENTS A YEAR

The **Addiction Consult Service** provides substance use disorder treatment to patients admitted for other reasons.

800 PATIENTS A YEAR

The **Office Based Addiction Treatment (OBAT)** program provides outpatient medication for addiction treatment.

1,000 PATIENTS A YEAR



Faster Paths provides urgent care for patients with substance use disorders by providing them with a network of tools and services.

1,300 PATIENTS A YEAR

The **SOFAR** clinic provides primary and specialty care for newborns and children exposed to substance use, as well as resources for moms.

100 PATIENTS A YEAR

Project RESPECT focuses on the treatment of opioid use disorders during and after pregnancy.

120-150 MOTHER/BABY PAIRS A YEAR

WE'RE PROVING THERE ARE SAFER WAYS TO MANAGE PAIN. WE SET A GOAL TO REDUCE OPIOID PRESCRIBING TO SURGICAL PATIENTS, AND IN JUST ONE YEAR WE'VE SEEN A 27% REDUCTION IN PRESCRIPTIONS AND NO INCREASE IN REFILL REQUESTS.

Kate Walsh, President and CEO, Boston Medical Center

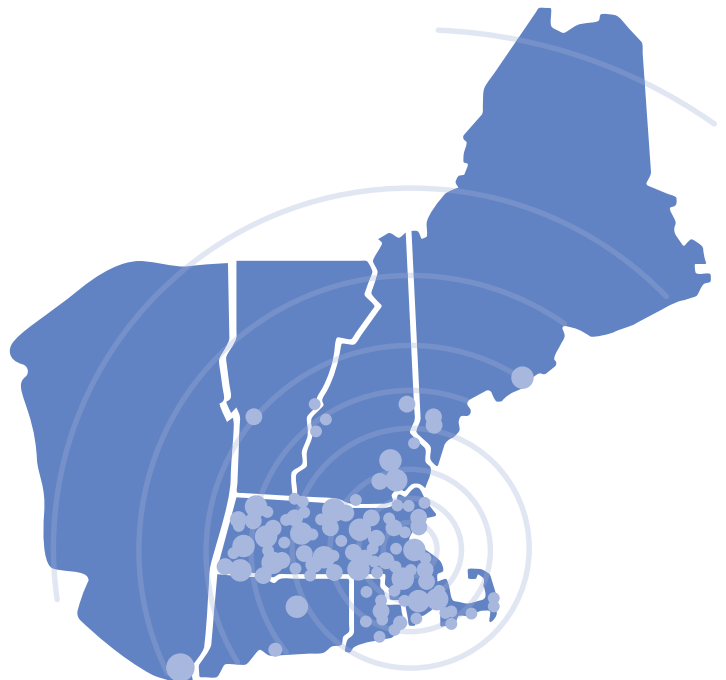
new ways of delivering treatment in a variety of health care settings, reducing the number of prescribed opioids, and training providers and residents to effectively treat patients with addiction. In contrast to traditional inpatient detox units, the Grayken Center programs are embedded wherever patients receive standard medical care, including the ER, primary care clinics, adolescent care, obstetrics, and more. The team works with each patient through every stage of addiction—whether it involves opioids, alcohol, other drugs, or a combination—and well into recovery.

BUILDING A NEW FUTURE

The Grayken Center's addiction experts have evolved an array of evidence-based tools and treatments designed to match the complexities of the new generation of opioids. BMC's providers are strong advocates for the broader use of medication for addiction treatment (MAT) and the overdose-reversing drug naloxone—both of which have helped to attenuate the rise in overdose deaths locally. They are training current providers and residents to understand and treat addiction as the disease it is. And, just as important, Grayken's staff is addressing the epidemic

at the source by working with providers to reduce the number of opioids prescribed in the first place.

Hospitals and health care delivery systems play a critical role in affecting the biggest public health crisis of our time. The Grayken Center for Addiction at Boston Medical Center is doing just that.



The Grayken Center has scaled its efforts by training providers at nearly 200 sites across the Northeast.

Thank you, friends.

Thanks to commitments from our dedicated friends and supporters, Boston Medical Center received more than **\$80 million** in donations in fiscal year 2018.

Our staff, nurses and physicians all fiercely believe in the hospital's mission of *exceptional care, without exception* and work tirelessly every day to make it a reality for our patients. With the help of donors like you, our passion is translated into phenomenal care and groundbreaking research. Support from individuals, families, corporations and foundations ensures we can continue our clinical programs and research, and uphold our promise of providing exceptional care to the community we serve. We would like to extend our deepest thanks to each and every one of you for joining us in our mission.

Donor Report: Fiscal Year 2018

This list reflects donations from October 1, 2017, to September 30, 2018. We deeply regret any errors or omissions.

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For the second year in a row, Boston Medical Center and partner organization Next Step were the beneficiaries of Tackle Sickle Cell Casino Night hosted by Devin and Jason McCourty of the New England Patriots. The evening raised more than \$300,000 in support of BMC's Center of Excellence in Sickle Cell Disease thanks to hundreds of donors, attendees and lead sponsor, New England Blacks in Philanthropy.

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An anniversary celebration was held this past September, commemorating how Children’s HealthWatch’s cutting edge research has influenced public policy on children’s health and well-being over the last two decades. The milestone event raised \$315,000 for the pediatric service and presented the inaugural Children’s HealthWatch Champion Award to Congressman James P. McGovern, MA-2nd District, for his work in the community.

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Over the summer, Boston Medical Center held its Kids Fund Golf Tournament at Belmont Country Club, raising a record-breaking \$327,000 for the hospital. The sold-out tournament included special guest Cedric Maxwell, retired forward of the Boston Celtics, who took a photo with each foursome.

Photo: Replay Sports Management

† indicates deceased * indicates BMC physician

Thank you, friends.

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Photo: Atlantic Photo Services, Inc.

In early September, Boston Medical Center celebrated its ninth annual Sweet Feet for Strikes, formerly the Mayo Bowl, raising \$270,000 for BMC pediatrics. The evening featured a friendly bowling competition between New England Patriots Running Back James "Sweet Feet" White and his fellow teammates and friends, and was sponsored in part by Charlesbank Capital Partners.

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Boston Medical Center was the recent recipient of a generous gift from the Estates of George B. Glidden and Minna W. Glidden. The bequest was made in 1960 to Massachusetts Memorial Hospital, a predecessor of Boston Medical Center, in memory of Minna's father, Conrad Wesselhoeft, M.D. Wesselhoeft served as the first professor of principles and practice at Boston University School of Medicine (BUSM) and was a longtime homeopathic physician, caring for some of Boston's most famous residents including renowned author Louisa May Alcott. Alcott lovingly dedicated her book "Jo's Boys" to Wesselhoeft in 1886.

The Wesselhoeft name is synonymous with the BMC and BUSM campus. Wesselhoeft not only cared for Boston's citizens, but actually helped form BUSM in 1873 with his brothers in response to an uptick in critics of homeopathic medicine—an alternative approach to medicine that believes the human body can heal itself. Homeopathic providers rallied under the leadership of future Dean of BUSM I. Tisdale Talbot, M.D. (a building is still named after Talbot on campus and houses the office of BMC President and CEO Kate Walsh) and established BUSM to fortify their stance on homeopathy. Fast forward 170 years, BUSM and Boston Medical Center remain a top ranking, nationally-recognized medical school and teaching hospital dyad.

The Glidden estate gift is a special moment in BMC philanthropy, as it perfectly encapsulates the rich history of the institution, and celebrates a family whose influence and guidance are unmatched. Planned giving is a poignant way to ensure the memory of you and your loved ones continue to thrive.

Exceptional Friends of BMC

Boston Medical Center recognizes the members of Exceptional Friends of BMC—those thoughtful individuals who have supported the hospital through their wills, life income arrangements or other personal trusts. BMC greatly appreciates their philanthropic commitment and invites others to learn more about how to join us in sustaining our mission of providing *exceptional care, without exception*. To learn more, please contact Paul Miller in the Development Office at 617.414.5505.

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Source: Boston University Medicine, Volume 6, Number 1-4 (1996-1998)
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Helping Children Thrive with a New Center

How do you help children reach their full potential? Routine medical care helps, but the Department of Pediatrics at Boston Medical Center knows that it will take more than just yearly check-ups. To help establish health equity for all children, the department has formed the Center for the Urban Child and Healthy Family.

“We believe that all children should have an equal opportunity to be healthy, ready to learn, and to achieve their full potential,” says Megan Bair-Merritt, M.D., M.S.C.E., the Center’s executive director. “But pediatric care delivery is often based on what we did many years ago and doesn’t reflect the challenges families face today. Our Center is reinventing pediatric care for families facing adversity, with the goal of achieving health equity for families.”

Aligned with BMC’s *Vision 2030* of making Boston the healthiest urban population in the world, the Center has a set a goal that by 2028 all children cared for by BMC pediatrics will be healthy and ready to learn with adequate supports to thrive in school by age five. By focusing on families with a child from birth through five, the Center is promoting bi-generational health, supporting wellness during a period—the first 1,000 days—that profoundly affects health across the life course, and creating deep partnerships with education and social service sectors.

The work toward making this a reality is guided by three core principles. The first is to put families first and keep them deeply engaged in care. To this end, the Center has a Family Advisory Board that meets monthly and provides suggestions, as well as feedback on interventions. The Center is also partnering with different departments across the hospital to ensure everyone in the families they serve is receiving optimal care.

The second is to foster community partnerships, as their work requires collaboration both inside and outside the hospital. The Center is therefore evaluating the landscape of where their patients come



from and what community supports are available, to ultimately find the best ways to form such connections.

The third principle is to rigorously evaluate all the work the Center does. Currently, researchers are working on finding the best framework for this, as well as collecting data. This will help the Center evaluate long-term outcomes for current programs and find the best ways to improve and create new services.

To help reach their vision, the Center put out a request for proposals for innovative care and programs for children aged birth to five years. They began funding two programs including SOFAR.

Supporting Our Families through Addiction and Recovery (SOFAR)

SOFAR serves newborns who are born exposed to substances, and their mothers. The goal of the clinic is to provide care to both infants and mothers in the same space, to help eliminate barriers to care. Care includes well-baby visits, substance use treatment, hepatitis C diagnosis and treatment, long-acting reversible

contraception, and mentorship and peer counseling for mothers. The clinic launched in July 2017 and has since served approximately 110 mother/infant pairs.

In addition to providing care, SOFAR is also conducting research to understand the issues facing both mother and baby and if their interventions are successful in treating these issues. This will facilitate continuous quality improvement and evaluation of its impact on health outcomes.

The Individualized Education Plan (IEP) Clinic

The second proposal the Center funded was the IEP Clinic, which provides services to children with special developmental and behavioral needs. Many children who need IEPs have related health issues, such as autism or attention deficit-hyperactivity disorder, which means schools and health care providers need to work together to ensure better outcomes for students. The IEP Clinic assesses the degree to which an IEP is meeting a child’s medical and learning needs, and helps facilitate a more active medical-school partnership.

Future of Boston

The Center for the Urban Child and Healthy Family shares its mission of achieving health equity for Boston's children and families with a number of donors and supporters. Because of their generosity, the Center is able to impact as many children and families as possible.

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Pincus Family Foundation

Children are referred to the IEP Clinic to update existing IEPs or create new ones. These children are seen by BMC providers and developmental and pediatric specialists to help facilitate the process. The clinic can also help advocate with the child's school to ensure the child is appropriately tested and supported to thrive. In the last year, the clinic has served approximately 110 children.

The Center launched a two-year Urban Health and Innovation Fellowship program to advance the skillsets of young pediatricians in the areas of advocacy, innovation, policy, social determinants and population health. Lucy Marcil, M.D., M.P.H., is the inaugural fellow. Marcil is working on expanding StreetCred, a program she co-founded in 2015. StreetCred helps families file their taxes in the waiting room when they bring their child for a pediatric visit, and enables them to receive the full tax refund to which they are entitled.

"BMC pediatrics has always been a leader in care innovation. We look forward to serving as a national model of the pediatric practice of the future," concludes Bair-Merritt. ■



In His Words

Dear Ms. Kate Walsh,

I've never written to a CEO before. I don't know how to address you with the respect you and your hospital truly deserve. I also don't know proper protocol. So respect is in, and protocol is out.

I recently had major surgery at [Boston Medical Center]. Dr. [Jennifer] Tseng removed a growth on my pancreas the size of a small apple. Operation went very smoothly quick recovery and minimal pain. I believe only Tylenol was needed. As good as that sounds, it's not why I'm writing this letter. I'm writing because of the people working at BMC. I'm talking about the people parking my car. I'm talking about the people cleaning my room. I'm talking about everybody I came into contact with. I even got a hug from my surgeon (totally cool!).

Kate, here's where protocol goes out the window and I inject some humor.

Kate, Guess what. You have black people, white people and 30 shades in-between. All working together.

Kate, Guess what else. You have different religions working together. There's Christians, Muslims, Jews and every other religion working together.

Hey Kate, Guess what else. They all get along. All these different colors, all these different religions, they all get along. I could see the kindness and respect they had for each other. That kindness and respect was given to me and everyone else.

Kate, The diversity at your hospital is awe-inspiring. It gives me hope that we as humans can someday live in the same harmony as your small city of people at BMC.

With all my respect,



Al [Albert McGrath]

P.S.: Kate, one last thing. BMC could "teach the world to sing!" I give all my heart to everyone at BMC. There isn't enough paper for me to express the goodness I feel about everyone at BMC. So I won't, but it will always be in me.

Albert McGrath is a retired 69-year-old father of two who lives in Three Rivers, MA—a small town tucked away in the western part of the state—with his wife Dianne. His note to BMC President and CEO Kate Walsh arrived on the heels of a procedure he had over the summer with BMC Surgeon-in-Chief Jennifer Tseng, M.D., M.P.H. This was his first time being a patient at BMC, and he was so impressed by and thankful for the care he received at every level—from the woman serving him lunch to the men parking his car. In his free time, he enjoys antiques, visiting local farms to buy fresh produce and reading. "On average, I read about 100 books a year," he says. His passion for the written word is clearly evident when reading his eloquent and clever letter.

Stories of exceptional care, just like Albert's, happen every day at BMC. Grateful patients come in all forms, and their stories make a lasting gift. If you would like to consider sharing your story, please feel free to reach out via online (www.BMC.org/Share) or email (Share@BMC.org).



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Photo: Christopher Shane—The Winter Walk

TOGETHER, WE CAN END HOMELESSNESS

WINTER WALK
FEBRUARY 10, 2019

Walk with Team BMC to support Boston Medical Center's most
vulnerable patient population: Boston's homeless children and adults.

The Winter Walk is presented by Boston Medical Center
and Boston Medical Center HealthNet Plan.

Visit www.TeamBMC.org for more information.



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