

Massachusetts  
**Medical Law Report**  
Legal news for the medical community

presents

**R<sub>FOR</sub>X** **EXCELLENCE**  
honoring best practices in medicine

Celebrating Massachusetts' best in promoting safety,  
quality and risk management in health care



Rx for Excellence Awards Ceremony and Breakfast  
Friday, October 31, 2008 • Taj Boston • 7:30 - 9:30 AM



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**Andrew Eisenhauer, MD**  
*Director, Interventional  
Cardiovascular Medicine Service*



**Atul Gawande, MD**  
*Surgeon, General and  
Gastrointestinal Surgery,  
Endocrine Surgery Unit;  
Research Director, Center  
for Surgery and Public Health*



**Anthony Whittlemore, MD**  
*Chief Medical Officer*

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We offer our congratulations to all the winners of the *2008 Massachusetts Medical Law Report Leaders in Quality*. We are honored that three of our own have been selected among the best and the brightest of the Bay State's world-class health industry.

Their expertise and commitment exemplifies the best in health care.

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Congratulations to the Winners of the  
2008 Massachusetts Medical Law Report's  
Rx for Excellence Awards  
honoring best practices in medicine



# MASSACHUSETTS MEDICAL SOCIETY

*Every physician matters, each patient counts.*



**The Heroes from the Field** are the unsung heroes of their profession; those who lead by example, demonstrating the highest quality of work in their field, often without fanfare.

### Mary Lou Ashur, MD



#### Carney Hospital

Mary Lou Ashur is an internist who specializes in treating addiction, and has been called "one of the most caring and capable doctors I've had the privilege to meet."

### Commandant

#### Michael Resca



#### The Chelsea Soldiers' Home

The Chelsea Soldiers' Home is a state-funded, fully accredited health care facility and residential home for veterans. "The care was outstanding, but more important was the respect that patients receive as Veterans who fought for our country," says the daughter of a former resident.

### Paul Cirel, Esq.



#### Partner Dwyer & Collora

Paul Cirel handles the toughest cases with a high level of success and ease, defending physicians when their medical licenses are in jeopardy.

He consistently "demonstrates a steadfast commitment to the medical community."

### Bruce F. Cohen, MD

#### Beth Israel Deaconess Medical Center

Bruce Cohen is an obstetrician-gynecologist who is regarded highly by his own staff. "I look forward to going to work every day and taking care of patients with him," says a registered nurse who works for him.

### Michael Costa, Esq.



#### Vice President and General Counsel American Renal Associates, Inc.

"His dedication and commitment to his advocacy of health care providers and their regulatory compliance is unmatched," says one colleague of Michael Costa.

### Sharon Donaghue-Naumnik



#### Vice President, Clinical Reimbursement CareOne and Health- Bridge Management

Sharon Donaghue-Naumnik monitors the regulatory compliance of nursing care facilities in the Northeast. She is a "one-woman quality assurance program."

### Delia Sang, MD



#### Ophthalmic surgeon Ophthalmic Consultants of Boston

"When in [Delia Sang's] office you are put at ease from the get-go, as you know that she remembers you, your life, your family and most importantly the problem with your eye(s) you came to her to fix," says a patient.

### Jerry Fitzpatrick, MD



#### Bolton Family Medicine

"Did I mention that he still does house calls when necessary?" says a friend of family practitioner Jerry Fitzpatrick.

"His heart knows no bounds and I would love to see his generous heart recognized."

### Nancy E. Otovic, MD



#### Lahey Clinic

"I always feel fully engaged with [my doctor, Nancy Otovic]," says one patient. "She takes the time to listen carefully and respond compassionately."

### Steven Schachter, MD and William Mandell, Esq.

#### Beth Israel Deaconess Medical Center and Pierce & Mandell, P.C.



Schachter

Mandell

Steven Schachter and Bill Mandell worked together to write a practical manual for physicians on managing relationships with the pharmaceutical industry without getting into legal or ethical trouble.

# Quality<sup>5</sup>

We congratulate the five Beth Israel Deaconess Medical Center physicians being honored for their leadership in improving health care quality.

#### "Leaders in Quality" Award Winners

George L. Blackburn, MD, PhD

*General Surgery*

Arun J. Ramappa, MD

*Carl J. Shapiro Department of Orthopaedics*

Michael D. Howell, MD

*Pulmonary, Critical Care and Sleep Medicine*

#### "Heroes from the Field" Award Winners

Steven H. Schachter, MD

*Neurology*

Bruce F. Cohen, MD

*Maternal-Fetal Medicine*



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## The **Leaders in Quality** are the professionals and institutions who have enacted broad changes to advance safety, quality and risk management for patients and providers.

### Charles D. Baker



**Age:** 51  
**Position:** President and CEO, Harvard Pilgrim Health Care, Inc.  
**Why I do what I do:** Harvard Pilgrim is a great plan with a terrific reputation and Massachusetts is a really interesting place

to be in the health care space.

**Favorite hobby:** It's a toss-up between history and biography books, the town's various professional sports teams and hanging around with my kids and my family.

When Charlie Baker took over as CEO of Harvard Pilgrim Health Care in 1999, the organization suffered from major organizational and financial issues that took network doctors off task while landing the company in bankruptcy.

Today, Harvard Pilgrim is out of receivership, and has been ranked number one for four years running by the National Committee for Quality Assurance in its national study of HMO clinical effectiveness and member satisfaction.

Baker credits the plan's turnaround to a major initiative that streamlined every stage

of the business process, from enrolling members to paying claims. Baker did this by drawing the existing system on the wall in a 30-foot flowchart and, with his key executives, identifying redundancies, system snags and obsolete processes. Then they redesigned the whole system.

He also worked with Harvard Pilgrim's IT department to give patients, hospitals, providers and claims handlers the tools needed to conduct the plans' thousands of daily transactions, involving everything from member eligibility status and referrals to claim submissions and electronic payments.

Baker says the simplicity of the system and the online capability has improved the quality of member care in two significant ways.

First, accuracy, accessibility and completeness of patient data have improved, enabling Harvard Pilgrim to be a clinical resource for providers as opposed to simply a source of reimbursement.

For example, the plan can use its data to help physicians monitor all patients on anti-coagulant medication to ensure the tracking of lab results and dosage changes, says Baker.

In addition, providers are less distracted by operational problems that used to take them away from their primary responsibility: their patients.

"There's a lot you can do in the clinical effectiveness space if you don't have to waste time burdened by administrative issues," Baker

says. "So if you make the operational side work, chances are the members will be pretty happy." **MMLR**

—Eric Berkman

### Beth Israel Deaconess Medical Center



Paul Levy, CEO

Beth Israel Deaconess made a major contribution to transparency and accountability in medicine this year without having to do any heavy lifting. It started posting its clinical outcomes for the public on its website.

The initiative started last year when BIDMC's CEO, Paul Levy, began publishing on his personal blog, <http://runningahospital.blogspot.com>, medical outcomes regarding certain infections that occurred at the hospital.

He received an overwhelmingly positive internal and external response and decided to put a more expanded version on the hospital's own website.

Today, the site posts comparisons of the hospital's results with benchmarks BIDMC has culled from national, regional and local databases. The public can check the hospital's performance on dozens of criteria tied to heart, surgical, orthopedic and transplant care as well as several hospital-wide metrics related to hygiene and nursing care.

"We tried to put on the site metrics that would be clinically important in terms of reducing mortality and morbidity that would also be of general interest to the public," Levy says, as well as "areas in which we were trying to improve."

Though doctors typically don't like their clinical results being published because they're uneasy about being judged inaccurately by the lay public — which is one reason so few hospitals have done anything like this — Levy says he received virtually no resistance from his medical staff.

"The doctors here are actually pleased this is public because they take a lot of pride in what they're doing with health care quality at this hospital," he says.

He adds that the type of transparency BIDMC is providing is critical.

"If you have a large organization and want to improve the quality and safety of patient care, but you don't hold yourselves accountable by having a public presentation of your metrics, it just won't happen." **MMLR**

—Eric Berkman

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## George L. Blackburn, MD, PhD



**Age:** 71

**Position:** Director of the Center for Study of Nutrition and Medicine at Beth Israel Deaconess Medical Center, Associate Director of Nutrition at Harvard Medical School

**Why I do what I do:** For patient safety and health  
**Favorite hobby:** Gardening

"You are what you eat," says George L. Blackburn, citing the old maxim.

He has witnessed a steady increase in severe obesity in the population, from .5 percent of the population in 1980 to 9 percent today.

As a young surgeon, he went back to school to get his PhD to study malnutrition, which is often a major risk factor of surgery. Obesity is a form of malnutrition, he points out, because a patient is getting calories they are not burning off, which is not nutritious.

"It's simple math, calories in and energy expended," he says.

The platforms of both presidential candidates this year, he notes, recognize the epidemic of childhood obesity as "a catastrophe for the health of the nation."

Another crisis, the price of gas, is proving to be a benefit to consumers' health, he contends, in that it is encouraging people to bicycle and walk more often.

Stresses in modern life have created food cravings that prompt poor eating while the need to burn calories has diminished.

Over his 30-year career, the doctor has written 10 books for professionals on malnutrition and one book for public consumption called, "Break Through Your Set Point," published in April, that gives hope to those who struggle with losing weight past a certain point.

Blackburn also took on Metabolife, espousing the dangers of ephedrine-based diet products, and ended up winning after the now-defunct company sued him.

Currently, he's helping the C. Everett Koop Foundation's Shape Up America campaign and is impressed it has drawn together all the past surgeon generals.

Blackburn is proud of all the professionals, patients and consumers who've heard the call to action and responded. With better diets, he's convinced two-thirds of chronic diseases in the country would decrease in severity and frequency. **MMLR**

—Putty Fitzgerald

## Michael L. Blau, Esq.



**Age:** 54

**Position:** Partner & Chair of the Health Ventures Practice at Foley & Lardner LLP

**Why I do what I do:** Almost everything

health-related has not only a legal and constitutional, statutory, regulatory and judicial element, but also has social, political and moral implications, which make it that much more fascinating, engaging and important.

**Favorite hobbies:** Family and tennis.

Michael Blau, one of Boston's leading health care lawyers, represents some of the wealthiest health care entities in the state. But his most important work might be helping families of children with behavioral health issues navigate the complex state bureaucracy to access the care they need.

As a leader in the Boston Bar Association's Health Law Section, Blau spearheaded the publication of "The Parents How-to Guide to Children's Mental Health Service in Massachusetts," which has become an invaluable tool for families encountering gut-wrenching situations, as well as for bringing the system's deficiencies to the state Legislature's attention.

The guidebook – published jointly by the BBA and Children's Hospital in 2004 and now in its 2nd edition – features advocacy tips from families and mental-health advocates who face the system daily and can identify the flashpoints and access someone who can help. It also includes a resource list so parents know whom to contact in any number of situations.

Blau says the toughest part of the project was transforming high-level discussions of complex issues into a format understood by the general population. Additionally, says Blau, the BBA and Children's had to figure out a way to get the guide into the hands of those who need it most.

By any reasonable measure, they've been successful. The guide – which is linked free online at a number of websites and is even prescribed by staff at Children's – is the most widely distributed publication in the 250-year history of the BBA.

Plus, a child mental-health bill pending in the Legislature is addressing the very issues identified in the guide as trouble spots.

"[The guide's success] is a reaffirmation that if you think something is the right thing to

do and you're willing to devote your own efforts and try to motivate others to work for a common end, good things come from it," says Blau. **MMLR**

—Eric Berkman

## Doug Brown, Esq. and John O'Brien



**Doug Brown, Esq.**

**Age:** 46

**Position:** Senior Vice President and General Counsel of UMass Memorial Health Care

**Why I do what I do:** Passionate about trying to improve health care through greater gover-

nance and reduced risk

**Favorite hobby:** Cruising in a boat with my family off the coast of Maine



**John O'Brien**

**Age:** 58

**Position:** CEO & President of UMass Memorial Health Care

**Why I do what I do:** Opportunity to give back to the greater community

**Favorite hobby:** Travel

When John O'Brien was drafted for his job heading up UMass Memorial Health Care six years ago, he became the fourth


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CEO in 27 months, the company had lost \$49 million the previous year and staff turnover was 20 percent per year. Now he leads a \$2 billion health care system and the turnover among the 12,500 employees is down to 7 percent.

It was an "incredibly rewarding" cultural transformation as much as a financial one, says O'Brien, and now staff members feel like they are being heard.

"People were voting with their feet. We had to get back to our values, why we got into health care in the first place," he says.

He brought in a great leadership team, he says, including Attorney Doug Brown.

Together, they've tried to model behavior that matches the organization's strict ethical standards.

While it sounds dry, governance is a major key to excellence, notes Brown.

"The tone is always set at the top," he says. "When the board does things reflective of good governance, it cascades down through the organization."

After some initial discomfort with an "in-your-face" approach by trustees, O'Brien says, he now fully appreciates that the pressure to be accountable is directly related to standards of excellence.

In particular, Brown is proud of UMass's leadership in cleaning up relationships with pharmaceutical companies, a year-long process resulting in a policy stricter than most, banning meals, limiting gifts and enforcing rules for doctors serving on panels that decide which drugs and devices the hospital should buy in bulk.

UMass Memorial is "ahead of the curve" in such matters, and that helps ensure the best patient care and safety, Brown says.

Being engaged in the community has made a world of difference in attitudes inside and out of the organization, says O'Brien, who

takes great pride in the company's many out-reach projects, from finding 1,750 summer jobs for city teens to helping develop a program to deal with hunger across the state.

MMLR

—Patty Fitzgerald

## James Conway, MS



**Age:** 61  
**Position:** Senior Vice President, Institute for Healthcare Improvement  
**Why I do what I do:** It fuels and supports my passion.  
**Hobby:** Grandparenting.

The Institute for Healthcare Improvement (IHI) has a "pretty audacious mission," says Jim Conway. "To improve the quality and safety of healthcare worldwide."

He's astounded by the "unbelievable" amount of interest and support he finds for the cause and feels privileged to meet and learn from concerned providers around the world. Many will be attending the Institute's National Forum this December in Nashville. He expects 6,500 attendees, with another 15,000 viewing by satellite.

When Conway speaks about IHI's 5 Million Lives Campaign, which hopes to eliminate 5 million instances of harm to patients in the U.S. over two years ending in December, he gets fired up.

He's most proud, he says, of the "community I've practiced in for 42 years, for the level of

interest and extraordinary energy that people are bringing" to the cause of patient safety.

He refers to a "10-year journey" he embarked on while serving as executive vice president of Dana Farber Cancer Institute in the aftermath of the tragic death of Betsy Lehman, medical reporter for The Boston Globe, due to a medical mistake. Dana Farber's realization of its profound responsibility to do what it could to ensure that nothing like it happened again anywhere resulted in a worldwide campaign that was a "seminal event" in the industry, says Conway.

Some true improvements, he says, include that finally the patient's voice is heard and respected, collaboration among caregivers is seen as crucial and realistic systems of support are increasingly viewed as a necessity.

"We all suffer from being human," says Conway. "We have to put into place systems to support safe practices." MMLR

—Patty Fitzgerald

CRICO beyond simple coverage and defense to helping fix the underlying conditions that threaten patient safety in the first place.

When Robert Hanscom took over as vice president of loss prevention and patient safety in 1998, he instituted a push to analyze data in order to determine where patients were experiencing the greatest number of high-severity incidents, and then use money saved via successful claim defenses for generous grants to its organizations and providers to address these areas.

Hanscom says the program has been a tremendous success.

For example, the department identified obstetrics as an area of concern. By analyzing data and charts, they noticed that many losses were due to communications failure. So the department funded a grant for every labor-and-delivery department in the Harvard system to receive training in the team-based philosophy used in the aviation industry.

"We saw an impact in a very short period of time," Hanscom says. "For example, data from [Beth Israel Deaconess Medical Center] has shown a 50 percent reduction [in] malpractice cases in seven years."

These results clearly justify the investment, says Hanscom. "These cases are such tragedies. We want to avoid them at all costs."

The grant program has resulted in similar success in surgery and diagnosis, particularly in the area of breast cancer diagnoses. Hanscom adds, noting that the number of malpractice cases stemming from missed diagnoses has significantly diminished over the last few years.

"[Many insurers] focus on tort reform to reduce malpractice costs, but I don't think that's the answer," says Hanscom. "The answer is prevention, which means making sure institutions provide as highly reliable an environment as possible." MMLR

—Eric Berkman

## CRICO/Risk Management Foundation

### Loss Prevention and Patient Safety Department



Robert Hanscom

CRICO, the malpractice carrier for the Harvard teaching institutions, has been very successful in defending claims. But its Loss Prevention and Patient Safety Department, through an innovative "reinvestment strategy," has moved



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## Lena Deter, MPH, RN



**Age:** 56

**Position:** Clinical Nurse Specialist, Department of Professional Development, Hebrew SeniorLife

**Why I do what I do:**

Taking care of others is who I am. I want to make sure that every nurse, every health care worker and every resident in-patient has the best quality of life possible.

**Favorite hobby:** Camping. I'm an avid camper.

New England health institutions lag behind the rest of the country in adopting safe-patient-handling policies. But thanks to Lena Deter's "no-lift" policy, at least one institution is changing this culture.

In December 2006, when Deter arrived to work as a staff educator at Hebrew SeniorLife, which operates a number of senior residential and nursing facilities, she quickly noticed the number of injuries workers were suffering from manually lifting and moving patients, who were getting hurt too.

As a result, Deter advocated for a policy where patients would no longer be moved manually; instead they'd be moved by state-of-the-art equipment like ceiling lifts, friction-reducing devices and stretcher chairs.

She got administration on board and implemented the program in early 2007 at Hebrew Rehabilitation Center in Boston, HSL's flagship facility. During the first year of the policy, staff injuries dropped more than 50 percent, from 103 to 57. Meanwhile, patients have suffered markedly fewer falls, skin tears and fractures.

"We've had particularly phenomenal results in the rehabilitation department," Deter adds. "People have achieved goals they never could have reached without the equipment we have."

To achieve these results, Deter had to overcome workers' natural resistance to change. Nurses in Massachusetts are trained to manually lift and the nursing staff at the center was set in its ways.

"What they didn't understand was that every time they manually lifted, silent damage was being done to their bodies," says Deter. "They didn't realize that if they got home and their bodies ached or their feet hurt, it was because of the manual lifting, not because they were getting old or didn't sleep well."

But once everybody saw how helpful the equipment was, they got on board.

Deter hopes other institutions follow suit.

"Once people start using this equipment, they'll tell you they've never felt so good in their life," she says. "You'll never be able to take [it] away from them." **MMLR**

—Eric Berkman

## Vincent DiCianni, Esq.



**Position:** President and founder of Affiliated Monitors

**Age:** 53

**Why I do what I do:**

I enjoy the satisfaction of giving health care providers a second chance.

**Favorite hobby:** Gardening

As a practicing attorney, Vincent DiCianni saw his health care provider clients face "punishment that didn't fit the crime" from regulatory boards.

He recalls that the failures stemmed not from providing bad patient care, but from a lack of organization and good business practices that can lead to required forms not being filed, standards of accountability not being met and, in the worst scenarios, medical licenses possibly being lost.

Forming Affiliated Monitors – a company that both monitors providers that have been sanctioned by regulatory boards and develops compliance programs – allowed DiCianni to help those providers get back on their feet with the least amount of penalty and disruption. And with a strict code of ethics, his staff of medical professionals has been providing independent oversight that is beyond reproach since 2004.

Practitioners who have been in trouble with regulatory agencies "don't want to see the board again," says DiCianni.

With the average family physician dealing with at least a dozen oversight boards, many are turning to Affiliated Monitors to help them set up good business practices even before they get into trouble. He says it is especially tough for physicians to balance patient care with the requirements of a business.

When his company has been able to create an oversight program that restores the authorities' trust in a client, and that client is able to get back to providing excellent patient care, DiCianni is particularly proud.

It can be a complicated process, he says.

"There are a lot of different dynamics at work." **MMLR**

—Patty Fitzgerald

## Andrew Eisenhauer, MD



**Age:** 57

**Position:** Director, Interventional Cardiovascular Medicine Service at Brigham and Women's Hospital; Associate Director, Cardiac Catheterization Laboratory at Brigham and

Women's Hospital; Director, Cardiac Quality Assurance, Partners HealthCare

**Why I do what I do:** Because I enjoy tinkering, I enjoy helping people and I think that I have an aptitude for it.

**Favorite hobby:** Fly fishing.

Andy Eisenhauer is considered one of the top interventional cardiologists in the country, the guy that other doctors turn to when they have an especially tricky case. But his skill isn't limited to the angioplasties he performs on a daily basis at Brigham and Women's Hospital.

He's a leader as well, and his steady hand has dramatically improved the quality of cardiac care throughout the Partners HealthCare system.

As Partners' director of cardiac quality assurance, Eisenhauer spearheaded an initiative to get the cardiac-care departments in all five of the system's hospitals to share data about treatment of patients.

In the process, they discovered that it was taking far too long for heart-attack patients to receive their angioplasties.

Using the data to uncover and fix snags in the process, Eisenhauer has seen a whopping 30 percent reduction in "door-to-balloon time" across the Partners system.

It wasn't easy. First, Eisenhauer had to overcome the natural resistance of medical staff

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MASSACHUSETTS



to share data that might portray their efforts in a negative way.

Such fear "is particularly [significant] for medical outcomes because not everybody gets better, there are deaths and there are things that are of great concern," he says.

But Eisenhower set the pace by putting his own department's data up front first, showing that he wasn't afraid of taking it on the chin himself.

"Once you demonstrate that you're sensitive to [their concerns] and are willing to take your chances as well as anyone else, there's more of a dialogue," he says.

In the implementation itself, Eisenhower had to make everybody feel a sense of responsibility for the whole procedure rather than just their individual part. He handled this by bringing all angioplasty team members from across the system – including ER physicians, cardiologists and medical support – into the same venue to discuss the process and speak up freely.

"All the groups had to come together and become more 'us' than 'us and them,'" he says.

Obviously they did; the metrics speak for themselves. **MMLR**

–Eric Berkman

## Atul Gawande, MD



Age: 42

**Position:** Surgeon, Brigham and Women's Hospital; Associate Professor, Department of Surgery, Harvard Medical School; Associate Professor, Department of Health Policy and Manage-

ment, Harvard School of Public Health; Staff Writer, New Yorker Magazine; Director, Safe Surgery Program, World Health Organization.

**Why I do what I do:** "[The writing] lets me step out of the day-to-day grind and think harder about problems you run across all the time in the practice of medicine and often don't understand. . . . [My work as a surgeon enables me] to make a difference and connect with people at a fundamental moment in their life."

**Favorite hobby:** Going out to see bands.

Atul Gawande is a busy man to say the least. He juggles his surgical duties at Brigham and Women's Hospital with teaching duties at the Harvard School of Public Health, while directing the World Health Organization's Safe Surgery Program.

That would be more than enough for most people. But not Gawande, who is also a staff writer for the New Yorker and the author of two best-selling books, *Complications* and *Better*, which have made a significant contribution to the culture of patient safety by discussing – in an unusually honest manner – the issue of medical errors and risk.

In *Complications*, he uses real-life scenarios, including his own, to explore issues of ethics and responsibility in medicine. In *Better*, Gawande again discusses the challenges of practicing medicine and writes candidly about mistakes he has made in practice as well.

Though doctors are notoriously tight-lipped when it comes to admitting – much less discussing – their own mistakes, Gawande, who started writing in the mid-'90s at the behest of his friend, *Slate* editor Jacob Weisberg, is pleasantly surprised by the way the medical community has reacted to his work.

"Especially when I published my first book, I was worried there would be backlash, that I'd be drummed out," he says.

But in the end, angry reactions from fellow physicians never came.

"Fundamentally [people understood that] this is about how I can be good at what I do and we can be [better at] what we do," says Gawande.

Besides, he continues, "it's bad medicine to pretend to ourselves that we're perfect. In an ironic way, it takes a kind of confidence to admit failure, but we've reached a point in medicine where we can do so much that we're not going to lose trust by discussing and trying to understand why things sometimes go wrong." **MMLR**

–Eric Berkman

## Allan Goroll, MD



Age: 62

**Position:** Primary care physician, Associate Professor of Medicine, Harvard Medical School and Massachusetts General Hospital, Chairman, Massachusetts Coalition for Primary Care Reform

**Why I do what I do:** I'm committed to revitalizing primary care as the focal point of our health care delivery system.

**Favorite hobby:** Small wooden-boat sailing.

The health care system is "absolutely crazy," says Allan Goroll, so this state's land-

mark reform may be for naught.

It's really insurance reform, not health care reform, he says.

"We can give people insurance but if they don't have doctors to go to, we're only going to end up with more people in the ER, with uncoordinated care that's unaffordable, and we'll have a new crisis."

Goroll's outspokenness about the dearth of primary care doctors helped prod the state Legislature to pass a bill in August providing incentives for medical students to pursue family medicine, including help with housing and student loan reimbursement.

He rails against the inequity in pay for general practitioners compared to specialists – and vows to change it.

"It's distorted," Goroll says with passion. Physicians "get paid riches for procedures and [pennies] for doctoring, taking time to talk with patients."

The new law also provides financial support for field studies of new models of family care, called "medical homes," which Goroll is involved in setting up in Massachusetts.

A medical home assembles a multi-disciplinary team of health professionals "all working to deliver care and improve access and coordination. It's patient-centered care," he says.

The growth of "minute clinics" is a symptom of the primary care problem. While they offer quick medical attention, they are expensive and can lead to disjointed care, according to Goroll.

He vows that the new medical homes model will boost accessibility and allow patients to see physicians who are aware of their health histories. It will also give patients ready access to their own records, he says. **MMLR**

–Patty Fitzgerald



Greenberg Traurig congratulates all the recipients of the **Rx For Excellence Awards** including:

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## Michael D. Howell, MD, MPH



**Age:** 35  
**Position:** Director of Critical Care Quality, Associate Director of Medical Critical Care Beth Israel Deaconess Medical Center

**Why I do what I do:** It's challenging, it's

fun and it makes a difference.

**Favorite hobby:** Hanging out with my 17-month-old daughter.

"You're 80 percent less likely to die unexpectedly" at Beth Israel Deaconess now than you were in 2005 before the hospital fundamentally changed how it monitors and responds to patients, according to Michael Howell.

Taking a cue from researchers in Australia, Howell, as director of Critical Care Quality, created the Triggers program, which didn't add staff or equipment but redesigned the use of existing rapid response resources and standardized response.

"We took the system that had evolved and said it isn't as good as it should be," he recalls.

A strict protocol for responses when vitals reach possibly dangerous "cut points" (blood pressure less than 90, for example), and requiring nurses to call in physicians regardless of how inconvenient that might be, takes the pressure off any one hospital staff member being accused of overreacting, says Howell.

Cardiac arrests among patients are so rare now, he notes, that doctors are being trained in simulators rather than on live patients.

The next step is identifying those who are apt to get sicker as early as when they are admitted to the hospital and halting the progress of their illnesses.

By 2015, Howell anticipates he and his colleagues will be remarking, "Can you believe we [ever] let people get so much sicker that we needed rapid response?" **MMLR**

—Patty Fitzgerald

## Cleve Killingsworth and Steven J. Fox

Blue Cross Blue Shield of Massachusetts



**Cleve Killingsworth**  
**Age:** 56  
**Position:** President and CEO

**Why I do what I do:** I am passionate about improving the quality and affordability of health care for the members of

the community.

**Favorite hobby:** Photography.



**Steven J. Fox**  
**Age:** 39  
**Position:** Vice President of Provider Network Management, founding partner of eRx Collaborative

**Why I do what I do:** I have a passion to be a part of a health care transformation.

**Favorite hobby:** Spending time with my family.

Last year, some 724 Blue Cross and Blue Shield of Massachusetts patients were spared potentially serious adverse effects from taking medicine because of the plan's e-prescription system, which allows doctors and pharmacists instant access to patients' records.

Having the information handy means doctors won't prescribe medicines to which a patient is allergic or medicines that will cause adverse drug interactions due to other medications the patient is taking.

That success is reported by Steve Fox's department at Blue Cross, which, together with other eRx Collaborative members Tufts and Neighborhood health plans, has led the state and the country in employing technology to boost patient safety while sparing trees and reducing paper shuffling.

An estimated \$630,000 was saved in care that would have been necessary had the errant medications been prescribed, notes Fox.

"I'm really excited to be at the table, that we're in a leadership role nationally," says Fox. His group also is among the first in the country to sign on with Google Inc. to give patients full online access to their health records.

The goal is to better equip patients to participate in their own care. That program will be available in November, says Fox, and will be a demonstration project for other BCBS plans across the country.

Congress has taken note, he says, and just passed legislation promoting the use of technology in medicine, with an eye toward imposing penalties down the road if health businesses refuse to use available methods to save lives.

As for patients, "we want to put the options out there to manage their own health information and share it with their providers," says Fox, noting that consumers will be able to choose how public they'd like their records to be. **MMLR**

—Patty Fitzgerald

## George D. LeMaitre, MD



**Age:** 73  
**Position:** Founder and Director, LeMaitre Vascular, Inc.  
**Why I do what I do:** I always was an amateur inventor.  
**Favorite hobby:** I love to write. It's my biggest passion.

Though he was a respected vascular surgeon, George D. LeMaitre hankered to invent things.

His tool for cleaning weeds in his garden was handy, but he yearned to use that talent for more important endeavors. At the time, doctors treated blockages in the leg by slicing the entire leg, removing a vein and using it as a bypass conduit.

LeMaitre invented and patented the valvulotome, which permits the vein to be used as a bypass conduit while remaining in the body, with just three small incisions. The invention minimizes tissue trauma, improves patient outcomes and reduces hospital stays.

After years of trying to sell his invention to large companies, LeMaitre formed his own business in 1986. "It was me and two secretaries," he says.

Now, his son runs the publicly-traded company with 220 employees. It is based in Burlington and listed on NASDAQ.

A second invention for which he holds a patent, radiopaque marking tape, adheres to the outside of the body while measuring things inside during X-rays, and really "took off," he says, with physicians finding many other uses for it.



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Exhibit A



With acquisitions over the years, the company markets 10 medical devices, but he's most proud of his original, the valvulotome, because "it changed the way people do bypasses."

LeMaitre now travels the world and talks about the products.

After serving as chief surgeon at Lawrence General Hospital, LeMaitre retired from his medical practice at age 62, but still speaks with pride of his many awards, including his St. Luke's Award from St. Lukes/Roosevelt Hospital in New York. He is still an instructor at Tufts University School of Medicine, training students in the art of physical diagnosis.

LeMaitre has published four books, including two medical books, a book for patients entitled "How to Choose a Good Doctor" and a novel. **MMLR**

—Patty Fitzgerald

## Eric Linzer, Esq.



**Age:** 36

**Position:** Vice President of Massachusetts Association of Health Plans

**Why I do what I do:** I enjoy the job and the issues we cover. I think it's important work.

**Favorite hobby:** Spending time with my kids watching the Patriots.

Eric Linzer is quoted prominently in news articles about the implementation of the

state's landmark health care reform law, but he's embarrassed to be singled out for his accomplishments.

Everything he does, he says, is part of a collaborative effort by many in the state's health care industry as well as the HMOs he represents in the Massachusetts Association of Health Plans' efforts to help provide coverage for all residents.

All of the work is attributable to "more than any one person," he says. And yes, he is "very optimistic" about the success of the program.

Linzer also had a hand in ensuring that not only were preventable mistakes in hospitals acknowledged, but consumers were not made to pay for such procedures.

After much discussion between parties, a measure was supported that places reasonable measures and limits on hospital actions. "In what other industry do we pay when mistakes happen?" he asks.

The young lawyer is most proud of his involvement in the reaching of a compromise between HMOs and hospitals on proper coding for plans' acceptance of coverage in Medicare cases.

Initial legislation did not create a plan that was workable for HMOs, he says. So he got the parties together over seven or eight months to hash out their concerns away from the political maelstrom, and a consensus was reached to upgrade the system in a manner acceptable to all in a reasonable amount of time.

As with so many issues affecting health care, "it shows that when groups can sit down and have a conversation outside the political process, we can work well together," says Linzer. **MMLR**

—Patty Fitzgerald

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## Massachusetts Coalition for the Prevention of Medical Errors



Paula Griswold

The Massachusetts Coalition for the Prevention of Medical Errors has only been around since 2003, but in that short period, the public-private partnership has already helped hospitals achieve dramatic reductions in medication errors and hospital-based infections.

When the Coalition was first established, it identified – with the help of hospital representatives and patients-safety experts – medication errors as one of the most frequent and harmful risks for patients.

“Even a small error rate in this area can have severe results because these procedures are so numerous that a lot of people can get hurt,” says the Coalition’s executive director, Paula Griswold.

The Coalition subsequently set up a statewide initiative in which 90 percent of Massachusetts hospitals participated in Coalition-sponsored education programs and shared tips and tools with each other as they sought to improve their error rates.

The impact has been phenomenal. The Coalition surveyed CEOs and team leaders of participating hospitals and almost 100 percent of respondents said the initiative had a large or moderate impact on patient safety.

The results “show how valuable it is to make it easy for organizations to learn from each other and from other models around the country,” says Griswold.

The Coalition’s second major initiative, reducing hospital-based infections, has been more complex, says Griswold, explaining that the first initiative addressed a single, frequent process, but any number of causes can lead to infections.

Nonetheless, hospitals have seen major improvements. For example, in intensive care units, a number of organizations have eliminated central-line infections and cases of ventilator-associated pneumonia.

“We can’t take full credit for this because many hospitals were working on this even before we asked them to share their lessons learned,” says Griswold. “But we’re excited to see people having dramatic results and we hope to have that level of success at all hospitals in the state by the end of 2009.” **MMLR**

–Eric Berkman

## Roseanna H. Means, MD



**Age:** 56  
**Position:** Founder, Women of Means, Inc.  
**Why I do what I do:** I do it because homeless women are not getting the care they need and someone needed to come up with an alternative

creative solution to this problem.

**Favorite hobby:** Being outdoors. Hiking, biking, kayaking.

When internist Roseanna Means worked in a Cambodian refugee camp in the early 1980s, she learned a powerful lesson: the importance of the most disenfranchised people receiving aid on their own turf.

“It sends a strong message of advocacy and support,” she says.

Since 1999, Means has integrated that lesson into “Women of Means,” her nonprofit organization that sends volunteer physicians into Boston shelters to treat homeless women and children.

Last year, Means’s volunteers made 10,000 clinical visits, gave \$500,000 in donated professional services and saved Boston hospitals \$2 million in emergency-room visits.

Additionally, the organization has documented exciting outcomes in its patients, ranging from getting a schizophrenic woman living on the streets to work with a volunteer psychiatrist and go on medication to helping people transition from the streets to their own apartments and their own doctors.

“The results are really promising and show that these women do really care about their health,” says Means.

But it hasn’t been easy. Initially, it was tough to gain the trust of the patients.

“It’s not as easy as walking in like a white knight, saying, ‘I’m here to help you and treat your diabetes.’ These women are scared, untrusting, beaten, broken,” Means explains.

In order to break down this barrier, Means arranges unlimited services on a predictable schedule with no time limits.

“Women know on a particular day that this doctor will be here with this nurse,” she says. “It’s part of the trust-building exercise.”

The other big issue has been funding. In the current economic climate, individual donations have fallen off, creating stiff competition with other nonprofits.

As a result, Means, who spends much of her time fundraising – taking her away from the patients she loves to treat – is trying to position the organization for underwriting.

“There’s a huge need for the medical community to be involved in an enterprise like ours,” Means says. “We just need more money to be able to do it.” **MMLR**

–Eric Berkman

## Michael D. Miller, MD



**Age:** 48  
**Position:** President and founder of HealthPolCom  
**Why I do what I do:** I like fixing parts of the health care system to make it better for patients and society.

**Favorite hobby:** Being outside. I’m an avid Red Sox fan.

Michael Miller is a health care diplomat. He gets all the stakeholders to see issues from totally new perspectives “to move things forward.”

Is he frustrated?  
“Constantly,” he says. “Most people think if there’s no consensus, nothing can happen. But understanding moves things toward consensus, compromise.”

Miller’s job is to educate organizations, companies and policy makers on key issues. “I translate science geek talk into English, the medical and scientific [lingo] to language people can understand.”

While working in Washington, D.C., for 12 years before starting HealthPolCom – including positions at the White House, Congress and Pfizer, Inc. – he was able to obtain broader Medicare coverage for cancer treatments, among other accomplishments.

Now when he counsels clients about Congress’s snail’s pace in dealing with issues, he tells them, “That’s just the way it works.”

One client he advised is developing a breakthrough test for cardiac toxicities to improve the development of new medicines and patient safety.

His integrity is his calling card. Even in his five years working for a pharmaceutical giant, Miller says, he never went to bat for something he couldn’t stand behind.

“There might have been a lot of money in a big project, but if I didn’t think it was a good thing, I’d say so,” he says.

Miller’s blog, [www.healthpolcom.com/blog](http://www.healthpolcom.com/blog), became Google’s number one health policy and communications website and is said to be read by policy experts across the country. **MMLR**

–Patty Fitzgerald

## Medical-Legal Partnership for Children, Boston Medical Center



Samantha Morton

When clients complain to the Boston housing inspectors of unhealthy apartments filled with mice, roaches and mold, they are put on a to-do list.

The Medical-Legal Partnership for Children has been able to strike an agreement with officials, called the Breathe Easy at Home initiative, so that people facing these problems whose family members have dangerous health reactions from allergies or asthma will be “red-flagged” and get immediate attention.

This is an example of how the partnership is able to crumble barriers facing poorer families in the city with a model of collaboration that’s taken hold across the country, leading to 70 such partnerships.

As deputy director, Samantha Morton is especially proud of her staff’s commitment to “collaboration and cross-cultural exchange between the legal and medical communities. Every day, they come together to promote children’s health.”

Because more than half of the more than 5,000 local families the partnership serves don’t speak English, they face difficulties in getting their needs met and receiving government benefits. The partnership sees to it that these families receive those benefits and the health care they should, so that they can tend to other challenges of daily living.

Morton is particularly gratified to see young medical practitioners who are receiving training from the partnership actually incorporating concerns about the social determinants of health into their practices.

Those benefits that may be slow in coming or get stalled indefinitely include food stamps, health insurance, safe housing, special education and other supports.


The 10 full-time employees, several part-timers, and volunteers from 16 law firms, seven health centers and six community health centers work tirelessly to advocate for families and train clinical and legal partners in order to collaboratively break down barriers that perpetuate health disparities among the poor. **MMLR**

–Patty Fitzgerald

## Rick Mindess, MD



**Age:** 53  
**Position:** President and CEO of Wellport, Newburyport, Mass., CEO and Medical Director of Lower Merrimack Valley Physician Hospital Organization and the Whittier Independent Practice Association



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**Why I do what I do:** I've become somewhat passionate about the potential role of information technology in significantly impacting the quality, safety and cost of health care, as well as patient satisfaction.

**Favorite hobby:** Playing golf.

"No town in the country has accomplished what we've accomplished," says Rick Mindess about Newburyport's success in connecting its physicians by computer.

Nearly 140 clinicians in 39 practices in the greater Newburyport community are already participating in the network as part of the Massachusetts eHealth Collaborative using Wellport, a health monitoring system led by Mindess that creates a Health Information Exchange (HIE).

Some 90 percent of patients approached about signing up to allow greater access to their medical records choose to participate.

Soon, clinicians at the 123-bed Anna Jaques Hospital also will be able to use Wellport to access vital information about their patients, strengthening patient safety and outcomes.

Mindess was an orthopedic surgeon, so he knows the stresses: patients piling up, calls to answer, emergency room obligations and "all the stuff that life throws at you."

His challenge now is to demonstrate to doctors the benefits to patient care and time-savings that e-mail and instant record retrieval can provide.

"Most doctors are apprehensive. They don't want to be bombarded with e-mails," he admits, but educating doctors and staff, as well as patients, as to its value and "where the lines get drawn" is a necessity.

As for security, there are user names and passwords to ensure privacy and information is encrypted and stored using "incredible firewalls" to prevent hacking, says Mindess.

As more and more physicians sign up, they have been looking forward to using Wellport, says Mindess.

Making it easy to access is crucial, along with a learning curve that's as efficient and painless as possible. "I'm optimistic. But there are challenges." **MMLR**

—Patty Fitzgerald

## Laura A. Montgomery



**Age:** 29  
**Position:** Quality Manager, New England Cord Blood Bank

**Why I do what I do:** So that if another family out there needs a medical product, they do not have to worry about safety or quality.

**Favorite hobby:** Playing with my 2-year-old daughter.

Quality is a sensitive issue for New England Cord Blood Bank, which stores semen, embryos and eggs for infertile couples as well as cord blood for stem-cell treatments. Threats to the purity of these products could have devastating results.

So it was serious business when NECBB lost one of its voluntary accreditations. Enter Laura Montgomery. In a mere eight months, Montgomery has built what colleagues call a "phenomenal" quality system.

Before Montgomery arrived, NECBB took a reactive approach to quality, addressing problems but not tracking for recurrences.

But Montgomery implemented a detailed monitoring, tracking and trending system to determine if what appeared a one-time mishap was actually a system error.

For example, an outside testing facility complained about samples NECBB was sending for viral testing. Everyone assumed it was an isolated incident, but the complaints kept coming.

Montgomery's team tracked and reviewed the complaints and determined that temperature fluctuation during shipping was affecting the samples themselves.

"We changed the way we shipped them and the complaints went away," she says.

Similarly, Montgomery looked into NECBB's alarms being set off. Because NECBB stores stem cells, everything is alarmed and secured. Again, people assumed these were isolated incidents.

But Montgomery tracked the occurrences, interviewed people involved and discovered that staff had a poor grasp on how to set the alarm. Retraining solved the problem.

To achieve all this, Montgomery needed buy-in from staff.

That meant educating them to think of an incident in terms of "it happened three times this week" as opposed to "it happened."

She also had to reassure them that executive management would address quality mistakes by retaining people instead of firing them.

"[A major barrier to quality] is people fearing they'll get fired if they make a mistake," Montgomery says.

The biggest lesson Montgomery takes away from the experience is patience.

"You can't just assume people know the things you know," she says. "I also learned how to communicate better." **MMLR**

—Eric Berkman

## Senator Richard T. Moore



**Age:** 65  
**Position:** Senator, Chair of Senate Committee on Health Care Financing

**Why I do what I do:** It's a way to make a serious difference for people across the state.

**Favorite hobbies:** Finding old books; taking in stray cats

While landmark health care reform in the state is providing insurance coverage for many more residents, it is also bringing to the forefront other critical health care problems, and state Senator Richard Moore is not sitting on his laurels.

"The word is getting out about the need for a better, much safer health system," says Moore, who helped launch the Betsy Lehman Center for Patient Safety and Medical Error Reduction to collect and publicize reports of medical errors and hold health facilities and medical professionals accountable.

As the hue and cry for more primary care physicians rises, the senator, chair of a key committee on health care, pushes harder. He supports a measure signed into law in early August that takes steps to boost the number of primary care doctors by providing financial incentives for medical students and setting up a health care workforce center to improve access to services, among other features.

Another way he's helped boost patient

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safety is simpler but just as effective.

He's been working with the Massachusetts Coalition for the Prevention of Medical Errors to promote hygiene among physicians after it was found that some 40 percent don't wash their hands in between seeing patients.

Antiseptic soap dispensers have been popping up in all kinds of public places as a result of an emphasis on cleanliness, he says.

MMLR

—Patty Fitzgerald

## Delia O'Connor



Age: 59

**Position:** President and CEO, Anna Jaques Hospital, Newburyport

**Why I do what I do:** I like to improve and fix things and hospitals are complex organizations that merit that kind of attention.

**Favorite hobby:** Windsurfing.

When Delia O'Connor took over as CEO of Newburyport's Anna Jaques Hospital, the facility was a major cost center for insurers with 100 percent loss ratios in liability and workers' compensation.

In just three years, O'Connor has engineered an overhaul that has dropped these loss ratios to below 20 percent.

Three initiatives have contributed to the turnaround: a data-sharing project, a "chain of command" policy and a "return to work" policy. O'Connor is particularly proud of the data initiative.

Comparing the hospital's clinical results with comparable institutions, O'Connor and her staff discovered more surgery-related complications than they anticipated. Drilling down further into the charts, they identified and addressed trouble spots, most of which were peripheral to the surgeries themselves.

Now O'Connor expects the hospital to be in the top 10 percent of hospitals nationally in measurable quality outcomes.

"From the top level down, there's an interest in getting outside peer measures and holding ourselves accountable," she says.

O'Connor has also created a "chain of command" policy to guide nurses with misgivings about treatments that have been ordered to halt procedures pending a second opinion.

"Someone in that position is usually concerned about retribution and rocking the boat," says O'Connor. "We reinforce that we're on the side of the patient and are counting on these employees to speak up. And we back them up."

Finally, O'Connor has implemented a "return to work" policy under which injured employees can return to limited duty before they're ready to perform the full function of their jobs, enabling them to provide value to the hospital without falling out of the rhythm and routine of work.

Meanwhile, O'Connor anticipates another initiative, a "no lift" program in which patients are moved with mechanical equipment, to further diminish the hospital's workers' comp loss ratios.

"We're working very hard to reduce unfavorable trends," she says. MMLR

—Eric Berkman

## ProMutual Group Risk Management Department



Maureen Mondor

Mutual extraordinary.

The department's former vice president, Maureen Mondor, points out that among them, they represent some 250 years of clinical and 130 years of risk management experience, which shows when they visit physicians' offices for appraisals, the pro-active "cornerstone of what we do."

Great effort is made to appeal to doctors' logical bent. They are shown data from claims and independent research illustrating how changing their office's policies and procedures can improve patient safety.

Presenting a graph showing them how they stack up to their peers has proven extremely motivating, Mondor adds.

The most common allegation is "failure to diagnose," which Mondor traces to a lack of communication skills, a "thread that runs through all" claims, she says. Adequate follow-up is another major weakness her team works one-on-one with clients to improve.

"The patient feels more satisfied whatever the outcome" of the procedure if communication is thorough, says President and CEO Richard W. Brewer.

Encouraging physicians with educational programs and requiring strict protocols to reduce risks have cut claims, particularly in childbirth and anesthesia, he said.

Both executives credit the department's emotional support program that brings comfort to physicians and their families after a catastrophic event that may or may not lead to a claim by a patient.

The program is totally anonymous and does not affect clients' policies. And it's sorely needed for a client base that's "taught to be almost perfect," says Mondor.

And Brewer says his company's business-hours hotline, answering physicians' questions about risk "from soup to nuts" and, in some cases, just calming their nerves, has proven very popular, despite his initial skepticism. MMLR

—Patty Fitzgerald

## Arun Ramappa, MD



Age: 38

**Position:** Chief of Sports Medicine, Orthopedic Surgery Department, Beth Israel Deaconess Medical Center

Specializing in sports injuries and disorders of the knee, shoulder and elbow, Arun Ramappa is in demand.

He is an attending surgeon and Chief of Sports Medicine at the Beth Israel Deaconess

Medical Center, but Ramappa is also a consultant for the Red Sox and team physician for the Lowell Devils of the American Hockey League.

His research focuses on pitching injuries, for which he recently earned a grant from Major League Baseball, as well as anterior cruciate ligament (or ACL) tears and rotator cuff disorders.

Of Sox pitcher Curt Schilling's chances of returning to the major leagues after the latest of three shoulder repairs, Ramappa was quoted on MLB.com as saying, "Honestly, who knows? Recovery is very patient-specific. Everybody is different. Typically, people who have extensive shoulder surgery don't come back at 100 percent, but we already know Curt Schilling is not typical."

With the grant, he'll study a common pitching injury known as SLAP (Superior Labrum Anterior to Posterior).

"We'll be using cadaver models," Ramappa told MLB.com. "We've designed and are now building a pretty complex apparatus in the Ortho Biomechanics Lab at Beth Israel Deaconess Medical Center that will allow us to study the arms in various positions and under various stresses. If we can identify the deforming forces that cause the injuries, it may inform us on how to go about preventing some of them."

The results mostly likely will mean improved treatment for all patients. MMLR

—Patty Fitzgerald

## Amy Rosen, PhD



Age: 59

**Position:** Professor of health policy and management at Boston University School of Public Health; Researcher at the Center for Health Quality, Outcomes and Economic Research

search

**Why I do what I do:** I'm really interested in patient safety, and I'm trying to understand what I can from a multifaceted perspective.

**Favorite hobby:** Hiking

To Amy Rosen, attitudes are critical in maintaining patient safety.

In surveying groups of frontline hospital workers and senior management in a study on variations in safety cultures across Veterans Administration hospitals, she found that frontline workers were more negative in their perceptions about a facility's patient safety culture, and more apt to see problems, than senior management.

Why is such an analysis important? "If people don't think there are problems, then not much will get done," says the Boston University professor and research scientist at the Center for Health Quality, Outcomes and Economic Research at the Bedford VA Hospital.

Her study is examining the relationship between safety cultures and safety outcomes, including Patient Safety Indicators (PSIs). In fact, says the U.S. Department of Veterans Affairs, Rosen has become a national expert in the use and application of PSIs.

Over her career, she developed a risk-adjustment model to predict decline in functional status in long-term care facilities, and it has been used as a standard of quality in

many studies since.

Her recent work has helped predict whether something will become a patient safety problem by improving the measurements and definitions of some of the warning signs. "We've helped to improve definitions of some of the health indicators so methods of assessment are more accurate," she says.

Several years ago, she helped boost research leading to the banning of smoking in workplaces, restaurants and public places.

She was working at Harvard University at the time and determined that the policies, when followed, not only improve health but have "important implications for employees in terms of improving morale" because suddenly, management was taking the needs of workers into account.

In addition to supervising BU doctoral students, Rosen serves as a senior mentor for fellows, junior faculty, and VA career development awardees. MMLR

—Patty Fitzgerald

## Luis T. Sanchez, MD



Age: 66

**Position:** Director of Physician Health Services of the Massachusetts Medical Society

**Why I do what I do:** It's a unique opportunity to be able to help physicians stay

healthy and practice medicine well.

**Favorite hobby:** Gardening at my Vermont farmhouse

Self-care is "a huge issue for all of us," says Luis Sanchez, but maybe more so for physicians, who are specifically trained to care for others first.

The challenge he and his staff face at Physicians Health Services – a non-profit corporation founded by the MMS that provides confidential consultation and support to physicians with health issues – is getting the word out that doctors do not have to suffer in silence with emotional problems.

Instead, they can contact Sanchez's office before "a malady affects their personal lives or their medical practice."

PHS has a number of support groups that bring together health care professionals who have addictions and other health problems.

The group promotes its services "every chance we get," says Sanchez, reaching out to 40 or 50 hospitals per year with programs and holding conferences every other year. "Our goal is to have every physician know of our existence."

Promoting health in general is a focus as well, he adds, in an effort to head off problems resulting from the long hours and stress of the job.

With medical schools half-filled with women, he's optimistic about change.

"Women physicians are more interested early on about healthy lifestyles and family and not letting their medical life be too driven," Sanchez says.

He also sees young doctors choosing less intense specialties including dermatology and ophthalmology rather than cardiac fields, a development that requires some attention. "It's important for physicians to balance their professional and personal lives."

Sanchez has been praised for his early vocal objection to proposed changes to physi-

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cian regulations by the Massachusetts Board of Registration in Medicine.

"For physicians who have health problems, it's important that the regulations reflect their need to be helped, not hindered," he told the Board, which has come under fire since 2005 for attempting, according to some in the medical community, to double the number of behaviors for which physicians can be disciplined. **MMLR**

—Patty Fitzgerald

## Stephen M. Weiner, Esq.



**Age:** Declined to answer

**Position:** Chair, Health Section, Mintz, Levin, Cohn, Ferris, Glovsky & Popeo, P.C., Boston

**Why I do what I do:** I find health care to be an area of continual fascination. It's

dynamic, changing, occasionally dysfunctional, important for people, a significant part of the national economy and presents a continually changing set of challenges.

**Favorite hobby:** Attending operas.

Limited-service clinics and the "medical tourism" industry both stem from society's inability to provide sufficient affordable care. Boston attorney Stephen Weiner is at the

forefront of these controversial sources of care, counseling providers and facilitators to ensure patient safety.

Earlier this year, the Department of Public Health authorized Weiner's client, MinuteClinic, to open medical clinics at CVS pharmacies across the state to treat patients for minor conditions that might otherwise overburden primary-care practices and emergency rooms.

Physicians responded loudly with concerns about continuity of care, the scope of services being offered and overall patient safety.

But Weiner's work with the Department of Public Health in helping formulate regulations for such clinics has helped reassure the public as the clinics prepare to open this fall.

Weiner also emphasizes that MinuteClinic is not intended to be a medical home. "It's just a piece to help with access," he says. "A lot of people feel that for routine sniffls, to have a place where you can drop in without an appointment on a rapid turn-around basis is desirable."

Meanwhile, Weiner has helped make sure that medical tourism — travel abroad for cheaper medical treatment — is safe for patients.

Weiner has counseled Dubai Healthcare City in the United Arab Emirates in developing safety and quality regulations for its treatment of medical tourists and he sits on the board that licenses providers there. Quality of care has evolved to the point that he'd feel comfortable having a family member treated there, says Weiner.

At the same time, he's been working with American medical-tour companies, helping

them navigate such thorny issues as giving patients informed choices without making recommendations and the extent of liability a tour company could face for a bad medical outcome.

He says it's a particularly challenging arena because it's so new. "Companies are having people sign waivers," he says. "But there's a lot of untested stuff." **MMLR**

—Eric Berkman

## Anthony D. Whittemore, MD



**Age:** 63

**Position:** Chief Medical Officer, Brigham and Women's Hospital

**Why I do what I do:** To provide the highest quality and safest care for patients.

**Favorite hobby:** Going sailing with the grandkids.

While watching the cashier scan his purchases in the hardware store one day, Andy Whittemore wondered to himself: "Why aren't we doing this with medications?"

Some research told him that the pharmaceutical industry did not barcode packages because it was an added expense and there was no incentive.

After further investigation, he estimated it would take a \$10 million investment, including the development of a \$600,000 repackaging plant, to institute a medication scanning system at Brigham and Women's Hospital.

While that represented 25 percent of the institution's profit margin, Whittemore was determined and, after two long years, convinced the hospital's financial executives that the benefit in preserving lives was worth it.

Since the electronic medication record (eMAR) program went online in 2004, linking an order entry, the pharmacy and the medication administration record, the decrease in dispensing errors has been 85 percent, Whittemore reports.

While rest of the nation is following suit, only the largest health care institutions will be able to afford it at first, he says. But he believes the system will be simplified over time and the investment will come down, allowing smaller community hospitals to benefit as well.

Medication errors have always been an issue "we were all aware of and tried to mitigate," but the death of Boston Globe health reporter Betsy Lehman in 1994 from a chemotherapy overdose was a turning point in the industry, says Whittemore.

"We were all shaken up by it," he recalls. "There was tremendous motivation" to solve the problem.

For its great strides, Brigham and Women's received the 2006 National Quality Health-care Award and was co-recipient of the inaugural Betsy Lehman Patient Safety Recognition Award in 2005. **MMLR**

—Patty Fitzgerald

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