Patient Affordability team identifies savings

PATIENT AFFORDABILITY is one of three pillars of the Partners HealthCare Strategic Initiative, along with care redesign and reputation/communication. By cutting costs and improving efficiency, Partners is taking steps to make health care more affordable for patients and has committed to implementing $300 million in systemwide cost savings over three years.

A key aspect of this patient affordability pledge is finding ways to save on non-labor-related costs. “Most of these savings will come from appropriately standardizing the products we purchase, carefully managing their use and achieving optimum pricing,” says Mary Anne Thadeu, corporate director of Finance and a lead for Patient Affordability. “We want to use the leverage of our system to save costs on products and services.”

Partners estimates that $50 million to $75 million in savings could be found in non-staff areas over a 12 to 18-month period.

We had many discussions to see whether our surgeons and others could agree on a more limited selection of products and a reduced number of vendors for those products without compromising care,” says Lawrence Cohn, MD, co-chair of the team and physician director of Medical Device Technology at Brigham and Women’s Hospital.

One such team comprises physicians, nurses and administrators working to reduce the cost of spine implant devices, which are typically very expensive.

“Partners estimates that $50 million to $75 million in savings could be found in non-staff areas over a 12 to 18-month period. In the past several months alone, $25 million in savings have been implemented. Several teams are actively working on clinical and nonclinical cost-saving projects.

NGELMAN syndrome clinic

The MGH, MGHfC and the Angelman Syndrome Foundation (ASF) have partnered to establish the Angelman Syndrome Clinic, celebrating the launch at an Oct. 23 event. The facility – one of only two in the country – is focused on serving the comprehensive medical needs of children and adults with Angelman syndrome. A rare congenital disorder occurring in one in 15,000 live births, the condition is often associated with autism and causes severe neurological impairment that appears in newborns and lasts for a lifetime.

The purpose of the clinic is to reduce the frequency and severity of Angelman syndrome symptoms, particularly seizures, and to develop individual dietary regimens to further reduce symptoms, says Ron Thibert, DO, MSPH, the clinic’s co-director. The clinic also will work to enhance education for Angelman syndrome patients, helping them achieve their full developmental potential. With the ultimate goal of improving quality of life for individuals with Angelman syndrome, the clinic provides “one-stop-shop” access to a clinical geneticist, neurologist, psychiatrist, psychologist, speech language pathologist, physical/occupational therapist, genetic counselor, social worker and nutritionist – all specializing in the disease.

For more information, contact clinic coordinator Elias Shaaya at 617-726-6540.

CHILD AND ADOLESCENT MEDICAL-Psychiatry (ChAMP) clinic

The Division of Child and Adolescent Psychiatry recently launched the ChAMP Clinic to provide outpatient psychiatric consultation to children with both medical and psychiatric illness. Elizabeth Pinsky, MD, and Lawrence Selter, MD, will accept referrals from primary care physicians and subspecialists for patients exhibiting problems such as psychosomatic illness, depression or anxiety related to medical illness, psychiatric issues interfering with adherence to medical treatment, and illnesses that have both psychological and physical manifestations, including fibromyalgia and chronic fatigue. The clinic will provide evaluations, treatment recommendations, short-term care and referrals to local providers for those needing long-term care. For more information, clinicians should email epinsky@partners.org or lselter@partners.org. Patients can call 617-726-2726 for an appointment.

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Robert E. Scully, MD

ROBERT E. SCULLY, MD, a giant in the field of pathology and a beloved member of the MGH family for more than 55 years, died Oct. 30 at the age of 91. Scully will be remembered as a compassionate and caring man whose dedication to his profession changed the lives of countless colleagues and patients.

“He was quiet but firm, honest, careful, considerate and happy to give credit to others. As such, he was a beloved figure in the field of pathology worldwide,” says David L. Louis, MD, pathologist-in-chief.

Scully joined the staff of the MGH Department of Pathology in 1950 and became known globally as an authority in gynecologic and testicular pathology. He authored more than 480 scientific papers and described many previously unrecognized entities. Scully’s textbook on the ovary is considered the standard reference work on the subject, and the current classification of gynecologic tumors derives largely from his work.

“He had all the qualities one would wish for in a mentor – a remarkable fund of knowledge to pass on, the patience to pass it on and consideration when his trainees did not live up to his remarkably high standards,” says longtime colleague and MGH pathologist Robert H. Young, MD, who also is the Robert E. Scully Professor of Pathology at Harvard Medical School (HMS). “His diagnostic prowess in the department and far beyond is the stuff of legend. Because of his own countless astute diagnoses, he has benefitted the care of thousands of individuals, and by improving knowledge with numerous publications, he has placed the field of pathology – particularly gynecologic pathology – on a footing immeasurably stronger than before he entered the field.”

Scully graduated from HMS and later became a professor of Pathology there. He also served in the U.S. Army during the Korean conflict and was stationed at the 406th Medical General Laboratory in Tokyo. Earlier this year, Scully became the first pathologist to be honored with the prestigious Lifetime Achievement Award from the Massachusetts Medical Society, given to a society member who has made lasting contributions to the practice of medicine over his or her lifetime. It is one of several awards and honors Scully received during his career.

One of his most treasured professional accomplishments was serving for 27 years as editor of the Case Records, or CPCs, of the MGH in The New England Journal of Medicine. MGH pathologist Nancy Harris, MD, Case Records editor since 2002, says she is honored to follow in the footsteps of such a brilliant pathologist. “The experience of being editor has given me tremendous respect for the breadth and depth of Dr. Scully’s medical knowledge, his impeccable judgment in selecting appropriate cases and discussants, and his meticulous attention to detail in the editing process,” Harris says.

Funeral services were held Nov. 6.

— Patient Affordability

(Continued from page 1)

 alternatives. When it came down to asking the surgeons, ‘do you really need XYZ device or can you use something else?’ they almost always agreed that there was an equivalent and acceptable alternative.”

Once the team agreed on the devices, they presented a pricing package to vendors for each component of a spine device – down to even screws – and a lower price overall. The 37 vendors were asked whether they would accept the pricing strategy; in the end 28 vendors did. New three-year contracts went into effect in mid-September, with a total annual savings of $4.3 million – a 28 percent reduction from the original budget for these devices.

“We took this approach for a couple of reasons: spine implant devices are very high-cost items to begin with; benchmarks showed the prices vendors were charging us were high; and the new contracts would cover all vendor products, making it easier for Partners to administer,” says Thadeu. “Through this process, we learned that, when doctors agree on a common vision and remain united, we are able to achieve significant benefits.”

Another cost-saving project involves numeric and alphanumeric pagers. More than 12,000 pagers have been issued to employees and staff throughout the Partners system. To improve efficiency and reduce costs, a Patient Affordability team has been identifying underused pagers and discontinuing them if no longer needed. They also are determining which administrative employees could switch to cell phones and confirming which staff do need a numeric or alphanumeric pager. The initiative will not affect emergency management pagers.

In researching the issue, the team found that 29 percent of pagers receive five or fewer pages per month; some receive only six to 10 pages per month. With these statistics in mind, the goal is to reduce the number of pagers by one-third, which could save an estimated $250,000 to $280,000 annually throughout Partners.

“To date, it’s been determined that almost 1,300 pagers across Partners are no longer needed,” says Becky Trask, director of Partners Strategic Operations Management. “This is more than 30 percent of our goal.”

To submit cost-savings ideas, send an email to patientaffordability@partners.org. For more information about the Partners Strategic Initiative and other redesign efforts at the MGH, visit http://priorities.massgeneral.org.

### ADDITIONAL NON-LABOR COST-SAVING PROJECTS

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<th>Cost</th>
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<tr>
<td>Purchasing reprocessed products</td>
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<td>Better pricing on stents and balloons</td>
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<tr>
<td>Better pricing for records storage</td>
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it took only seconds for the needle to slip from the arm of the patient with HIV and prick the finger of Eva Selhub, MD – but the moment was life-changing. It was June 1996, and Selhub, now a clinical associate in the MGH Department of Medicine, was a 28-year-old resident on her way to becoming an Intensive Care Unit pulmonologist at an area hospital.

Selhub would test negative for HIV infection, but the anxiety that followed the incident made her take a closer look at her professional goals. That stress, coupled with an ensuing period of loss and grief – within five months her father had a heart attack, both her grandfather and her dog died, and all her possessions were lost in an apartment fire – left her reeling emotionally and physically. “I lost my will to live,” Selhub says. “I felt punished. I wanted to know ‘why me?’ But the truth is, ‘why not me?’ It’s not personal. Life happens. It comes down to how you perceive it. You can be a victim or you can be a victor.”

Selhub spoke Oct. 22 during the annual MGH celebration of Spiritual Care Week, “Giving Voice to the Whole Person: Mind, Body and Spirit,” sponsored by the MGH Chaplaincy and held in conjunction with National Pastoral Care Week. During her presentation, “Merging Eastern and Western Medicine,” Selhub described how her life changed after she turned her focus to integrative medicine and embraced this new passion as a physician at the Benson-Henry Institute for Mind Body Medicine.

In addition to Selhub’s lecture, the Chaplaincy hosted a number of events to showcase its compassionate care and clinical pastoral expertise. There was a labyrinth walk in the MGH Chapel promoting personal reflection, a blessing of the hands in appreciation for the many tasks hands perform to provide comfort and care, and a display table in the White Lobby offering educational materials and resources.

“It was exhilarating to touch the lives of so many during the week,” says Chaplaincy Director Rev. John W. Polk. “It is our mission to awaken the spirit in each of us – patients, families and staff – as we seek healing, wholeness and being the best we can be.”

Daniels named first James Howard Means Chair

THE LATE JAMES HOWARD MEANS, MD, served as the first chief of the MGH Thyroid Clinic – the hospital’s first specialty unit – until his retirement in 1951. He was known for his research on the thyroid gland and nurturing of young investigators, as well as for coordinating and mustering financial support in what was once known as Ward 4, the hospital’s first designated space for clinical research. In honor of his legacy, and through the support of anonymous donors, the hospital recently established the James Howard Means Endowed Chair. Staff, family and friends gathered Oct. 15 to celebrate the new chair and its first incumbent, Gilbert H. Daniels, MD, co-director of the MGH Thyroid Clinic, at the Paul S. Russell, MD Museum of Medical History and Innovation.

“The importance of endowed chairs is significant,” said Peter L. Slavin, MD, MGH president, one of several speakers at the event. “They are intended for prominent members of the faculty and are truly an honor. But the benefits for the incumbent, the hospital and the advancement of medicine extend well beyond honor. An endowed chair gives the incumbent the flexibility to pursue his or her clinical and academic activities with more vigor and flexibility than ever.”

In addition to his role in the Thyroid Clinic, Daniels is medical director of the MGH Endocrine Tumor Center and co-director of the MGH Endocrine Tumor Genetics Clinic. A prolific researcher and respected teacher, he is the recipient of the Distinguished Clinician Award of the American Association of Clinical Endocrinologists, the Harvard Medical School Prize for Excellence in Teaching and the Distinguished Educator Award of the Endocrine Society. Daniels also is an active member of the leading associations in his field and has served in leadership roles for several of them. After his retirement, the chair will be renamed the Gilbert H. Daniels, MD, Endowed Chair.

Says Daniels, “This endowed chair will have a major impact on the ability of the Thyroid Unit to support excellence in clinical care, teaching and research for many decades to come.”
A special first dance

**AS A CHILD** suffering from Ewing’s sarcoma, a type of bone cancer, Marcela Gaviria complained to her surgeon, Dempsey Springfield, MD, that she would never get married. “I always wondered how difficult it would be for someone to sign up for my life,” Gaviria says.

But on June 23, Gaviria, now 43, did get married. Her first dance at the wedding reception was with Springfield, a longtime member of the Department of Orthopaedics.

Gaviria first met Springfield when she was 12 and needed a bone transplant. Even after the cancer was gone, numerous procedures were required to try to repair the damage the cancer caused in the bones in her leg and hip. For every surgery over the past 30 years, no matter where she was living, she turned to Springfield for help.

“I have a great surgeon that really cared to get it right,” Gaviria says. “It’s a beautiful thing.”

Gaviria, who walks with a cane, is still at risk of losing her leg; the future will likely hold more surgeries. But with Springfield, she knows she is in good hands.

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**MGHer ousts champion during “Jeopardy!”**

**WHEN MEREDITH LOWMASTER** saw the category “Countries and Populations” displayed during the final round of her “Jeopardy!” game show competition, her heart sank. “I thought, ‘That’s it. It’s been fun, but I’m going home,’” says the researcher in the MGH Center for Comparative Medicine. “And then I saw the question and it was really confusing. It’s the classic rule that whatever you are ready for – they don’t ask you.”

With only 30 seconds to ponder the question, “If it were a nation, a state with a two-word name in this country would be the world’s sixth most-populous at 200 million?” Lowmaster jotted down her response: “What is India?”

With those three words, Lowmaster became a “Jeopardy!” champion, taking home $16,000 and ousting reigning seven-time winner Stephanie Jass, who holds the record for the most consecutive wins by a woman on the show. “The moment I saw the ‘former champion’ wager come up, I realized I won. It was pretty overwhelming,” Lowmaster says.

Lowmaster’s winning episode and the subsequent episode when she came in third aired in mid-October, although Lowmaster knew she would be on the show in June when she qualified during an audition in Boston. In anticipation of the August taping in California, she spent the next two months playing the Wii “Jeopardy!” game – but laughs as she admits to not watching the television show to prepare. “I used to watch it when I was little – but I haven’t had cable in 10 years, so I haven’t seen it in a long time,” Lowmaster says. ■