Searching for Solutions

A word from our directors: Susan Edgman-Levitan, PA, and Michael Barry, MD

The Stoeckle Center’s work to redesign and revitalize primary care for current and future clinicians, patients, and patients’ families continues to grow in importance as the traditional practice model of primary care proves to be less and less viable. The recent adoption of health care reform in Massachusetts, which requires residents to have health insurance and implies access to a primary care provider, has accelerated awareness about the crisis in the primary care workforce, as well as the need for solutions. For example, newly insured patients quickly found that they could not get an appointment with their primary care doctor until 2009. Our ongoing work with the primary care practices at MGH and our collaboration with local and national groups have led to the creation of new models of care that provide a practical, yet progressive, vision for the future of primary care at MGH, in Massachusetts, and across the nation.

New Models of Care

One of the most exciting practice models is the “Patient-centered Medical Home” (PCMH), an approach to providing comprehensive primary care for children and adults which facilitates partnerships between patients and their personal physicians. The PCMH model is designed around four principles:

- **Personal physician** – each patient has an ongoing relationship with a personal physician who provides initial, continuous, and comprehensive care
- **Physician-directed medical practice** – the personal physician leads a practice-level team that collectively takes responsibility for the ongoing care of patients
- **Whole-person orientation** – the personal physician provides for all the patient’s health care needs across all stages of life and arranges care with other qualified professionals
- **Coordinated and/or integrated care** – appropriate care is provided across all elements of the complex health care system, as well as the patient’s own community, and is facilitated by electronic health records and health information technology.

The Stoeckle Center has joined several national initiatives to promote PCMH, including the Patient-centered Primary Care Collaborative (PCPCC), a consortium of over 100 major employers, primary care professional societies, and primary care innovators like the Stoeckle Center; and the Trust for Healthcare Excellence, which promotes primary care as the foundation of the health care system in state-wide initiatives across the country.

(Continued on page 2)

Mission Statement

The Stoeckle Center for Primary Care Innovation is devoted to revitalizing and redesigning the delivery of primary care in order to:

- provide the highest level of clinical excellence
- provide an extraordinary experience of care for patients and their families
- create an exciting and fulfilling professional life for current and future primary care practitioners.

As a reliable and trustworthy source of knowledge and leadership, we will partner with people throughout the country to improve primary care through collaborative work in research, innovation, education, and policy reform.
– Searching for Solutions
(Continued from page 1)

Heightened Awareness

On numerous occasions this year, the Stoeckle Center and the primary care leadership at MGH have been invited to speak about issues and solutions in primary care. In the fall of 2006, Dr. Britain W. Nicholson, Senior Vice President of Primary Care at the Mass General; Dr. Michael J. Barry, Medical Director of the Stoeckle Center; and Susan Edgman-Levitan, Executive Director of the Stoeckle Center, gave a presentation to the MGH President’s Council as part of a series on the “Miracles of Modern Medicine.” The presentation, “Saving 21st-Century Primary Care (or Why You Can’t Find a Primary Care Doctor at MGH),” explained that the decreasing number of physicians is insufficient to provide high-quality care to an increasing volume of patients, and that our fragmented health system, with increasing administrative burdens, is exacerbating the situation. The lecture also outlined some of the solutions – attracting the best primary care physicians, redefining their career, and rewarding them appropriately – being developed and tested by the Stoeckle Center, as well as the Massachusetts General Physician’s Organization, and the Primary Care Administration at MGH.

The same presentation was given to the MGH Department of Medicine as Grand Rounds, to the MGH General Executive Council and the Board of Trustees, to the Executive Council of Partners Healthcare, and at the MGH Bulfinch Lecture. The importance of the problem clearly resonates with the Partners Healthcare System leadership, as it led Dr. James Mongan, CEO, to create a Partners-wide Primary Care Task Force. The Task Force was charged to find solutions for the three main issues facing primary care: redesigning the clinical practice of primary care, recruiting health care professionals into primary care and fostering their lifelong career development, and creating new models of compensation for primary care services. Over 50 physicians, nurses, administrators, and other primary care professionals are members of the Task Force. Recommendations were presented to Dr. Mongan and the Partners leadership this spring.

Most of us depend on our primary care physician to be available to us for routine care or in the event of an emergency. The growing demand for this resource, however, threatens to limit access to our most trusted medical partner. As you’ve just read, the Stoeckle Center is responding directly to this problem by searching for solutions to ensure that future generations of patients have access to quality primary care, and future generations of clinicians find meaningful, satisfying work. Please continue reading to learn more details about our investment in primary care innovation, research, and education. This year was an extremely productive one for the Stoeckle Center, but we need your support to continue to work toward our mission. We’d be very pleased to hear your feedback, as well as your ideas, for making positive changes to primary care!

Primary Care in the news

Primary care continues to make headlines in MGH internal publications as well as the popular press. Here is a sample of what has hit the newsstands in the past year. Most are available online.


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Alicia Wong
Research Assistant
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Affiliate Physician

GENERAL MEDICINE MENTORING PROGRAM
Joan Carrick
Administrative Assistant
Charlotte Fitzgerald
Program Manager
Paul Griner, MD
Director

STAFF UPDATES
Dr. Michael Barry was elected “Distinguished Practitioner” in the National Academies of Practice in Medicine, and he received the “Freddie Award for Hormone Therapy when PSA Rises after Prostate Cancer Treatment” at the International Health and Medical Media Awards. In addition, he was invited at speaker numerous meetings including several workshops at the Society of General Internal Medicine (SGIM) 30th Annual Meeting, Toronto, Canada.

Susan Edgman-Levitan, PA accepted numerous speaking invitations which included: “CAHPS-Driven Quality Improvement in Primary Care,” at the AHRQ Annual Meeting in Bethesda, MD; “A Study of Patient-Centered Primary Care Practices,” at the ISQUA, in Boston; and the Keynote address, “Creating and Sustaining Patient- and Family-Centered Care” at the Sentara Health System Annual Quality Meeting in Virginia Beach.

Patricia Gavin received her Bachelor of Arts degree in Business Administration from Emmanuel College. She enjoyed her public speaking and corporate financial management courses, and her degree will help her in her manage the Stoeckle Center’s finances. Pat has worked at the Stoeckle Center since 2001, one of the highlights of her tenure has been working with Dr. Stoeckle, her inspiration.

Dr. Paul Griner, a former MGH resident, was recruited to help establish the General Medicine Mentoring Program. Dr. Griner is a senior and distinguished physician. He is the former Chief of General Medicine and CEO of Strong Memorial Hospital in Rochester, NY, and past-president of both the Society of General Internal Medicine and the American College of Physicians. He is currently a Senior Fellow at the Institute for Healthcare Improvement.

Dr. William (Bill) Kormos earned an MGH Department of Medicine Teaching Award for Excellence in Ambulatory Teaching.

Julie Martin, MS is currently serving her term as President of the American Medical Writers Association, New England Chapter.

Dr. Elizabeth (Beth) Rider was recently appointed Co-Chair of the Medicine Academy of the National Academies of Practice, and was inducted as a Fellow in the American Academy on Communication in Healthcare. She is senior author of the recently published, A Practical Guide to Teaching and Assessing the ACGME Core Competencies (HCPRo, Inc., 2007).

Dr. Angelo Volandes joined the General Internal Medicine Unit (GIMU) as a practicing internal medicine physician at MGH, a researcher, and a junior faculty member at Harvard Medical School. Angelo worked most recently at Brigham and Women’s Hospital and Harvard Medical School, where he simultaneously completed research fellowships in Medical Ethics. Currently, he is pursuing an MPH at the Harvard School of Public Health in Clinical Effectiveness. Angelo will continue to explore the role of visual media in medical decision making, and is already lending his expertise to efforts surrounding Advance Care Planning, the process by which patients plan for future medical care under circumstances of impaired decision-making.
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Board Member Activities

Dr. John Co’s proposal for SIGP funding for a project: “Using the LMR to Improve Care for Children with Chronic Conditions,” was approved by the PCHI Combined Medical Management and Network Operations Committee.

Dr. James Perrin published the following articles:

- Perrin JM, Bloom SR, Gortmaker SL. The increase of childhood chronic conditions in the United States. JAMA, 2007; 297: 2755-2759.

COMMUNICATION SKILLS WORKSHOPS

Elizabeth Rider, MSW, MD, Director of Programs for Communication Skills at the Stoeckle Center, led the first in a series of two-hour courses in communication skills called “Better Outcomes Through Better Communication: An Evidence-based Method for Patient-centered Interviewing.” These free monthly workshops are designed for MGH clinicians; continuing education credits are available for physicians, nurses practitioners, and social workers.

LITERATURE AND MEDICINE: HUMANITIES AT THE HEART OF HEALTHCARE

With funding and support from the Massachusetts Foundation for the Humanities, the Stoeckle Center offered a reading and discussion group for the MGH primary care community this year. A group of 25 clinicians and staff met monthly for six months to discuss fiction and non-fiction works relevant to primary care and doctor-patient communication. Funding to offer the course again in 2008 has been granted.

ADVANCE CARE PLANNING

In October 2006, the Stoeckle Center, with funding from the Sidney Rabb Foundation, sponsored a second advance care planning facilitator training program for MGH and Beth Israel primary care clinicians. The program increased the number of certified facilitators at the MGH to 111.

This program helped the participants develop the necessary skills and knowledge for

Primary care doctors (from left) Dean Xerras, Eric Weil, and Sherry Haydock on top of Camelback Mountain at a Group Practice Improvement Network (GPIN) conference in Arizona, where they networked with other medical group leaders from across the country, as well as top experts from inside and outside the health care industry.
initiating end-of-life discussions and helping patients and families develop successful advance care plans. Participants completed online training sessions before attending a one-day class of instruction and role-playing. They showed increased knowledge of the advance care planning process, ability to demonstrate skills of basic care planning, and had experience with creating their own advance directives.

SEMINARS

STOECKLE CENTER SEMINARS

October 27
Depression in Adolescence
Mark A. Goldstein, MD
Pediatric Service, MGH

November 17
Schwartz Center Rounds in Primary Care: When Doing the Hard Thing Feels Good: The Power of Relationship in Primary Care
Katherine Treadway, MD
Internal Medicine Associates, Physician, MGH
Marjorie Stanzler
Director of Programs, The Kenneth B. Schwartz Center

Sally Okun, RN
Schwartz Center Facilitator

January 26
Stress Reduction for Busy Clinicians and Patients: Hurry Up and Relax
Ann Webster, PhD
Benson-Henry Institute for Mind Body Medicine; Harvard Medical School

February 23
NPs in Primary Care: Everything You’ve Always Wanted to Know but Were Afraid to Ask!
Barbara B. Chase, MS, APRN, BC
Adult Nurse Practitioner, Chelsea HealthCare Center, MGH
Marcy Bergeron, RN, MS, ANP
Adult Nurse Practitioner, Bulfinch Medical Group, MGH

March 23
Improving the Patient’s Experience of Care: Good Ideas from Our Primary Care Doctors
Lawrence Wood, MD, Physician (retired)
Jennifer Davies, MD; Everett Health Center, Physician, Bulfinch Medical Group, MGH
Kathryn Hayward, MD, Mass General Medical Group, Physician

April 27
Coordination of Care for Children with Special Health Care Needs in the Hospital and at Home

May 25
New Models of Primary Care Training
J. Lloyd Michtimer, MD, Professor and Chairman of the Department of Community and Family Medicine, and Director of the Duke Center for Community Research, Duke University Medical Center
Valerie E. Stone, MD, MPH; Director, Primary Care Residency Program
Director, Women’s HIV/AIDS Program; Associate Chief, General Medicine Unit, MGH

June 22
Management of Chronic Pain Problems in Primary Care
Michael Bierer, MD; Internal Medicine Associates, MGH
Heechin Chae, MD; Spaulding Rehabilitation Hospital; Bulfinch Medical Group, MGH
Donald Schipani, Patient

September 28
Raising Emotionally Healthy Children When a Parent Has a Serious Illness
Paula K. Rauch, MD, Founder and Director
Marjorie E. Korff PACT Program (Parenting at a Challenging Time)

THE STOECKLE CENTER/ AMBULATORY PRACTICE OF THE FUTURE SEMINARS

September 27
Virtual Visits in General Medicine
Ronald Dixon, MD, Beacon Hill Associates, MGH
James Stabl, MD, MGH-Institute for Technology Assessment

October 25
Placing Patient-Centered Information Into Everyday Inpatient and Outpatient Care
John Wasson, MD
Professor, Dartmouth Medical School

February 28
Improving the Health Care Experience through Innovation and Design
Peter Coughlin, IDEO Transformation Practice Lead, Palo Alto, CA

March 28
Office Practice: Working Smarter, Not Harder
Christine A. Sinsky, MD
Medical Associates, P.C. Dubuque, Iowa; Co-chair ACP/SGIM practice innovation project

April 25
Learning to Fly: Developing Disruptive New Models of Primary Care to Radically Improve Quality and Affordability
Rushika Fernandopulle, MD
Renaissance Health, Boston, MA

May 23
Retail Clinics – Friend or Foe
Ronald F. Dixon, MD, MA
Associate Director, Beacon Hill Associates, MGH

June 27
Fundamental Reform of Payment for Primary Care
Allan H. Goroll, MD, MACP
Professor of Medicine, Harvard Medical School, MGH
RESEARCH

Commonwealth Fund: Case Studies Of Patient And Family-Centered Primary Care Practices

Measures of the patient care experience are increasing, but little is known about the factors and characteristics of primary care practices that achieve high levels of patient-centered care. In 2007, with funding from the Commonwealth Fund, the Stoeckle Center launched a study to document structural and organizational factors and processes that enable primary care practices to deliver favorable patient experiences.

We selected twelve primary care practices on the basis of their patient experience survey scores and conducted site visits using a structured protocol to collect data.

Common across the sites were key factors and themes which contribute to attracting and sustaining clinicians; foster productive, caring environments; and provide motivation for needed organizational change. These key elements included: a robust primary care training experience and positive physician role models; an organizational culture characterized by strong leadership, flat hierarchies, focus on teamwork, and a supportive work environment; careful attention to human resource functions, such as recruitment, retention, and reward and recognition programs; physician compensation tied to performance measures including patient survey scores; physical design that facilitates teamwork and communication; and larger system support for information technology, human resource functions, financial management, and patient education resources.

These findings can be useful not only to clinicians and practice managers in their efforts to redesign care and to shape future quality-improvement activities, but to purchasers and accrediting organizations seeking to determine how to promote patient-centered care through the use of standards and pay-for-performance programs.

The completed case studies will be published on the Commonwealth Fund (www.cmwf.org) and Stoeckle Center websites, with podcasts of interviews with practice leaders and staff. Content from the case studies will also be incorporated into the CAHPS Improvement Guide.

CAHPS III

The Yale-Harvard proposal for Consumer Assessments of Healthcare Providers and Systems (CAHPS) III was awarded funding from the Agency for Healthcare Research and Quality (AHRQ) from June 1, 2007, through May 31, 2012. Susan Edgman-Levitan is the co-Principal Investigator. The CAHPS III work will focus on quality improvement strategies to improve CAHPS ambulatory and hospital-based surveys, completion of patient experience of care surveys for home health care, health information technology, and reporting of patient experience of care data and other quality information to consumers, providers, and payers.

The CAHPS Improvement Guide: Practical Strategies for Improving the Patient Care Experience is available online at: www.cahps.ahrq.gov (click on Quality Improvement).

With funding from the Centers for Medicare and Medicaid Services, we are converting the CAHPS Improvement Guide into a web-based document. This will enable CMS and other survey vendors to link their web-based reports directly to the appropriate section of the CAHPS Improvement Guide to facilitate quality improvement in health plans and medical practices.

ACCORD: HIT/Patient-Centered Care Proposal

A multi-disciplinary team is working on a three-year grant from the Agency for Healthcare Research and Quality to create a health information technology (HIT) system to support the creation of shared care plans, shared decision making, and the Ambulatory Care Compact to Organize Risk and Decision-making (ACCORD) system in our primary care practices.

The ACCORD is both a conceptual systems model and a tool for organizing medical decisions and providing reminders to clinicians and patients in order to minimize risk and increase shared decision-making. The ACCORD system allows patients to create a shared, explicit compact with their clinicians about the management of screenings, medication monitoring, and follow-up of abnormal test results. This compact is monitored over time so that deviations from the agreed-upon plan are made visible quickly to patients, providers, and practices.

We will design the ACCORD compact, develop an information system that implements ACCORD, and use ACCORD in a randomized controlled clinical trial to test its effectiveness in our primary care research network.
Ambulatory Practice of the Future
The Ambulatory Practice of the Future (APF), a revolutionary primary care clinic designed to serve the MGH employee population and their adult dependents, is being designed by the MGH, the MGPO, the Stoeckle Center, CIMIT and CCH. The model relies heavily on a successful partnership between patients and their care teams. The mission of the APF is two-fold: the practice will be a functioning primary care practice, and it will also serve as a ‘living lab’, testing new care, staffing, and reimbursement models as well as new technology. The impact of these innovations will be carefully measured.

In the past year, operating and capital budgets were submitted to the MGH for review and consideration by the administration. As part of this initiative, several pilots are currently ongoing, including remote physiologic monitoring of a diabetic population, synchronous virtual visits in primary care and Radio Frequency Identification for studies of practice efficiency. As a member of the Center for Health Design’s Pebble collaborative the team has attended several meetings on evidence-based space design. Architect interviewing for the innovative design of this practice will begin in the near future. The practice is scheduled to open in early 2010.

Improving Practice Efficiencies: “Working Smarter, Not Harder”
At the request of practice leaders in the IMA and the Chelsea Community Health Center, the Stoeckle Center invited Christine Sinsky, MD, a general internist from Dubuque, Iowa, to spend four days observing the process of care and shadowing staff. Christine also met with the MGH primary care residents and the residency director. Her report had many excellent suggestions, and we are working on an implementation and dissemination plan.

Integrating Pharmacists Into Primary Care Practices
The Stoeckle Center is contributing to one of three MGH/MGPO-funded pilot projects to improve clinician and practice staff work-life in primary care. Working closely with representatives from three practices – Bulfinch Medical Group, Massachusetts General Medical Group, and Senior Health Associates – as well as the Pharmacy Department and Primary Care Administration, we are exploring the impact of integrating clinical pharmacists into the primary care setting in order to improve the quality and safety of patient care, patient experience of care, provider work-life and satisfaction, and utilization/cost management.

General Medicine Mentoring Program
Dr. Paul Griner, a distinguished physician and former MGH resident, was hired to help establish the mentoring program (see his profile on page 2). The goals of the mentoring program are to: 1) develop an exemplary mentoring program for all faculty, 2) promote a culture that values and rewards faculty for their contributions, 3) assist faculty in meeting institutional requirements to document contributions, and 4) improve the recruitment and retention of generalist faculty.

In the first nine months of the program, 36 GMU faculty participated in the program. In addition to Dr. Griner, Michael Barry, Daniel Hunt, Celeste Robb-Nicholson, and Valerie Stone acted as mentors for this first phase of the program.

PHILANTHROPY UPDATE
Stoeckle Center challenged with matching gift to increase philanthropy
We successfully reached our fundraising goal to meet the first year of a three-year challenge grant, generously pledged by Advisory Board member, David Barlow. The grant award $50,000 per year, and funds will benefit all of the Stoeckle Center activities. David is a member of the Mass General President’s Council and a founding member of the Stoeckle Center Advisory Board. He has been an active fundraiser and promoter of the Center’s work, and is the Chairman and CEO of Molecular Insight Pharmaceuticals in Cambridge, Mass.

Gift Provides Funding for Creation of the General Medicine Mentoring Program
Jean Tempel, a supporter of primary care at MGH and a member of the President’s Council, generously donated $300,000 to establish a mentoring program for MGH General Medicine. This formal system of mentorship and career support aims to maximize the potential and career satisfaction of each faculty member (to learn more about the mentoring program, see above).

“Quality primary care is the foundation of cost-effective healthcare. The Stoeckle Center’s leadership in the research, practice, and training of innovative primary care medicine combines primary care’s treasured traditions of personal touch with today’s advanced technologies for care and practice. It’s an honor to support the Center’s worthy mission. Please join me on this exciting journey.”

—David Barlow
The Stoeckle Center relies heavily on the philanthropic support of our donors which allows us to build and expand our efforts to reinvigorate primary care. We appreciate the generosity of our donors. Gifts in this report were made between October 1, 2006, and September 31, 2007. If we have incorrectly listed or omitted your name, we sincerely apologize. For information on making a charitable donation to the Stoeckle Center, please contact Amy Fontanella in the MGH Development Office at 617.724.6424 or toll-free at 877.644.7733.

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