THREE YEARS AGO, John Price clutched the handlebars of his bike and attempted to slowly maneuver it up a short hill. His chest was tight, his heart racing and the near constant sense of being out of breath worsened with every step.

An avid runner and cyclist, the now 62-year-old Price had first noticed symptoms about four years earlier when his 7-minute miles began to steadily turn into 9- and 10-minute miles. “And then at one point I couldn’t even jog 50 yards without being out of breath,” he says. “It finally got to the point where it was so bad that I could barely breathe.”

Over the course of the next several months, a barrage of clinical tests to check for cardiac deficiencies all revealed that the Smith Point, New York, resident had a healthy heart. Yet his symptoms persisted – and soon worsened. Finally, Price says, a specialist diagnosed him with pulmonary hypertension, a lung disorder in which blood clots line the arteries in the lungs, restricting blood flow and causing blood pressure in the arteries to rise significantly.

Although overwhelming, the diagnosis was a relief, Price says. “It was actually a godsend because they found something wrong. (Continued on page 4)

Sumner Redstone Burn Center opens new unit

THE MGH SUMNER REDSTONE BURN CENTER – the oldest and largest adult burn center in the Northeast – filled with laughter Sept. 9 as clinicians, staff, former patients and donors gathered to celebrate the center’s new home on Ellison 14.

The inpatient intensive care unit is part of a $12 million, two-phase renovation project – the center’s largest expansion since it opened in 1974. “This very special new unit will allow us to improve patient care and patient experiences in many ways,” said Keith Lillemoe, MD, surgeon-in-chief and chief of the Department of Surgery. “The new state-of-the-art equipment will help us provide the very best in burn care.”

The unit features Bacteria Controlled Nursing Units, which are (Continued on page 2)
The sweetness of giving

WHAT DO DONATING BLOOD and eating cupcakes have in common? During the week of Sept. 9, they were both ways for MGHers to get involved with My Giving Helps: The MGH Fund + United Way, which hosted a blood drive and cupcake sale.

For the blood drive, My Giving Helps campaign champions recruited employees to donate blood and platelets at the MGH Blood Donor Center. Donors were entered to win a $25 Amazon gift card, which went to Eleanor Beale of the MGH Blood Donor Center. Donors were entered to win a $25 Amazon gift card, which went to Eleanor Beale of the MGH Blood Donor Center.

To enter a drawing to win a game jersey signed by Patriots defensive tackle Vince Wilfork, “like” the My Giving Helps Facebook page at www.facebook.com/mygivinghelps by Sept. 25.

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Morton Swartz, MD

MORTON SWARTZ, MD, a legendary physician at the MGH, died Sept. 9 at the age of 89. Swartz began his career at the hospital in 1947, founding and serving as chief of Infectious Diseases from 1956 to 1990 and creating an internationally recognized clinical and research center of excellence. He was widely regarded as the father of infectious disease medicine, not just at the MGH but across the country, thousands of individuals had the privilege of working with and learning from Swartz.

“He had a wonderful ability to help you think through a puzzle, guiding and probing you with subtle questions along the way until you actually thought that you had solved the puzzle, only to realize later that he had held your hand and gently steered you to the center of the maze,” says Stephen Calderwood, MD, chief of Infectious Diseases at the MGH.

During his career, Swartz received numerous awards and honors including the Bristol Award for Lifetime Achievement in Infectious Diseases from the Infectious Diseases Society of America. He was elected to mastership in the American College of Physicians and received the Distinguished Teacher Award. He also received the MGH Trustees Medal during the hospital’s bicentennial celebration.

Swartz stepped down as chief of Infectious Diseases in 1990 and became the James Jackson Firm chief in the Department of Medicine, allowing him to teach clinical medicine, pathophysiology and humanism to hundreds of medical residents and students at the bedside. Fittingly, the residency program at the MGH has named its annual “The Morton N. Swartz Humanism Award” in his honor. Swartz remained active at the MGH until his death.

“I always loved to see Mort coming down the hall. I usually learned something interesting from him, even in a brief moment,” says Paul Russell, MD, senior surgeon and emeritus chief of the MGH Transplantation Unit. “I can remember several patients whom Mort and I were treating together whose whole medical course was changed dramatically because of his contribution.”

Swartz is survived by his children, Mark Swartz and Caroline Armstrong, as well as one grandchild, Juliana. His wife, Cesia, preceded him in death. Funeral services have been held. A memorial service at the MGH will be held at a later date.

Grand Slam to Honor Swartz

In 1956, the MGH Transplantation Unit moved into the new Rose Building, and since then more than 2,000 patients have received a donor organ at the MGH. The Swartz Transplantation Unit (STU) has been home to some of the most successful programs in the hospital.

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Burn unit

(Continued from page 1)

portable HEPA-filtered plastic enclosures that closely monitor temperature and humidity for patients at risk of infection and hypothermia. The new space offers several noise-reducing measures, including a cell phone communication system to reduce the need for overhead paging and a bedside alarm system that adjusts its volume based on the room’s ambiance. A new physical and occupational therapy rehabilitation space also is housed in the unit along with a private family waiting area.

“The family room is awesome,” said Diana Tenney, a former patient and co-founder of the Diane Tenney Burn Research Fund at the MGH, who spoke during the ceremony.

“I think it’s a great thing to have burn survivor families in the same room to communicate and commiserate with each other.”

Work on the second phase of the project – developing the inpatient center’s former location on Bigelow 13 into an expanded outpatient center – is expected to begin in 2014.

“I’m delighted that now we have both a world-class staff and world-class facilities to care for patients in need of these services,” said Peter L. Slavin, MD, MGH president. “We look forward to making an even bigger difference in the lives of patients in need of care.”

In Memoriam

Morton Swartz, MD

The sweetness of giving

WHAT DO DONATING BLOOD and eating cupcakes have in common? During the week of Sept. 9, they were both ways for MGHers to get involved with My Giving Helps: The MGH Fund + United Way, which hosted a blood drive and cupcake sale.

The annual My Giving Helps campaign raises funds for the hospital and the community. Donations to the MGH Fund benefit a wide range of areas at the hospital – including the Home Base Program, the Disparities Solutions Center, the Clinical Innovation Awards and the Backup Child Care Center. Gifts to United Way support a number of important projects as well; last year, 28,375 youth received academic support and 291,000 families were given food, heat and housing.

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Care for the future

**TWENTY MULTIDISCIPLINARY TEAMS** working to develop new ways to improve care and reduce costs in high stakes clinical areas showcased their initiatives during a Sept. 4 MGH/MGPO Care Redesign Fair. More than 150 people gathered under the Bulfinch tent for the event, which featured a poster session outlining the work of the care redesign teams as well as the work of the MGH Innovation Units.

“We are here to celebrate the incredibly hard work that everyone has put into care redesign in the last several years,” said Michael R. Jaff, DO, director MGH/MGPO Care Redesign and chair of the MGH Institute for Heart, Vascular and Stroke Care.

David Longworth, MD, chair of the Cleveland Clinic Medicine Institute and team leader of the clinic’s Value Based Care initiatives program, served as keynote speaker for the event. Longworth urged the audience to join other health care organizations across the country in embracing care redesign. “The cost of health care is out of control and patient outcomes have room for improvement. We need to move from the current volume-based world to one that focuses on improving the value of care. Care redesign is the vehicle to help us achieve our goals of providing higher quality care at lower costs for our patients,” he said.

Following Longworth’s address, MGH/MGPO senior leaders made presentations about the ongoing care redesign projects aimed at advancing efforts to create a more affordable, patient-centered health care system for MGH patients and their families.

“My vision for care redesign at the MGH is straightforward,” Jaff said. “I want to see teams working in every corner of this institution to make the patient experience better, more efficient and of greater value.”

For more information about care redesign, visit [http://priorities.massgeneral.org](http://priorities.massgeneral.org).

Supporting equal educational opportunities

**EXPRESSING JOY AND GRATITUDE,** Doreen DeFaria Yeh, MD, from the Division of Cardiology, accepted the 2013 Clinician-Teacher Development Award from the Multicultural Affairs Office (MAO). “My parents grew up in Cape Verde with only a few years of formal education at that time. I feel so fortunate to have the educational opportunities I’ve had, and privileged to be supported in further work.”

Elena Olson, MAO executive director, provided opening remarks at the annual Welcoming and Recognition reception, which honored three Faculty Development Award recipients on Sept. 11 at the Paul S. Russell, MD Museum of Medical History and Innovation. The awards program was created in 2004 to help retain and promote faculty underrepresented in medicine and to increase opportunities for advancement to senior positions in academic medicine and leadership at the MGH. Each award provides $120,000 over four years.

“Over the past 10 years, we have sponsored 29 awards and have committed more than $3.8 million of funding, with an overall 90 percent retention rate. We’ve had a huge impact on the careers of the recipients,” said Olson. “In a few short years, we have seen academic promotions; increased funding, grants and publications; implementation of novel health care quality improvement, community and education projects; as well as advancements in academic and administrative leadership positions.”

Peter L. Slavin, MD, MGH president, presented the awards along with Winfred Williams, MD, nephrologist and co-chair of the MAO Advisory Board, and Michael Watkins, MD, from Vascular Surgery – who both serve on the MAO Faculty Development Award selection committees.

DeFaria Yeh was recognized for her project, “Redefining Adult Congenital Heart Disease Education in Massachusetts.” Also honored were Physician-Scientist Development Award recipients Javier Irazoqui, PhD, of the Department of Pediatrics, for his abstract, “Regulation of Chromic Intestinal Inflammation and Host Defense by Wnt Signaling,” and Cesar Castro, MD, MMSc, of the Department of Medicine, for “Leveraging Nanosensor Technologies for Pathway Characterization of Solid Tumors.”

“I am deeply grateful to the MAO for all the great work they do to promote equality of opportunity and to Dr. Slavin for his leadership and vision in addressing issues of diversity at the MGH, said Irazoqui.

Castro beamed while accepting his award. “While my quality of life outdoors during Boston winters may be challenged, my academic quality of life indoors during that time is quite balmy. And the indoor forecast will remain as such with this Physician-Scientist Development Award.”
Health care reform’s impact on disparities

RACIAL AND ETHNIC DISPARITIES in health care continue to persist across the country. The Patient Protection and Affordable Care Act, which is in the process of being fully implemented, is expected to extend coverage to as many as 32 million Americans who lack insurance by expanding Medicaid and requiring most others to purchase insurance. However, the question remains: will providing health insurance increase access to quality health care for racially and ethnically diverse populations?

Andrew Loehrer, MD, a resident in the MGH Codman Center for Clinical Effectiveness in Surgery and an associate in the Disparities Solutions Center, is examining disparities in surgery before and after the 2006 Massachusetts insurance expansion, as well as the impact of national health reform on racial disparities in surgical disease. On Sept. 10, Loehrer presented the results of his study, “Racial Disparities after Massachusetts Health Reform: Does the Expanded Insurance Coverage Impact Variation in Surgical Care?” at the Racial and Ethnic Disparities: Keeping Current Seminar Series hosted by The Disparities Solutions Center.

“In very common general surgery procedures, we found that the Massachusetts health reform was associated with increasing the quality standard of care for minority communities and decreased, if not eliminated, racial disparities in most general surgery disease processes we studied,” said Loehrer.

Massachusetts has been recognized as a model for the expansion of health insurance in other states across the country, but Loehrer said whether states follow that model is still undecided. “Each of those states is also unique in its own health care environment, its own demographic makeup, and other factors that impact health care,” said Loehrer.

“But they have greater potential to improve access to care by virtue of higher uninsurance rates. So they stand potentially to see similar results.”

For more information about The Disparities Solutions Center visit www.mghdisparitiessolutions.org.

—Road to recovery

(Continued from page 1)

They had been focusing on the heart and luckily they checked the lungs and found the clots,” he says.

Price was referred to the MGH where he learned he was a candidate for pulmonary thromboendarterectomy (PTE), a highly specialized operation to remove these chronic blood clots. Without surgery, patients who have this life-threatening disease will likely develop progressive shortness of breath so severe that it leads to heart failure.

“It’s an amazing procedure,” says Richard Channick, MD, director of the MGH Pulmonary Hypertension and Thromboendarterectomy Program. “The patient is placed on a heart-lung machine and their body is cooled to less than 18 degrees Celsius. The surgeon then carefully peels the chronic blood clots away from the insides of the vessels. When done by experienced surgeons, the procedure can cure the problem.”

The PTE procedure was pioneered in the 1960s by physicians and surgeons at the University of California, San Diego. Three years ago Channick, who had been part of that program for more than 20 years, came to the MGH to become director of the MGH’s growing Pulmonary Hypertension and Thromboendarterectomy Program. Since Channick’s arrival the MGH program – featuring a close collaboration with thoracic surgeon Cameron Wright, MD, and cardiac surgeons Gus Vlahakes, MD, and Thoralf Sundt, MD – has established itself as a national referral center and is now the second largest program in the country. The MGH recently completed its 50th PTE and performs about one of these specialized procedures every week.

Despite the intensity of the surgery, the typical recovery is relatively brief. Most patients stay in the hospital for only five to seven days before returning home to their new and improved life. “The shortness of breath is relieved almost immediately,” Channick says. “And our patients say that they feel like a huge weight has been lifted off of their chest. It’s really, really satisfying to see the patients return home to a much better quality of life. Many of these patients would have died if we didn’t offer this resource.”

A year and a half after his surgery, Price is thankful to be feeling better and for the ability to be back to enjoying his active lifestyle. He recently took a four-day, 120-mile cycling trip through Glacier National Park in Montana. “I kind of jumped at the chance to do the surgery,” Price says. “It was something that I didn’t take lightly because the surgery itself is pretty serious – but I don’t know where I’d be today if I didn’t have the operation. The doctors were incredible – really miracle workers. I was going downhill pretty quickly. But now when I’m on my bike, I’m pedaling up those hills.

“Until the day I meet my maker, I will always thank them for giving me the quality of life that I wouldn’t have had,” Price adds. “I still have living left to do.”