New chief for Division of Infectious Diseases

ROCHELLE WALENSKY, MD, MPH, co-director of the MGH Medical Practice Evaluation Center, has been named chief of the Division of Infectious Diseases, effective Sept. 5. She will succeed Stephen Calderwood, MD, who has guided the division for 27 years.

“I am a deeply grateful beneficiary of Dr. Calderwood’s leadership, personally and professionally, and I am thrilled to embrace this next step,” says Walensky. “Steve leaves an indelible legacy within a spectacular division, and I will work tirelessly to ensure MGH’s place as a national and international leader in the field of infectious diseases.”

Walensky is an internationally recognized leader in the clinical and economic outcomes of medical decisions and has made significant contributions in the methods of decision science, Monte Carlo mathematical simulation and cost-effectiveness analyses to promote access to HIV care in the U.S. and abroad.

She has been continuously funded by the NIH since completing her fellowship training and has received substantial recognition for her high-quality translational research. She also is an active teacher and mentor across the MGH and Harvard.

Walensky is a graduate of Johns Hopkins University School of Medicine and the Harvard School of Public Health. She completed her residency in internal medicine at Johns Hopkins Hospital and clinical and research fellowships in Infectious Diseases in the combined Brigham & Women’s Hospital/MGH training program.

Throughout her 16 years at the MGH, she has served as co-director of the Medical Practice Evaluation Center, director of the HIV Clinical Research Conference at the Harvard Center for AIDS Research (CFAR) and the associate director of the Program in Epidemiology and Outcomes in CFAR.

Defining, shaping the future of MGH

THE MGH IS LAYING the groundwork for its next fundraising campaign, which will include asking staff to propose innovative “big ideas” to serve as the effort’s centerpiece.

“We want everyone in our hospital family to think about what this institution might do that could be truly transformational,” says Peter L. Slavin, MD, MGH president. “We want your big ideas – ambitious and grand suggestions that have the potential to have a deep impact on health care and medicine. These ideas will help us define and shape the campaign that lies ahead.”

While building philanthropic support for all programs, this fundraising effort also provides an opportunity to showcase and propose ideas that have the potential for broad and lasting impact. In recent years, a decline in federal funding for research has heightened the importance of philanthropy for the MGH.

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Global Glimpse: MGH around the world

“When in distress, every man becomes our neighbor.” Those words were penned by MGH founders more than two centuries ago, yet they continue to ring true today. Clinicians, researchers, students and staff travel the world to provide care, comfort and education to those in need. Here, Hotline highlights just some of the people and efforts happening in Uganda.

Doctors press for Uganda breast cancer screening

TWO DOCTORS FROM THE MGH have teamed up with the Mbarara University of Science and Technology (MUST) to help reshape public health in sub-Saharan Africa. Their goal is to dramatically decrease the mortality rate from breast cancer with accurate and early diagnoses and treatment.

During her MGH residency, Omomongho “Omo” Aisagbonhi, MD, PhD, MGH pathologist, taught at MUST and last November she returned to Uganda for a year-long stay. Together with Drusila Roberts, MD, MGH associate pathologist, they are working to grow the MUST Pathology Department.

In Uganda, breast cancer is the second-most common form of cancer found in women, and more than 60 percent of East African women who are diagnosed with breast cancer die from their disease. In contrast, the mortality rate of U.S. women with breast cancer is about 10 percent.

Because of inadequate funding and systemic inefficiencies in Uganda’s health care system, breast cancer is often detected in later stages, delaying treatment. But differences in how breast cancer is diagnosed may contribute even more strongly to the disparity in mortality rates between the U.S. and Uganda.

The doctors aim to have the needed diagnostic supplies to help implement the technique known as diagnostic immunohistochemistry (IHC).

In the U.S., breast tumors routinely receive the IHC lab test to detect whether the tumor cells test positive for factors such as the HER2 protein or estrogen and progesterone hormone receptors. Identifying the exact type of cancer allows the breast pathologist to establish the path of care a patient should receive. Clinics in Uganda lack the necessary equipment and chemical substances used to perform IHC laboratory tests. Medical professionals also are not trained to perform the tests.

Aisagbonhi and Roberts are working to change that. They are in the process of training lab staff, and the test will soon be available for use on-site, allowing doctors and nurses to provide the most efficient course of treatment for their patients.

“I’m so hungry for education and training,” says Roberts. “It’s a small pathology department so to have another pathologist there is huge. Omo will offer insight and a consistency to their training That will be worth gold.”

Strong support

Working closely with MGH Global Health and the Global Health Collaborative in Uganda, Ndishabandi teanager James Mooney and his supporters have raised money to help construct a new 15-bed pediatric oncology unit at Mbarara Regional Referral Hospital and to train the only oncologist in Southwestern Uganda, which has a population of more than 10 million people.

Money was raised through Mooney’s 5K Uganda Color Run for Cancer, launched in 2015. In July, 150 runners participated in the third annual event, raising $31,000 to expand the program.

Trainning for tomorrow

MGH Global Health offers two innovative initiatives for physicians – a four-year Global Medicine Residency Program and a year-long Global Health Fellowship – aimed at building meaningful partnerships, impacting the health of communities both locally and globally, and developing future leaders to advance health equity.

Expanding reach

The MGH has partnered with the Mbarara University of Science and Technology for more than a decade to enhance patient care and support local clinicians in managing a diverse range of medical conditions.

Recently the partnership expanded to include nursing mentorship and education through the innovative MGH Global Nursing Fellowship, in which MGH nurses-fellows travel to low-resource settings to provide classroom instruction and guidance on clinical units to foster both professional development and excellence in clinical practice.

Compassionate competition

On Aug. 26-27, the fifth annual Consortium for Affordable Medical Technologies (CAMTech) Uganda Medical Hackathon will bring together engineers, clinicians, students and designers to brainstorm to identify and create prototype solutions and business models to address clinical challenges related to neonatal and maternal health.

Progressive entrepreneurship

The five-day HopeNet Health Fair provides free screening for HIV, non-communicable diseases and cervical cancer for the Nyakabora population. Hosted every two years, the fair also allows researchers to track and measure the illnesses and to study how access to clean water and livelihood interventions – such as measuring the impact of small-scale chicken farming operations – impact economic, health and social outcomes.

Sacred ground: A granddaughter’s dream realized

In the SOUTHWESTERN REGION of Uganda, in the district of Kasese – a region historically inflicted by civil war, disease and lack of access to quality health care – lies 2 acres of land once owned by Elizabeth Kalimunda. It is on this plot that Dorothy Ndishabandi, a research technician in the MGH Department of Pathology, is building the Elizabeth Memorial Health Center – named in honor of her late grandmother – to bring care to nearby communities.

Ndishabandi was born in Kilembe in the Kasese district. Her family moved to the U.S. in 2003 when she was 12 years old. “I am fortunate to have a supportive family that has helped me thrive and become the person I am today,” she says. “Some of the people I grew up with were not as fortunate. They suffered epidemic outbreaks, diseases and some are now dead. Among those people was my grandmother.”

Like many others in Uganda, Kalimunda’s condition had been poorly diagnosed, and she didn’t receive proper care. By the time the cervical cancer was discovered, it was too late. “Her death stayed with me for quite a while,” says Ndishabandi. “It was an injustice that she didn’t receive proper care and treatment when she needed it most.”

While still in high school, Ndishabandi, now 26 years old, approached her parents with the idea of creating a health facility offering affordable and exceptional patient-centered care. She wanted to build it in the Kasese district – on her grandmother’s land. “What better way to honor my grandmother than to give back to the community she lived in and loved,” says Ndishabandi.

She worked three jobs to support herself through college and to save money to build the health center and in 2011, construction began. It was funded entirely by Ndishabandi. Since then, she graduated from high school, college, moved from Mississippi to Boston, and continued to work full-time – she’s been at the MGH for five years – and peruse her own cookbook, all profits benefiting the health center.

And she’s continued to support the Elizabeth Memorial Health Center – brick-by-brick, wall-by-wall.

Clinical outreach

Lack of proper treatment facilities, limited knowledge and awareness of diseases and inability to access health centers are among the major issues impacting health care in the region. Only about 50 percent of Ugandans live within a 5 km walk to a health facility, and more than 80 percent of people in Kasese live in rural areas where diseases – such as pre-natal conditions, malaria, tetanus, tuberculosis, cervical cancer and hepatitis B – are most prevalent.

“The Elizabeth Memorial Health Center will benefit the people in the community and surrounding villages who travel long distances to the city for immediate medical attention,” says Ndishabandi. “Its main focus will be on maternal and child health, to create a system that is functional not only as the child grows up, but before they are born. By monitoring the health of expectant mothers and of children under the age of 15, we can reduce the spread and severity of infectious diseases.”

To introduce the clinic to the community, Ndishabandi hosted an onsite outreach event in April. With the help of many volunteers and community doctors and nurses, the group provided numerous services, including cervical cancer screenings, hepatitis B screenings, blood pressure and blood glucose checks, an eye clinic and an ear, nose and throat clinic. They also documented vital signs, assessed minor issues and addressed patient concerns. Through word of mouth alone, 425 people showed up for screenings.

“I wanted to make my intention to serve known to the community and the Ministry of Health,” says Ndishabandi. “This helped us better understand the health issues affecting the community so we can align the center’s goals to recognize the community’s health needs. The event could not have been possible without the help of the volunteers in Uganda and the support from friends and co-workers here in the United States. The clinic is not yet operational so the need for medical attention in the area stays unaddressed.”

Health Goals

While the first clinical outreach was a success, there is still electrical, plumbing and further interior work that needs to be completed before the health center is fully open and operational.

Ndishabandi hopes in the future to collaborate with health care institutions, educational facilities and clinicians to foster a teaching environment promoting awareness and education to further improve health outcomes. “If we create health programs for individuals and the community to participate in, we are empowering them to prevent and manage disease throughout their lives,” she says.

“I hope now to finish the rest of construction before I go back to Uganda again. As each room is completed, it will start being used for care. There may not be any fancy ‘grand opening,’ but I just want to start helping the community, and I couldn’t be more excited about it.”

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MGH named a top hospital by U.S. News & World Report

THE MGH HAS BEEN RANKED #4 in U.S. News & World Report’s Best Hospitals 2017-2018 and is the only hospital ranked across all 16 specialties. Of the nearly 5,000 hospitals evaluated, the MGH has consistently placed among the top five hospitals on the honor roll since its inception in 1990.

U.S. News & World Report regularly updates its methodology, and this year brought several changes that appear to have had an impact on many hospitals, including the MGH. The most significant changes involve the way U.S. News calculated its survival scores, now using a different Medicare dataset and placing more emphasis on socioeconomic status of patients.

A detailed list of the rankings, including the methodology used by U.S. News & World Report, is available at www.usnews.com/besthospitals.

The MGH’s rankings in all 16 specialty areas are:

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<tr>
<th>Specialty</th>
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<tbody>
<tr>
<td>Cancer</td>
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<tr>
<td>Diabetes and Endocrinology</td>
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<tr>
<td>Ear, Nose and Throat (with Massachusetts Eye and Ear Infirmary)</td>
<td>2</td>
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<tr>
<td>Gastroenterology and GI Surgery</td>
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— Shaping the future

(Continued from page 1)

The Campaign for the Third Century of MGH Medicine, the MGH’s most recent campaign, ended in 2013 after raising $1.72 billion, surpassing the original goal of $1.5 billion.

That effort resulted in the creation of several programs, including Home Base, a Red Sox Foundation and MGH Program – which has become a national model for successfully helping military veterans and their families heal from the invisible wounds of war. It also produced MGH’s innovative substance use disorder initiative.

In early September, MGH staff will be invited to share their ideas and proposals via a special website.

An announcement with more details will be posted on apollo.massgeneral.org.