

# Touchpoints

the schwartz center  
FOR COMPASSIONATE HEALTHCARE

Spring/Summer 2011

## SCHWARTZ CENTER CONDUCTS NATIONAL POLL ON THE STATE OF COMPASSIONATE HEALTHCARE

**H**ow do patients and physicians view the state of compassionate healthcare today? Is there a gap between patients' expectations for compassion and what they actually experience when they are hospitalized? Could good communication and emotional support—key elements of compassionate healthcare—have an impact on whether a patient lives or dies?

To answer these and related questions, the Schwartz Center commissioned a national poll of patients and doctors in the fall of 2010 in conjunction with its 15th anniversary. The results show that the vast majority of patients and doctors believe that good communication and emotional support make a difference in how well patients recover from illness and that they can even make a difference in whether a patient lives or dies. The current healthcare system received mixed grades on compassion, and a majority of both patients and physicians are concerned that changes taking place in the U.S. healthcare system will make it even more difficult for caregivers to provide compassionate care in the future.

**81% of patients and 71% of doctors believe that compassionate care can make a difference in whether a patient lives or dies.**

Schwartz Center Medical Director Beth Lown, MD, said she was surprised but very encouraged that most doctors think compassion makes a life or death difference. "This is a knockout. Some doctors feel that medical skills and scientific knowledge are the only things that create good outcomes. Though patients have always wanted emotional support, it has not always been in the doctors' lexicon."

Despite consensus on its importance, only 53% of patients and 58% of doctors said that the U.S. healthcare system provides compassionate care. Looking to the future, 67% of patients and 55% of doctors said they are concerned that the changes taking place in our healthcare system will make it more difficult for caregivers to provide compassionate care.

"We have known for a long time that caregivers who communicate more effectively with patients have fewer malpractice claims," said Executive Director Julie Rosen. "What this survey tells us is that as we work to transform healthcare and reduce costs, we must not lose sight of the fact that effective communication and compassion are critically linked to quality of care and the healing process."

(continued on page 2)



Susan Dentzer, Editor-in-Chief of *Health Affairs*, moderated the 15th Anniversary Symposium. See story on page 3.

## Save these Dates

**The 16th Annual  
Kenneth B. Schwartz  
Compassionate Healthcare  
Dinner**

**Thursday, November 17, 2011**

*See page 10 for details.*

**Schwartz Center Speaker Series**

**Tuesday, September 20, 2011  
5:30 - 7:30 pm  
Boston, MA**

## SCHWARTZ CENTER CONDUCTS NATIONAL POLL

(continued from page 1)

The Schwartz Center survey was conducted this past fall by Marttila Strategies and included 800 patients who were hospitalized for at least three days within the past 18 months and 500 physicians who spend at least some of their time taking care of hospitalized patients.

The poll found that patients and doctors generally agree about the most important elements of compassionate health-care, including:

- Showing respect for patients, their families and those important to them;
- Treating patients as people, not a disease;
- Conveying information in a way that is understandable;
- Listening attentively to patients; and
- Gaining the patient's trust.

There was less agreement on elements such as:

- Apologizing to a patient if a doctor has made a mistake (75% of patients rated this objective as a 10 on a 10-point scale of importance while only 54% of doctors rated it a 10);
- Communicating test results in a timely and sensitive manner (78% of patients rated this a 10 compared to 61% of doctors);
- Comfortably discussing sensitive, emotional or psychological issues (63% of patients rated this a 10 compared to 50% of doctors).

There was also a gap between the compassionate care that patients said should be provided and the care they actually received during their most recent hospitalization. While 91% of patients expect doctors to listen to them attentively, only 67% reported that this had occurred during their recent hospital stay. Similarly, 83% of patients expect doctors to express sensitivity, caring and compassion, yet only 67% felt they actually experienced this in the hospital.

One surprising finding: 62% of patients said their primary care physician had not been in touch with them while they were in the hospital. "That is troublesome," says Lown. "These patients are orphans in the hospital."

Doctors believe—by a striking margin (78% to 14%)—that they bear primary responsibility for ensuring good communication with patients. A substantial percentage of patients (42%), on the other hand, believe they are primarily responsible for good communication with their doctor.

Consensus exists between doctors (83%) and patients (79%) about the vital necessity for patients to play an active role in the decision-making process about medical treatment.

Rosen observed, "The survey results are great validation for our mission but we have quite a bit of work to do to ensure that our constantly changing healthcare system ensures compassionate care for every patient."



Panelists from left to right: Alice Coombs, MD; Thomas Lynch, MD; Robert Restuccia; and Maureen Bisognano, BSN, MSN



The Kenneth B. Schwartz Center 15th Anniversary Symposium drew a crowd of nearly 300 attendees.

## SCHWARTZ CENTER SYMPOSIUM: EXPERTS DISCUSS THE STATE OF COMPASSIONATE CARE IN THE UNITED STATES

The findings of the Schwartz Center poll on the state of compassionate healthcare provided the basis for a lively discussion at a symposium on the afternoon of the 15th Annual Kenneth B. Schwartz Compassionate Healthcare Dinner.

A panel of experts from different sectors of the healthcare system discussed the results from their diverse perspectives. Panelists included: Maureen Bisognano, BSN, MSN, president and CEO of the Institute for Healthcare Improvement (IHI); Alice Coombs, MD, a critical care specialist and president of the Massachusetts Medical Society; Thomas Lynch, MD, director of the Yale Cancer Center, physician-in-chief of the Smilow Cancer Hospital at Yale-New Haven and Schwartz Center Board chair; and Robert Restuccia, executive director of Community Catalyst, a non-profit advocacy organization working to build consumer participation in the U.S. healthcare system. *Health Affairs* Editor-in-Chief Susan Dentzer moderated the forum.

### Compassion Gaps and Disconnects

Dentzer began the forum on a very personal note. She told the audience of almost 300 people that her sister was suffering from late-stage lung cancer and was just days away from death, so the topic of compassionate care and the mission of the Schwartz Center resonated deeply with her.

"This is a 'no brainer' for much of the American public," Dentzer said. "Almost all patients believe that compassionate care is critical to their medical outcomes, and almost all doctors also believe that is the case. We know this issue resonates very, very deeply in a profound way that even transcends the research."

Bisognano, whose organization, IHI, works to make healthcare safer and more effective, said that caregivers must be able to remove their professional mantle and simply talk to a patient on a purely human level. "Ask a nonmedical question, help patients live in the moment. Ask them what the best trip was they

ever took in their life or what was the most fun they ever had with their children."

Coombs said that as a critical care specialist, she often talks to patients and families about end-of-life care, but many patients never have these kinds of conversations with their primary caregivers. "Physicians need to talk to the patient and family to find out what they really want." Coombs added that "doctors believe they deliver compassionate care, but when it comes to end-of-life care, we get a C -."

Lynch agreed with Coombs that a significant "compassion gap" exists, particularly at the end of life. "That's where the work of the Schwartz Center comes in," he said.

Restuccia said that he was surprised at how positive patients are about their hospital experiences overall, considering the care fragmentation that exists in the U.S. healthcare system. "Looking to the future, there is opportunity," said Restuccia. "We need a healthcare system that is responsive to patients..."

Lynch said that despite what some people say, time is not the enemy of compassion but rather our short attention spans. "Some of the most compassionate healthcare is seen in the ER and ICU, where physicians connect with patients they don't know in a matter of minutes," said Lynch. Lynch considers it "lazy" to blame lack of compassion on a changing healthcare system.

### Teaching Compassion

Panelists had a number of ideas about how to engender more compassionate care among clinicians. "I believe compassion can be taught and role-modeled," said Lynch. "You can be taught how to talk to people, and we can train physicians how to interact, just like we train physicians on medical concepts."

Coombs spoke of the need for physicians in training, whether they be medical students, residents or fellows, to do a "fellowship of suffering"—a metaphorical commitment to walk with a patient through thick and thin until the end of the

journey. As did Lynch, she stressed that as the U.S. becomes increasingly diverse, physicians will need to learn to understand and appreciate cultural differences, an important component of compassionate healthcare.

### Public Policy Solutions

Moderator Dentzer asked panelists what changes in public policy could strengthen the patient-caregiver relationship. Coombs pointed to the patient-centered medical home model, which ensures that "you're never left out in the cold," as she put it. "You have a care community, focusing on primary care, creating close connections between patients and caregivers. You don't have to feel like you're in a strange land."

Lynch said he believes health-care information technology plays an important role in improving care for two reasons: it gives clinicians easy access to current and accurate information about patients and facilitates "seamless" communication. In response to criticism that computers in the exam room get in the way of patient-physician communication, Lynch said: "We need to redesign exam rooms so the computer and the patient are in the same line of vision."

Dentzer concluded the symposium by emphasizing the importance of compassionate care, noting that all Americans have a stake in it. "What we know is that compassion matters, there's no substitute for it, there's no time but the present to make our healthcare system more compassionate, and it's never been more important," she said.

The symposium was supported by Avalere Health, CRICO/RMF and Partners HealthCare System.

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## HAITIAN MENTAL HEALTH TEAM OF CAMBRIDGE HEALTH ALLIANCE RECEIVES SCHWARTZ CENTER COMPASSIONATE CAREGIVER AWARD®



### **The Cambridge Health Alliance Haitian Mental Health Team:**

(left to right): Odette Argant, ABA; Astrid Desrosiers, MD, MPH; Mel Schmid, MDiv, LICSW, Director; Carline Jean-Baptiste, PhD; and Michele Klau, RNCS

*The Schwartz Center for Compassionate Healthcare established the annual Compassionate Caregiver Award in 1999 to recognize Massachusetts caregivers who display extraordinary compassion in their daily work. The award is made possible by the generous support of AstraZeneca, a leading international pharmaceutical company. The Schwartz Center received nearly 100 nominations for the award in 2010.*

“A stumble is not a fall.” That’s a favorite Haitian proverb of psychologist Carline Jean-Baptiste, PhD. It could also serve as the unofficial motto of the Haitian Mental Health Team, a group of caregivers who have offered an arm, an ear and tender care to patients who have lost their footing somewhere along the way. The team itself has had its fair share of painful stumbles: the closing of its small, intimate neighborhood clinic and move to a larger, more centralized home; the near fatal stabbing of beloved team member Astrid Desrosiers, MD, MPH, in 2009; and the January 2010 Haitian earthquake which devastated their community, including their own loved ones and friends.

Mel Schmid, MDiv, LICSW, and Carline Jean-Baptiste, PhD, took the stage at the Annual Kenneth B. Schwartz Compassionate Healthcare Dinner in November to accept the award on behalf of the team.

Mel told the audience, “It is still a challenge to break through the cultural stigmas. Many of our patients, particularly from the older generation, believe that even mentioning mental health issues means you’re ‘crazy,’ much less asking for help.” He shared that he often resorts to illustrations from Haitian culture to “loosen the ropes around his patients’ hearts.”

Mel continued, “I once asked an elderly woman what happens when the market lady loads too many vegetables on her donkey. ‘The animal’s legs tremble, and the donkey lays down,’ she answered. Then I ask her this: ‘After the cargo is removed and

the donkey has a chance to rest, would the lady put all the goods back on again?’ ‘No,’ she replied. The patient began to understand that I was making an analogy about the impact of stress, pressure, and tension... and the way she could lighten her own load through therapy and psychopharmacology.”

Started 25 years ago by Michele Klopner, PsyD, and Mel Schmid, more than 4,000 Haitian and Haitian Americans have received mental health services in Eastern Massachusetts since 1985. The team also builds critical links to primary care medicine and community services, while generously providing consultation, supervision and education to a wide range of colleagues.

Even before the earthquake, the team cared for patients struggling with inexpressible trauma—dire poverty, despotic governments, torture, hurricanes, displacement and domestic violence.

It is impossible to paint a portrait of the team without talking about their response to the earthquake. Together, they quickly mobilized to offer support to Haitian staffers and patients as well as the Haitian community beyond their clinic walls. They attended numerous community meetings, support groups and vigils; grew their caseload by 100 individuals while helping 700 others in group settings; and most of all listened—bearing witness to unimaginable loss and pain.

“I have seen each of them find ways to be true to their own grief and disorientation while providing safe and nurturing places for those who have lost loved ones, property and a homeland,” said a colleague.

## SCHWARTZ CENTER SPOTLIGHTS FOUR REMARKABLE CAREGIVERS

*The 2010 Compassionate Caregiver Award finalists are:*

### Jane Korins, MTS

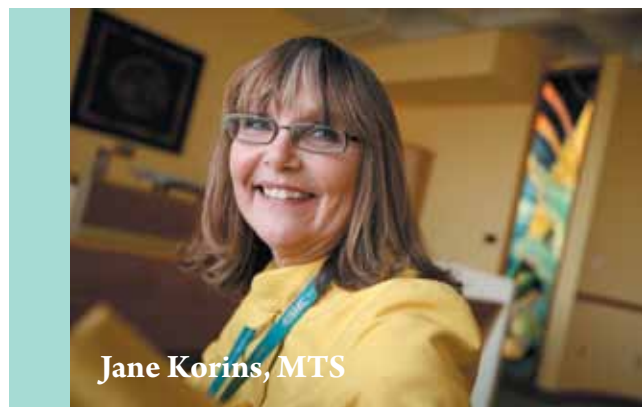
North Shore Medical Center

He named her “The Angel Who Floated into My Room.” Herman, a 93-year-old orthodox Jew, first met chaplain Jane Korins after he suffered a debilitating stroke, exactly one week after his beloved wife’s funeral. He was in despair, afraid that his wife was still in pain. Jane was called in.

Jane introduced herself, sat by his bedside, held his hand and asked if he would like to pray with her. “Are you Jewish?” he asked. “No, but I’ve studied Hebrew and have many Jewish patients,” she answered, and proceeded to chant the evening prayers with him in Hebrew. She sat with him every day, talked with him and prayed with him, helping him find peace and comfort. “The stroke stole my father’s memory for names but sharpened his sense of the holy,” recounted his daughter.

Many whose lives she touches find the holy within Jane, a chaplain at North Shore Medical Center and the hospital’s Director of Pastoral Care. For her, the holy is all around her. She sees God in the tears of a suffering patient, the tender relationship between a dying woman and a therapy dog named Ellie, and a Rainer Maria Rilke poem about a mother sheltering her son from life’s dangers.

And despite her deep spirituality, Jane is as hands-on and down-to-earth as they come. When she realized that some bed-bound patients longed to attend chaplain services, she arranged for services to be broadcast into patients’ rooms. Because a ventilator-dependent woman was unable to attend her husband’s funeral, Jane arranged for the funeral to be brought to her bedside. One of Jane’s bedrock beliefs is that from darkness and suffering often comes transformation and meaning.



Jane Korins, MTS

### Geraldine Mullin, RN

Boston Health Care for the Homeless Program



Geraldine Mullin, RN

The patients of Geraldine Mullin, RN, call her an angel. And in a way, they are not so far off. In an earlier life “Gerry,” as she is called, was a Franciscan nun.

She worked in the emergency room of an inner city hospital—an angel in the Hell’s Kitchen neighborhood of Manhattan. In the late 1970s, she and four other sisters founded a shelter for homeless women—“bag ladies” as they used to be called—at a time when there were precious few resources for these women.

Twenty years later, Gerry is no longer a nun, but she is working again with marginalized and vulnerable people—this time at a 24-hour medical respite care facility run by Boston Health Care for the Homeless. Her patients are too sick to live on the streets or in shelters but not sick enough to qualify for hospitalization: a middle-aged man recovering from knee surgery; a teenager with a high risk pregnancy; an elderly woman undergoing chemotherapy at a local hospital.

“If you’re hungry, she will feed you... if you’re tired, she’ll find somewhere for you to lay,” said one admirer, who, like many of Gerry’s patients, suffers from multiple chronic illnesses, in his case HIV, diabetes and hepatitis C. “If I could pick my own mother, she would be mine.”

Gerry is unafraid to get close to her patients—both physically and emotionally. She’ll hold the tremulous hands of an alcoholic man embarrassed by his own odor; sing to those who need soothing; and keep patients company to the very end. One, “a cantankerous man with a gentle soul,” as a colleague described him, was dying from aortic stenosis. “Gerry would sit for hours with him each day after her shift, refusing to let him alone,” said the colleague. “She held his hand, kept a cool towel on his forehead... and played his favorite music on the radio. He died, with Gerry still holding his hand.”

## Joseph Murphy, MD

Lawrence Memorial Hospital/Hallmark Health

If you are Dr. Joseph Murphy's patient, expect to wait. And you won't care a whit, for you know when it's your turn, you will get the same loving attention. "He's worth the wait," patients say, when they spot a new patient checking his or her watch in the waiting room.

Patient after patient calls Joe "a friend." He makes it his business to know not only their medical histories and latest ailments but also their fears, their joys, what they are reading, and the latest news of their children and grandchildren.

One long-time patient described the first time she met him 20 years ago, during a stay at Lawrence Memorial Hospital. "Before me stood a stocky fellow in a suit coat, one hand gripping a cart of medical charts while the other held several manila folders," she said. "Clenched between his teeth was a cup of black coffee, yet somehow he was whistling and humming as well."

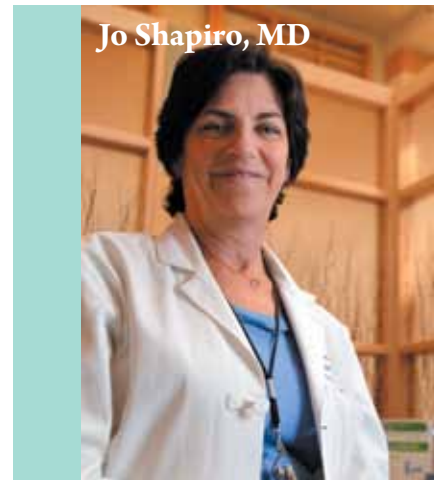
Joe is a one man solution to the problem of health care fragmentation. "He remains one of the few physicians who follow and attend the patient from office to admission to extended care facility," says a colleague. He is often at his patients' bedsides to say good morning at 7 am and goodnight at 11 pm. One patient recounts the time he was hospitalized and nervous about some test results that had yet to come back. A little before midnight, he was taken from his room for a chest X-ray and when he returned, Joe was slumped in his bedside chair, snoring. Joe had received the news that everything looked OK and didn't want his patient to worry a moment longer than necessary.

Everyone has a story about Joe. He returns calls at all hours, keeps tabs on patients when they're no longer in his care, attends funerals and wakes, and has no compunction about bending hospital rules—like no young children in the intensive care unit—when there are bigger things at stake.



## Jo Shapiro, MD

Brigham and Women's Hospital



She is chief of the division of head and neck surgery at Brigham and Women's Hospital, an associate professor at Harvard and a well-known expert on peer support, medical disclosure and apology. But ask her about her patients, and she is decidedly non-clinical.

"I truly love my patients," said Jo Shapiro, MD. "This is an intense word, and I do not use it lightly... My feelings include respect, shared purpose, mutual learning and trust. We share laughter, tears, uncertainties, triumphs and sadness."

Jo does not take her patients' faith in her lightly. She is very aware that they entrust her with much—including the most vulnerable parts of their bodies. "The fact that my patients share with me their most intimate hopes and fears and that they trust me enough to let me literally incise their or their loved one's neck or throat is certainly one of the most miraculous and wonderful gifts of my profession," she said.

Jo is a world-class teacher, not only of other physicians and medical students but also of her patients. She is admired for her generosity with her time, her optimism and her ability to translate complex information into terms her patients will understand.

One colleague, whose husband was diagnosed with a rare form of cancer by another doctor, forwarded the terrifying pathology report to Jo. "Dr. Shapiro read the report herself, consulted with other colleagues and that weekend arrived at our house unannounced to discuss what she had learned," said the colleague. She offered hope by providing a more balanced view of the possible outcomes. More importantly, she intuitively sensed our anxiety and helped contain it by her remarkable combination of compassionate understanding and sophisticated medical knowledge."

## NEW TOOL EASES HEALTHCARE TRANSITIONS: *LifeBox*<sup>™</sup>

Healthcare organizations today face challenges in maintaining compassionate, patient-centered care in a complex and fragmented system where patients often see multiple caregivers in many different settings. In the fall of 2008, the Schwartz Center issued a request for proposals for innovative programs to improve quality of care for patients transitioning between healthcare settings.

A two-year \$200,000 grant—the Center’s largest ever—was awarded to Norwood Hospital and a collaborative of 12 allied healthcare organizations in the community to develop the LifeBox<sup>™</sup> program. The program strives to assure that patients’ beliefs and care preferences are communicated to their caregivers as they move from one healthcare setting to another.

The LifeBox solution begins with a conversation between patient and caregiver to elicit the patient’s wishes, values, goals and personal history. Carla Oberst, MD, Norwood Hospital’s hospitalist liaison to the LifeBox project, observes, “When we ask

patients about who they are, they become a whole person in our eyes again.”

The program’s unique innovation is creating a special place for this information in the electronic medical record so that it is readily visible to providers over time and potentially across multiple care sites. Nationally, many programs strive to improve care transitions as patients move from one setting to another. The LifeBox project is unique because it focuses not on transmission of the medical facts of a patient’s record but rather information about the essence of that person.

Results from the two-year pilot program have been so promising that the Schwartz Center and Norwood Hospital are now collaborating to promote the program to other healthcare institutions, and will soon offer training and technical assistance to those who wish to adopt it.

For more information, contact Robb Johnson, Schwartz Center Director of Programs, at [rjohnson28@partners.org](mailto:rjohnson28@partners.org).

### Case Study:

In January 2010, shortly after admission to Norwood Hospital, the hospitalist caring for Mr. M sat down with him to have a conversation aimed not at eliciting medical history but at getting to know Mr. M as a person.

The hospitalist learned that the patient lived a solitary life and considered himself a contented loner. He spent his free time reading, especially the Bible, and occasionally did odd jobs for local residents. He lived his entire life in this region. He regretted the transformation of his quiet rural community into an upscale suburban town. Mr. M was eager to return to an independent living environment but worried that his health problems would make this difficult.

This 10-minute conversation subtly, but definitively, altered the physician-patient relationship. Now the hospitalist was not just caring for the patient in Room 811 with urosepsis; she was caring for Mr. M, a unique individual with a health problem. The hospitalist entered the information on “who Mr. M is as a person” into a LifeBox, a dedicated section of the patient’s electronic medical record. Clinicians in the hospital were then able to access LifeBox information to quickly establish a relationship with Mr. M who was sometimes reluctant to engage in casual conversation with his caregivers.

The LifeBox information was included in Mr. M’s discharge paperwork when he transitioned to a short-term rehabilitation facility. Clinicians at this next level of care welcomed Mr. M as a whole person, not as an unknown patient with a medical problem. A Bible was waiting for Mr. M on his bedside table when he arrived at the rehabilitation facility and added a personal sense of welcome.



### Example of Life Box Information:

1. Patient is a WWII vet and survived Normandy
2. Very active organizing golf activities at assisted living where he lives
3. Organizes and teaches bridge, still drives
4. Wishes to get back to assisted living to his busy life, not enough hours in the day
5. Still misses his wife of 60 years who has been deceased for six years

# DevelopmentMatters

## ANNUAL DINNER MARKS 15 YEARS OF COMPASSION

Many in the sea of 2,100 guests at the Kenneth B. Schwartz Compassionate Healthcare Dinner had a hard time believing that 15 years had passed—just over 15 years since Ken wrote about the importance of compassion during his healthcare odyssey; 14 years since the first dinner in Ken’s memory; and 13 years since the brainstorm that created the organization’s now nationally-recognized Schwartz Center Rounds®. The energy and excitement during this anniversary dinner was a great testament to the resonance and staying power of Ken’s ideas. In addition to moving videos that chronicled Ken’s story as well as more recent stories of compassion, the evening featured the 12th annual Schwartz Center Compassionate Caregiver Award® (see page 4).

The crowd at the dinner demonstrated that compassion can bring people together despite the competition in healthcare. During the reception, guests with flashing Schwartz Center pins meandered through the crowd advertising a Red Sox raffle, while others networked with colleagues and friends.

The event raised more than \$1.3 million for the Schwartz Center’s programs. This success is due to the tremendous leadership of dinner chairs Walter Ettinger, MD; Gary Gottlieb, MD; Jack and Geri McCarthy; and Richard Walsh.



Deborah Enos, Neighborhood Health Plan, and Alexandra Schweitzer, Tufts Health Plan



Schwartz Center Leadership Council member Jon DuBois, MD, Emerson Hospital, and Schwartz Center Board member Becky Levin, Levin & Company



Schwartz Center Compassionate Caregiver Award finalists and winners: Carline Jean-Baptiste, PhD; Joseph Murphy, MD; Michele Klau, RNCS; Geraldine Mullin, RN; Jo Shapiro, MD; Odette Argant, ABA; Jane Korins, MTS; and Mel Schmid, MDiv, LICSW



Schwartz Center Board member Charlie Baker, General Catalyst Partners, and Lauren Baker

*All captions are left to right.*



Wendy Warring, Children’s Hospital Boston, and Schwartz Center Board member Jim Roosevelt, Jr., Tufts Health Plan

**A special thank you to the Schwartz Center’s 15th Anniversary Sponsors,** corporate supporters that have been by our side every year for 15 years, with donations totaling more than \$100,000 each:

- Blue Cross Blue Shield of Massachusetts
- Massachusetts General Hospital
- Mintz, Levin, Cohn, Ferris, Glovsky and Popeo, PC
- Partners HealthCare System
- Tufts Health Plan



Bob Norton, North Shore Medical Center; Paul Summergrad, MD, Tufts Medical Center; and Abby Flam, Sterling Planning Alliance

**The Schwartz Center also appreciates its major corporate and healthcare sponsors for the 2010 Kenneth B. Schwartz Compassionate Healthcare Dinner**

**Champion \$50,000+**

- AstraZeneca, sponsor of the Schwartz Center Compassionate Caregiver Award®
- CRICO/RMF, sponsor of the 2010 annual dinner video
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- Vanguard Health Systems
- Walsh Brothers



Hal Marcus, Harvard Pilgrim Health Care; John Fernandez, Massachusetts Eye and Ear; and Schwartz Center Board member, Bill Knowlton, Ropes & Gray



Patti Goldman, American Hospital Association; Lynn Nicholas, Massachusetts Hospital Association; and Joyce A. Murphy, UMass Medical School/Commonwealth Medicine

# DevelopmentMatters continued

## ANNUAL DINNER

(continued from page 9)



Schwartz Center 15th Annual Dinner Chairs:  
Gary Gottlieb, MD, Partners HealthCare System;  
Walter Ettinger, MD, UMass Memorial Medical Center;  
Jack McCarthy, CRICO/RMF; and Richard Walsh,  
Walsh Brothers



Colin Roskey, Alston & Bird, LLP; Lee Perlman,  
Greater New York Hospital Association; and  
Marilyn Yager, Alston & Bird, LLP

## YOU ARE INVITED

### The 16th Annual Kenneth B. Schwartz Compassionate Healthcare Dinner

Date: Thursday, November 17, 5-9:30 pm  
Location: Boston Convention and Exhibition Center  
415 Summer Street, Boston, MA  
Dinner Chairs: **Michael Blau**, Partner, Foley & Lardner  
**Ruth Kilduff**, Managing Principal, Integro Insurance Brokers  
**Lynn Nicholas**, President, Massachusetts Hospital Association  
**Richard Walsh**, President & CEO, Walsh Brothers Construction

The evening includes a raffle, video presentation and announcement of the recipient of The Schwartz Center Compassionate Caregiver Award®.

Please call **(617) 726-0512** or email **schwartzcenterevents@partners.org** for more information.

## Recent Corporate and Foundation Grants

The Schwartz Center gratefully acknowledges the following funders which have recently awarded grants to support its work:

- Analog Devices**, for general operating support
- AstraZeneca**, to support The Schwartz Center Compassionate Caregiver Award®
- The Dorot Foundation**, to support the Medical Director position
- Millennium: The Takeda Oncology Company**, to support Schwartz Center Rounds®
- Philips Healthcare**, to support Schwartz Center Rounds®
- P.I. Garden Fund**, to fund strategic expenses



the schwartz center

FOR COMPASSIONATE HEALTHCARE

At the Annual Kenneth B. Schwartz Compassionate Healthcare Dinner in November 2010, Board President Ellen Cohen unveiled a new logo and visual presentation for the organization. The new look continues to honor the legacy of Ken Schwartz but more explicitly communicates the Center's message of compassionate healthcare. With this new logo and a new website, **The Schwartz Center for Compassionate Healthcare** is poised to increase its impact and make compassion a priority in healthcare for every patient, every day.



## OUR HEALTHCARE WORLD

Cultural competency continues to gain importance as the US population undergoes profound demographic changes, challenging healthcare providers to be more attuned to the social, cultural and economic realities of their patients' lives. A report recently released by the US Census Bureau outlines the magnitude of these changes over the past 10 years, including a more than 40% increase in the Hispanic and Asian populations.

The Schwartz Center has long recognized the importance of cultural competency in strengthening patient-caregiver relationships and improving the overall quality of healthcare. In addition to being a popular topic at Schwartz Center Rounds®, the Schwartz Center has also supported the advancement of cultural competency through our grants program, awarding 30 grants since 1997. Examples of programs the Schwartz Center has underwritten include:

- **AIDS Network of Western New York, Buffalo, NY:** For training of HIV/AIDS healthcare and social service providers on culturally appropriate care for African refugees.
- **Disparities Solutions Center, Massachusetts General Hospital, Boston, MA:** For a film series to improve the ability of healthcare providers to understand and communicate with diverse patient populations and to support a cross-cultural needs assessment of senior medical residents to inform the development of a cross-cultural curriculum.
- **MaineHealth, Portland, ME:** For a conference and follow-up programs to help caregivers understand the barriers created by poor health literacy and to improve cultural competency.
- **Merrimack Valley Hospice, Lawrence, MA:** For education and training of clinicians, paraprofessionals and support staff to provide culturally and linguistically appropriate outreach to terminally ill Latino patients and support bereavement services for their families.

The federal government also recently unveiled an ambitious blueprint to help narrow racial disparities, including increased efforts to expand health insurance, improve access, and remove cultural barriers to care. According to HHS Assistant Secretary for Health Dr. Howard Koh, the plan is "the most comprehensive federal effort to eliminate the disparities that exist among racial and ethnic populations."

The growing diversity of the US population presents unique challenges for healthcare professionals in delivering care that is both culturally sensitive and clinically appropriate. Yet even among patients of a similar culture there is great variability. "While a basic sensitivity toward cultural patterns can help you avoid errors, don't assume patients conform to stereotypes," cautions Dr. Augustus White III, professor of medical education and orthopedic surgery at Harvard Medical School, in his new book, *Seeing Patients: Unconscious Bias in Health Care*. The bottom line is that while cultural differences add another important dimension to the patient-caregiver relationship, the focus must always be on the individual patient, not the stereotype.

*Julie A. Rosen*  
With best wishes,  
Julie A. Rosen, Executive Director

## Touchpoints

The Schwartz Center for  
Compassionate Healthcare  
205 Portland Street, 6th Floor  
Boston, MA 02114-2792  
(617)724-4746  
www.theschwartzcenter.org

Editor: Marjorie Stanzler  
Assistant editor: Heather Olson

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Betsy Pingree Frawley  
Ruth Kilduff, RN  
Becky Levin  
Clare Midgley  
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Laurie Schwartz Naparstek, EdD  
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\*deceased

## WHAT'S HAPPENING

*USA Today* and *The Boston Globe* are among several publications that printed articles about the **national poll** of patients and physicians commissioned by the Schwartz Center on the **state of compassionate healthcare** (see story on p. 1) ... **Executive Director Julie Rosen** was featured in the *Boston Business Journal* in March. The profile detailed her longtime passion for healthcare and the importance of the Schwartz Center's work ... **Catholic Health East's** newsletter *Horizons*, published an article highlighting how the **Schwartz Center Rounds**<sup>®</sup> help foster compassionate patient-caregiver relationships at more than six of the organization's hospitals ... A letter co-written by **Medical Director Beth Lown, MD**, and **Colleen Manning, PhD**, of **Goodman Research Group**, was published in the March issue of *Academic Medicine*. The letter focuses on the need for medical students to learn communication skills during medical school ... Also in the March issue, *Academic Medicine* editor, **Steven L. Kanter, MD**, wrote a letter titled *Think With Your Head and With Your Heart*. The letter makes reference to the **Schwartz Center Rounds** and the article about the Rounds evaluation published by Lown and Manning in the June 2010 issue of *Academic Medicine* ... *Health Progress*, the **Journal of the Catholic Health Association of the United States** published an article in its November-December issue on the **Norwood Hospital** collaborative's grant from the Schwartz

Center. The goal of the two-year grant was to improve patient care transitions as they move from one healthcare setting to another (see story on p. 7) ... **Board Chair Thomas Lynch, MD**, was mentioned in **Siddhartha Mukherjee's** book, *The Emperor of All Maladies: A Biography of Cancer*. Mukherjee describes Lynch's compassion as he treats patients with complex diagnoses. The author writes, "He emphasized process over outcome and transmitted astonishing amounts of information with a touch so slight that you might not even feel it." ... **Julie Rosen** and **Beth Lown, MD**, co-wrote a letter to the editor, published in the *Boston Business Journal*, arguing that the nation's healthcare reform effort depends on investing in the patient-caregiver relationship and giving clinicians the time and resources they need to build trust with patients ... The 2010 **Schwartz Center Compassionate Caregiver Award**<sup>®</sup> winner, the **Haitian Mental Health Team of Cambridge Health Alliance**, was featured in Adrian Walker's column in *The Boston Globe* ... **Amy Ship, MD**, a primary care physician at **Beth Israel Deaconess Medical Center** and the 2009 Schwartz Center Compassionate Caregiver Award winner, was featured on Magic 106.7's radio segment, *Exceptional Women*.

### STAFF UPDATES

The Schwartz Center is happy to announce the addition of three new staff members.

**Robb Johnson** joined the staff in December as Director of Programs. Robb is a seasoned program director with more than 20 years of experience working in mission-driven non-profit organizations in public health and the environment. He has a masters degree in public administration from Harvard University and a masters degree in public health from the University of Michigan.

**Petra Langer** joined the Center in March as Senior Communications Consultant. Petra has an extensive public affairs and public policy background. Prior to her work as a consultant, she was the Director of Communications at Partners HealthCare System and the Director of Public Relations and Governmental Affairs for the Planned Parenthood League of Massachusetts.

**Laurie Tellis** joined the staff last fall as Development Coordinator. She has more than 10 years of experience in non-profit organizations, ranging from coordinating communications at the Women's Educational and Industrial Union to managing print and online publications at New England SERVE and the Massachusetts Consortium for Children with Special Health Care Needs.

**Heather Schwartz Olson**, former Schwartz Center Program Coordinator, was promoted to Program Manager.

### IN MEMORIAM

**Richard Mintz**, a long-time supporter of the Schwartz Center and a member of its Leadership Council, passed away on April 20, 2011. An early partner of the law firm Mintz Levin, Richard was a personal mentor to Ken Schwartz when Ken joined his firm many years ago. Since the founding of the Center, Richard has been a real leader and inspiration to the organization. He was extremely helpful, warm and supportive and was instrumental in the growth of the Center. The Schwartz Center will sorely miss his guiding influence and loyal support.

The Schwartz Center was among the organizations his family listed for donations in his memory. A memorial service is scheduled for May 31, 2011.