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COMMUNITY CONNECTIONS

BUMC panel weighs merits of Clinton health plan

The Clinton Administration's health care reform plan was discussed with cautious enthusiasm at Boston University Medical Center on Thursday, Sept. 23, at a forum featuring BUMC leaders and other members of the local health care community. The symposium, held in the newly renovated Bakst Auditorium in the School of Public Health, drew a standing-room-only audience of students, employees, faculty and administrators.

"I applaud the President, because this is about access," said John Craddock, chief executive officer of the East Boston Neighborhood Health Center and one of the seven panelists. "If in my lifetime [this country] could see universal entitlement only—not that I don't want a lot more—I'd be delighted," he said. "I didn't believe that it could happen until very recently."

Panelist Michael Eliastam, MD, MPP, medical director of Boston City Hospital, shared this sentiment. "I was very pleased that my decision to vote for [Clinton] was a good one," he said. "I really think he is going to do great things."

In fact, all seven panelists, as well as School of Medicine Dean Aram Chobanian, who moderated the event, expressed general support for the President's mission. All panelists agreed that health care delivery in America must change, and that the debate stimulated by the presentation of the Clinton plan is much-needed and overdue in a country where foreign policy seems to have taken precedence for years. "It's exciting to hear a presidential address on a major, important domestic issue," said Robert Meenan, MD, MPH, director of the School of Public Health. "Now that we don't have to perhaps worry about a bomb arriving on our doorstep from the Soviet Union, we can focus on very important issues of domestic policy," he said.

On the specifics of the plan, the panelists were more cautious, each assessing the reform proposal from the perspective of their areas of expertise. As a group, they touched on all major elements of the plan, which were outlined by the president as security, savings, choice, quality, responsibility and simplicity.

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BUMC-sponsored event makes strides against breast cancer

Undaunted by the rainy weather, scores of Boston University Medical Center Hospital walkers joined a crowd of approximately 4,000 supporters in the Making Strides Against Breast Cancer benefit walk on Sunday, Sept. 26.

BUMC served as the flagship sponsor of this event, which, according to the American Cancer Society, raised an estimated $350,000. The funds raised will directly benefit local efforts to fight breast cancer through research, early detection and advocacy, and will also go to funding rehabilitative support services.

"It was heartwarming to see so many people having the gumption to stand in the mud on the Esplanade early that morning, waiting for the walk to start," says Joannie Jaxtimer, BUMC's director of marketing, communications and public relations. "It really sent a message about how important it is to all Buddymen, employees, faculty and administrators.

"It was very important to the Hospital was proud to be an integral part of this important event," said Jaxtimer. "We intend to continue to support the walk in order to ensure its continued success."
Panel examines how violence affects children

The need to address the recognition of the impact and repercussions that violence in the community has on children was the central focus of a forum held last month at Boston University. The panel, comprised of a variety of local leaders and educators, including William Burton, commissioner of the Boston Police Department and Massachusetts Attorney General Scott Harshbarger. The forum was sponsored by the Department of Pediatrics at Boston University School of Medicine/RUSM/Boston City Hospital (BCM) and the Endowment for Community Health in Crisis, a local nonprofit organization.

The speakers focused on the importance of treating children emotionally scarred by witnessed violence as a community and the need to instruct them about the experience. While they all characterized the current situation as dire, there was no clear consensus on how the problem can be solved. "These are hard times," said Burton, acknowledging that many people are scared of for their future, and the future of their children. "But one of the good things about fear is that it generates awareness, and awareness generates action, and that’s what we need to be talking about," he said.

"I think what we saw was that the community believed that there is a problem, which is the first step," said Robert Meenan, MD, MPH, an associate professor of pediatrics at the Boston City Hospital. He noted that violence in the community has been increasing, and that the problem is not just limited to certain areas but is widespread. "What we have is a problem of violence that is pervasive, and it is a big problem," said Harshbarger.

He advocated a major effort to do just that, starting with the issue and not continuing with the fear. "If we want to understand what violence means, we have to understand the violence of everyday life," he said.

The_short_term_goal, he added, was to be offered to those in need of violence, especially the young people, by having more help, more police, more places to hide the death penalty, we will fully address it. "This is not a time for delay, but the issue of who has to solve the problems, and that will require educational programs that teach how to talk to each other and to reduce conflict without resorting to violence. Community, noting the "need for violence," was able to stop the violence, noted Harshbarger. "If people are given the tools, the training, the training, we can stop it," he said.

"Police need to be much more involved in the idea of how we can get better in the game of preventing violence in the first place, and we have to understand that violence does impact our youth," he said. He added that the Boston Police Department has set up a joint effort of becoming more of that kind of professional. The RUSM/BCM/Endowment for Community Health in Crisis program has been in operation for three years.

The Worcester Square Area Neighborhood Group (WSANG) recently honored Donald Giller, RUSM’s former vice president of regional operations, for his years of committed service to the local community. WSANG President Richard Blanchard, left, presented Giller with two citations during a program held in Giller’s honor at the hospital on Tuesday, Sept. 28. The presentation was on behalf of acting Boston Mayor Thomas Menino as a gesture of appreciation for Giller’s work as President of the Interinstitutional Transportation Management Association, a consortium comprised of Medical Center and Boston City Hospital representatives that is working to improve public transportation services to the South End medical area. The second presentation was on behalf of WSANG as an expression of thanks for Giller’s work with the South End City Hospital’s Health Care for Children program. Giller, who resigned from his Hospital position last month to pursue other career ventures, worked at RUSM for more than 21 years.

Dental problems prevalent among the disabled: Partnership formed to improve quality of care

As the nation moves toward health care reform, a handful of contracts are being formed to ensure that one aspect of health care is not overlooked: dental care for people with mental or emotional disabilities who are mentally disabled. Access to dental care has long been a problem for the nation’s estimated 43 million people with physical or mental disabilities, and their families. Few dental professionals are trained to treat them. Often, dental care is simply not seen as a priority for people with so many other, more pressing medical concerns. In order to address the problem, which ultimately results in serious and costly complications, Boston University’s Goldman School of Graduate Dental School has formed a partnership with the Academy of Dentistry for the Handicapped and Oral Health 2000, a national preventive dentistry initiative, to improve access to dental care for people with special needs. The partnership, which has already won the support of Special Olympics International, is the result of a program that was held earlier this year. The GSDG teamed up with the Massachusetts Special Olympics to offer the First ever Special Olympics at the nation’s 1993 Summer Games. More than 700 athletes participated in the screening and countless others received much-needed dental education, as well as a list of local dentists who provide care to people with special needs. According to screening organizer Steven Perlman, DDS, MScD, an assistant clinical professor in pediatric dentistry at the Goldman School of Graduate Dentistry, 50 athletes screened there had not had a dental checkup in more than 10 years. The initial phase of the project will focus on preparing educational materials and marketing the Sporty Smiles website, which will include a dental care referral service. The final phase, nutritional guidelines for Special Olympics athletes, will be developed for dental professionals. In the third and final phase, nutritional guidelines for Special Olympics athletes will be developed for dental professionals. In the third and final phase, nutritional guidelines for Special Olympics athletes will be developed for dental professionals.
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Meenan shared the panel with Richard Egahl, MD, director of BUMC; Spencer Frankl, DDS, dean of the Goldman School of Graduate Dentistry; Patricia Barry, MD, MPH, chief of geriatrics at BUMC, and Wendy Mariner, JD, MPH, professor of public health (health law) and bio-medical sciences and community medicine at BUSM/SPH.

Hospital President I. Scott Abercrombie, MD, was unable to participate in the event because he was at the White House Rose Garden that afternoon, having been invited to join the President and Hillary Rodham Clinton, as well as other academic health center professionals, in a kickoff event marking the beginning of the Clinton health care reform campaign.

BUMC Director Egahl was optimistic about the role academic medical centers play in Clinton's plan. "One thing that is very good from our perspective," he said, "is that there is $6 billion in there for such things as academic medical centers." How these funds will be spent is yet to be determined, he pointed out, but that money would be in addition to the kinds of reimbursements received from hospitals.

Though research will be funded, Egahl said the Clinton plan will not alleviate the problems that face hospitals now. Decreases in Medicare and Medicaid and reduced physician fees will continue to mean cuts in hospital budgets, he said. Under the Clinton plan, "there will be a very different kind of situation," Egahl said.

"Primary care doctors will do better than they have in the past and we will phase out about 30 percent of specialty residencies over the next several years and increase primary residencies up to 50 percent or more" if the Clinton plan is passed. "This will in effect be government fast," Egahl said. BUMC is already positioning itself for the future by vigorously promoting primary care through programs such as the General Physician Initiative and the Center for Community Health Education Research and Service (CCHERS). Eliastam supported BUMC's efforts to bolster its primary care service. BUMC "absolutely has to become known as a place that is terribly committed to primary care in all its ramifications ... in order to survive," he said. To carry out this mission, he said, BUMCH and BICH must unite and integrate services as soon as possible. This plan is already being developed.

Goldman School of Graduate Dentistry Dean Frankl applauded the reform package's commitment to insure dental care, initially for children, and later for adults. "I'm very pleased that the Clinton plan will include dental care as part of its reform package," he said. "Perhaps tomorrow, as a result of this health care reform package, dental treatment will no longer be considered discretionary or optional, but rather will be considered necessary, vital and valuable, especially for our nation's children. Today, dental care is mandated for all residents in our correctional systems, while dental care for children has, to date, never been mandated." Eliastam, meanwhile, took issue with the fact that the Clinton plan for universal care excludes illegal aliens and prisoners. Picking up on Frankl's remark about prisoners, he said, "While [prisoners'] dental care is good, their health care is lacking," he said. No matter what a person's circumstance, he added, all American residents should be covered by a health care plan.

Mariner, while expressing pleasure with the Clinton plan's emphasis on universal access, said that she saw "irony in the fact that it only comes as the result of a financial crisis, not some enlightenment about our own ethical obligations to society." Still, she said, "I'll take it." In assessing the proposal's plan for the fastest growing population in America, the elderly, geriatrician Barry was cautious, saying that the specifics of the plan concerning the elderly were difficult to discern at this point. She did, however, note what she thought a commitment to "a continuum of care" for the elderly be part of the plan. "One of the things I would like to see addressed, if we formalize this plan," she said, "is some sort of attention to how to move elderly people through different aspects of the system so that they can be where they need to be and receive the appropriate level of care based on their need at the time."

Meenan noted the importance of incorporating public health practices into a health care reform plan. Programs addressing such issues as teenage pregnancy, drug addiction, and AIDS must be structured and funded in order for health care reform to work, he said. As the panel discussion demonstrated, there are numerous components of the Clinton plan, and these now must be scrutinized and digested by Congress. Senate hearings on Capitol Hill and field hearings around the country have already begun.

Egdahl cautioned that the Clinton plan will undergo significant changes while it travels through the halls of Congress.

"It's exciting to hear a presidential address on a major, important domestic issue."—Robert Meenan, MD, MPH.

BUMC's first forum on health care reform drew a large crowd. Panelists were, from left, Wendy Mariner, JD, MPH, Richard Egahl, MD, Patricia Barry, MD, MPH, Spencer Frankl, DDS, John Cradick, Robert Meenan, MD, MPH, and Michael Eliastam, MD, MPH. Alex Cholnoky, Dean of BUSM, pictured at right, served as moderator.

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Abercrombie Jr., MD, at the groundbreaking ceremony. Construction on the site is progressing quickly, and the clinic is expected to open in mid-1994.

The REN Corp., selected from a large field of candidates, was chosen because of its "tradition of excellence in quality of care," says David Salant, MD, chief of the BUMCH section of renal medicine. The proposal has received a warm response from the South End community itself. "We are very serious about our welcome," said South End State Rep. Byron Rushing during the ceremony. "We hope [BUMCH] will continue to be a good neighbor to the South End."

REN Corp., the fourth largest provider of kidney dialysis services in the country, has relationships with several other teaching institutions and has a reputation for bringing the critically needed health care service of renal dialysis to rural areas. The REN clinic, which will be housed in a three-story, 33,000-square-foot brick building with 48 surface parking spaces, is the REN Corp.'s first clinic in Massachusetts.

The renal dialysis program at BUMCH has been in service for many years, says Salant. Until now, the Hospital of the University of Pennsylvania has had to send those in need of outpatient care to other clinics located elsewhere in Boston. This arrangement put a strain on the physician/patient relationship, as visits were infrequent due to the distance of travel, Salant says. With the convenient location of the REN clinic, patients and their physicians here at the Hospital will be in much closer contact.

In addition to meeting the health care needs of local dialysis patients, the Clinic will create employment opportunities for the residents of the local community, according to REN officials. The addition of a large tree and lights, will also bolster the physical environment of the area.