1992

University Hospital at Boston
University Medical Center: Annual Report 1992

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Boston University
Last year, our Annual Report focused on the many collaborative activities in the Hospital that are brought to bear on our primary focus – the patient. This year we look outward, examining some of the strategic linkages that the Hospital has created to ensure that the focus remains on the patient in the evolving new health care environment. From serving as a clinical resource for community hospitals and opening a health center on the Boston/Brookline line, near Boston University, to exploring reimbursement initiatives with the federal government and sending staff to hospitals in troubled Armenia, the Hospital is on the move, regionally and nationally. In the midst of the complex, dynamic scenario of medicine in the 1990s, Boston University Medical Center Hospital is exploring and expanding its leadership role in Boston medicine. These activities bode well for the Hospital as it approaches the next century. As we look to the future of medicine, it is only fitting that we pause to thank a very committed leader, Hugh Shepley, our outgoing chairman of the Board of Trustees, for his guidance and dedication during the past three years.

John H. Valentine Jr.
Chairman, Board of Trustees

J. Scott Abercrombie Jr., M.D.
President and Chief Executive Officer
By definition, the academic medical center is an institution of inquiry, preserving what is best in medicine while seeking an even better way of doing things. Charged with a demanding triple mission - patient care, medical education and clinical research - the academic medical center today is among our country's most complex enterprises, providing a variety of specialty care services to the many populations it serves.

To meet the challenges of medicine in the 1990s and beyond while carrying out this mission, such institutions must continually reevaluate themselves, and continuously redefine the role of the academic medical center.

As an integral part of a vibrant, urban academic medical center, Boston University Medical Center Hospital shares a tremendous range of resources with Boston University's School of Medicine, School of Public Health and Goldman School of Graduate Dentistry, and with
neighboring Boston City Hospital. These resources benefit patients, enhance the education of future generations of health care professionals, and help make lasting contributions in the area of medical research.

The Hospital employs resources to benefit a number of constituencies not typically associated with an academic medical center. The past year has been characterized by the formation, and reaffirmation, of a number of these unique partnerships. This 1992 Annual Report describes some of these collaborations, with our South End neighbors, with community hospitals and other health care providers, and with corporate partners.

BUILDING ON OUR STRENGTHS

By tradition, the hierarchy of health care has been described as having three levels: Primary care encompasses services provided on an ongoing basis by one's physician; secondary care is provided by a community hospital, and tertiary care is specialized referral care, generally found only at an academic medical center.

Today, these strict distinctions do not always apply. Thanks to sophisticated ambulatory surgery techniques and technologies, primary and specialty care physicians can perform certain surgical procedures in their offices. Community hospitals are aggressively pursuing ways to provide services once found only in teaching hospitals. And insurers and managed-care organizations are playing an important role in determining where patients obtain their care.

As the spectrum of care shifts in response to these "marketplace" realities, academic medical centers, long known for treating the most acutely ill patients, are exploring new avenues for providing health care. By taking paths not ordinarily associated with academic medical centers, the Hospital strives to reach out to constituents and communities in innovative ways.

THE UNIVERSITY LINK

Since the 1870s, the Hospital and Boston University have been linked in the minds of patients, the public, health care providers and payers. This long-standing relationship has been reinforced in a number of ways in 1992, highlighted by the official linkage of the names of the two organizations. The name Boston University Medical Center/The University Hospital [BUMCH], reflects the two institutions' joint commitment to patient care, medical education and clinical research.

The Hospital's strong relationship with Boston University offers a natural foundation for expanding health care services. In March of 1993, the Hospital opened a primary care and multispecialty group practice at 930 Commonwealth Avenue, directly across the street from the Boston University campus. The Commonwealth Medical Group brings its services directly to University employees, faculty, businesses and residents of the surrounding Brookline and Boston neighborhoods.

The Hospital and the University are continuing to work jointly toward a strong future for Boston University Medical Center by advancing the BioSquare medical care/biotechnical research center across Albany Street from the Medical Center. The first building in the multistructure development, the Center for Advanced Biomedical Research, is expected to open this fall.

CITY HOSPITAL TIES

Another long-time association with the Hospital's South End neighbor, Boston City Hospital was further strengthened with the integration of the departments of medicine of the two institutions. This integration benefits patients at both hospitals, making it possible to use departmental resources more effectively, while providing an enhanced educational experience for medical residents in an integrated residency program.
Clinical research, in its evolution from the laboratory to the patient's bedside, is the hallmark of any academic medical center, and serves as one of the primary activities at Boston University Medical Center Hospital. The vital research work carried out today at BUMCH took root in 1910, when Mrs. Maria Antoinette Evans made the first in a series of gifts to endow a Hospital-based research department of medicine, the Evans Memorial Department of Clinical Research and Preventive Medicine. The Evans was one of the first three clinical research laboratories in the nation.

As a continuation of that legacy, the Evans Research and Training Program, established in 1991, welcomed two new research participants last year, following a national search for outstanding candidates. This program is one of only a handful of privately funded, clinical/basic research programs in the country. While its fundamental purpose is to fund and support research, it also provides important collaborative and educational opportunities to researchers, supports the purchase of instrumentation integral to the development of scientific research, and promotes dialogue about the role of ethics in research.

NEW RESEARCH INITIATIVES
Clinical research efforts in surgery are supported by the Hospital’s Smithwick Foundation, which honors a former surgeon-in-chief, Reginald Smithwick, M.D. Uniting both medicine and surgery are the unique research initiatives being conducted under the auspices of the interdisciplinary Center for Minimal Access Surgery.

The following are a few examples of the many exciting research endeavors and clinical programs ongoing at various levels throughout the institution:

A study by cardiologists at BUMCH and other major centers indicates a woman’s chance of long-term survival following coronary angioplasty is as good as that of a man’s.

Alice K. Jacobs, M.D., director of the Cardiac Catheterization Laboratory, was the principal investigator of the study, which based its report on a study of more than 1,500 patients nationwide who underwent angioplasty between 1977 and 1981.

Internationally recognized BUMC Hospital urologists made headlines with their research on impotence. Investigations by urology department members Robert J. Krane, M.D., chairman, and Irwin Goldstein, M.D., and colleagues, included a study of smoking as a risk factor for impotence, and research on impotence as a result of trauma to the groin.

Neurosurgeon Joe J. Ordia, M.D., and his collaborator, neurologist Edward Fischer, M.D., are involved in a multicenter study of a new muscle relaxant, called baclofen, and an implantable pump that delivers specific doses of the drug directly to the spinal cord. Both the drug and the pump have been shown to be highly effective in the treatment of debilitating and uncontrollable muscle spasms associated with spinal-cord injuries and multiple sclerosis. Baclofen, which is dispensed by the pump at customized, pre-programmed intervals, received approval by the Food and Drug Administration last fall.
INVESTING IN THE NEXT MILLENNIUM

A study conducted by BUMC cancer and blood experts of a new method to collect peripheral blood stem cells (PBSCs) for transplantation has offered new hope for certain cancer patients. Raymond L. Combes, M.D., director of the Transfusion Medicine Service/Blood Bank, found that the method, known as large-volume leukapheresis, was effective in collecting PBSCs from patients with Hodgkin’s disease—a type of lymphoma—whose white blood cell counts were too low for conventional methods of PBSC collection. The method allows patients to undergo fewer procedures to collect the necessary cells and, in some cases, eliminates the need to “prime” patients with growth factors to induce the production of PBSCs.

The Hospital and Boston University continued laying the groundwork for medicine in the next millennium that began with the 1991 groundbreaking of BioSquare on Albany Street. This $350-million multistructure development project will provide medical-research space and patient-care facilities, ushering in a new era for BUMC’s healthcare and research programs.

Phase One of the complex features the 180,000-square-foot Boston University Center for Advanced Biomedical Research, which is expected to be completed this fall. The Center will house BUMC researchers working in the areas of cardiovascular diseases, biophysics, human genetics and oral biology.

Future construction phases are expected to include an ambulatory care/medical office building, a 1,000-car parking garage, varied retail facilities, and a hotel and conference center, as well as additional research facilities.
DOWN THE BLOCK, ACROSS THE WORLD

THE HOSPITAL AS RESOURCE
Reaching across the globe, BUMCH staff have joined colleagues from Boston University School of Medicine, the Goldman School of Graduate Dentistry and Boston City Hospital in an exchange program with hospitals in Yerevan, Armenia.

The program is one of 10 long-term health care partnerships funded by the U.S. Agency for International Development. The $13.5-million partnership is part of the government's far-reaching effort to provide technical assistance to the newly independent states of what was once the Soviet Union. The exchange program utilizes the expertise of American health care professionals to address the specific health care problems of each newly independent nation.

AN EXPANDED REACH
The BUMCH Department of Ophthalmology has expanded the reach of its current practice. A non-profit Hospital subsidiary has acquired the assets of a large private ophthalmology practice on the South Shore, with offices
Sharing Expertise

Through an agreement with Jordan Hospital in Plymouth, BUMCH has become Jordan’s academic medical center affiliate in cancer care. Through this arrangement, the Hospital is now working with Jordan to develop an on-site radiation oncology unit, which was approved in 1992 by the state’s Public Health Council.

BUMCH physicians also are sharing their expertise in cardiology with area hospitals. Doctors and staff are providing Norwood Hospital and Charlton Hospital in Fall River with support in operating cardiac catheterization laboratories, and are working with physicians at Malden Hospital to perform cardiac catheterizations here in Boston.

In partnership with area physicians, the Hospital’s outstanding Neurosurgery Outreach Program continues its success. Through this program, community physicians can perform delicate neurosurgical procedures here at BUMCH, with the assistance of Hospital surgeons, staff and resources.

Second Helicopter

To better serve trauma patients, the Boston MedFlight emergency helicopter service added a second helicopter and upgraded the equipment of its first helicopter for flight in poor weather. This move comes in response to a doubling of flight requests over the last six years, and should allow the service to respond to at least 1,100 flight requests annually.

MedFlight was established in 1985 under the leadership of this Hospital to provide services to trauma patients in the region; BUMCH and Boston City Hospital together serve as one of the city’s three designated Level 1 trauma centers.
Clinical programs at the Hospital today are characterized by a cohesive focus and collective mission. An outstanding example of this approach is seen in the creation during 1992 of a multidisciplinary outpatient Cancer Care Center in the Preston Family Building. The center is staffed by physicians representing a number of specialties, including medical oncology, hematology, radiation oncology, gynecological oncology, dermatology, gastroenterology, thoracic surgery and pulmonary medicine. This new program in many cases allows patients to see all of the specialists they need to during a single visit.

Physicians at the Cancer Care Center are taking aim at lung cancer, the leading cause of death from cancer in the United States. Working under the auspices of the Lung Cancer Center, a multidisciplinary team of experts is aggressively approaching the fight with this disease.

This multispecialty approach also is carried out in the Breast Health Center, which was established to address the issues and concerns associated with breast-health care. The Center provides comprehensive breast-disease evaluation and management on an outpatient basis, including a breast exam, radiographic evaluation, and a surgical opinion, if necessary.

The Department of Otolaryngology’s Voice Center is the only center in New England offering a therapy that appears to be beneficial for patients with spasmodic dysphonia, a chronic voice disorder in which the vocal cords spasm uncontrollably. The vocal cords of these patients are injected with a substance that paralyzes the spastic muscles that cause the problem. To date, a number of patients have had their voices almost fully restored by this innovative therapy.

The Hospital’s Center for Minimal Access Surgery continues its work in routinely using the laparoscope to treat such conditions as ulcers, hernias, gallstones, appendicitis, and esophageal masses. In addition, urologist Richard K. Babayan, M.D., is one of only a dozen surgeons in the country who has used the laparoscope to remove diseased kidneys, through a procedure called laparoscopic nephrectomy. The procedure minimizes the trauma and recovery of traditional surgery.

The Hospital’s Clinical Nutrition Unit now occupies renovated and expanded space in the Doctors Office Building, designed to accommodate the Evans Medical Group’s growing nutrition and weight-loss services. The program offers patients a range of effective weight-loss options, in addition to a full-service weight-loss maintenance component – exercise training, nutritional counseling, weight-loss support groups and blood-lipid monitoring.

The acquisition of state-of-the-art heart-mapping technology has given BUMCH heart surgeons the ability to correct certain cardiac arrhythmias surgically, and expands the Hospital’s arsenal of cardiac-surgery capabilities. This portable computer-mapping system allows Richard J. Shemin, M.D., chief of the Hospital’s Department of Cardiothoracic Surgery, and his colleagues to locate an arrhythmia swiftly and accurately, within as few as five heart beats.
The business of health care is changing dramatically. Health Maintenance Organizations (HMOs), Preferred Provider Organizations (PPOs) and other health benefit plans play key roles in redefining the health care landscape of the future.

For some time, the consensus has been that the best way to control health care costs is through managed care - the delivery of health care services in an environment where both utilization and price can be controlled. The trend toward managed care affects many of the participants populating this landscape: employers and other purchasers, patients, providers, insurers and public-policy makers.

The passage of Chapter 495 has influenced the way these parties do business in Massachusetts. This law allows increased competition among hospitals, leaving insurers free to negotiate their own contracts with hospitals. Employers, too, are negotiating with hospitals in order to reduce steadily increasing insurance costs for their employees. This volatile environment has led purchasers and providers to look for unique solutions.

CONTROLLING COSTS

Escalating health care expenses compelled the U.S. Health Care Financing Administration (HCFA) to launch a demonstration project in 1991 to evaluate new methods for controlling costs without limiting access to, or compromising, the quality of care.

This Hospital was one of the first four medical centers in the nation selected by HCFA to provide Medicare patients with coronary artery bypass graft (CABG) surgery, with all financial components "bundled" into one negotiated payment. This project for the first time unites three historically separate groups - the government, hospitals and physicians - to address health care costs in a creative way.

The Hospital also is marketing "bundled" cardiac services to local and national employers, a project that may have future applications for other clinical programs.

The Cardiovascular Center Development Program is a direct result of the Hospital's participation in the CABG demonstration project. This program brings together representatives from senior management, cardiothoracic surgery, cardiology, managed care, marketing, nursing, operations and finance to discuss and resolve issues involving efficient delivery of services.

This program has achieved significant cost savings such as a decrease in the length of stay of patients whose diagnosis fits one of the four cardiovascular diagnosis related groups (DRGs) that were studied. The program also provided an opportunity to improve upon the efficiency in the delivery of care while maintaining the highest quality of care. The development of critical pathways for the four DRGs studied has set the stage for further development of other multidisciplinary clinical guidelines focused on patient outcomes and cost savings.

STRONG RELATIONSHIPS

The Hospital's Commonwealth Medical Group represents a unique partnership and is a prime example of corporate cooperation. This new primary care and multispecialty group practice is attractive to area employers, including Boston University, and insurers, such as Blue Cross/Blue Shield, Harvard Community Health Plan, Pilgrim Health Care and U.S. Healthcare, which are striving to provide cost-effective care to their members.

The past year has also seen the expansion of our relationship with Blue Cross/Blue Shield through our partnership in HMO Blue, the insurer's newest managed-care product, as well as the establishment of a relationship with Harvard Community Health Plan.

These and other exciting insurer, employer and provider network linkages highlight the kind of innovative programming in which BUMCH is engaged.
The Hospital's community programs address a broad range of issues, from medical care to domestic violence, transportation and housing. The Hospital and Boston University launched a quarterly publication, Community Connections, to serve as an information link between BUMC and its surrounding neighborhood, outlining programs and services available to the community. Community programs include a number of benefits outlined in a Cooperative Agreement developed last year by the Hospital, Boston University and South End residents. Under the terms of this pact, BUMCH has agreed to make an annual financial contribution to help restore three neighborhood parks and sponsor summer concerts in them.

**HEALTHY BOSTON**

The Hospital’s participation in “Healthy Boston,” as a member of the South End/Lower Roxbury Coalition, is an important example of forming effective partnerships to help improve life in the community.

“Healthy Boston,” sponsored by the City of Boston’s Department of Health and Hospitals, seeks to enhance the quality of life for residents by integrating health care, human services, education, housing and economic development.

The coalition, which received a grant of $15,000 through the “Healthy Boston Initiative,” developed a model program of community analysis. This model, called community mapping, helps evaluate community resources that can be applied to developing innovative programs.

**HELPING THE VULNERABLE**

Many of the Hospital’s community programs focus on the most vulnerable of area residents, the old and young. For example, BUMCH has played a key role in the completion of 4 Bishop Street, a renovated Jamaica Plain boarding house that provides a residence for nine homeless elderly women. Medical care is provided by physicians and medical students from the Home Medical Service.

Demonstrating its commitment to Boston youngsters, the Hospital has entered into a formal partnership with the Boston School Department’s Phillis Wheatley Middle School in Roxbury. Under the pact, a first for both organizations, employee volunteers from the Hospital will serve as mentors and role models to the students, in an effort to foster an early interest in the health-care professions.

**COMBATING DOMESTIC VIOLENCE**

Two Hospital physicians are working to heighten awareness in both the medical and lay communities about the severity of domestic abuse, to which three to four million women fall victim each year.

Elaine Alpert, M.D., a member of the Section of General Internal Medicine and chairperson of the Massachusetts Medical Society Ad Hoc Committee on Domestic Violence, and Karen Freund, M.D., director of the Hospital’s Women’s Health Group and a member of the committee,
co-authored a guidebook on domestic violence with three Boston University School of Medicine students. The guidebook, as well as brochures, posters and other educational materials from the Massachusetts Medical Society, were distributed to the Commonwealth's physicians during "Domestic Violence Awareness Month" last October.

**CHARITY BEGINS AT HOME**

Members of the Hospital community participated in a number of charitable and civic activities during 1992. Some 300 members of the Medical Center and their families raised $17,000 during Project Bread's annual Walk for Hunger. Just a few weeks later, 125 Hospital staff members took part in the AIDS Action Committee's "From All Walks of Life" fundraiser.

The Hospital was first among Massachusetts hospitals in the number of voters it registered for the 1992 primary and general elections. Nearly 500 patients, employees and guests of the Hospital signed up during voter-registration drives held several times during the year.

In another drive, "Boston Can Share," BUMC staff donated several thousand canned-food items to help fill the shelves of more than 350 emergency food pantries.

The Hospital continued its focus on charitable giving and community service, holding an Employee Giving Fair last fall in support of the 1992/1993 fundraising drive, "Charity Begins at Home."

The fair inaugurates a year of important local charitable events, including the Walk for Hunger, From All Walks of Life, the Hoopathon for Huntington's Disease and a number of others. Through BUMCH's leadership in these and other such charitable events, employees carry the spirit of giving and community service throughout the year.
# Statement of Revenue and Expenses

For fiscal years ended September 26, 1992 (52 weeks) and September 28, 1991 (52 weeks) (in thousands)

<table>
<thead>
<tr>
<th>Description</th>
<th>1991</th>
<th>1992</th>
</tr>
</thead>
<tbody>
<tr>
<td>Net revenues from services to patients</td>
<td>154,485</td>
<td>162,427</td>
</tr>
<tr>
<td>Other operating revenue</td>
<td>5,479</td>
<td>6,099</td>
</tr>
<tr>
<td>Research support from grants and contracts</td>
<td>7,845</td>
<td>8,005</td>
</tr>
<tr>
<td><strong>Total Operating Income</strong></td>
<td><strong>167,809</strong></td>
<td><strong>176,531</strong></td>
</tr>
<tr>
<td>Operating expenses</td>
<td>156,776</td>
<td>165,314</td>
</tr>
<tr>
<td>Research expenses</td>
<td>8,160</td>
<td>8,120</td>
</tr>
<tr>
<td><strong>Total Operating Expenses</strong></td>
<td><strong>164,936</strong></td>
<td><strong>173,434</strong></td>
</tr>
<tr>
<td>Excess (deficiency) of operating revenues over expenses</td>
<td>2,873</td>
<td>3,097</td>
</tr>
<tr>
<td>Nonoperating revenue</td>
<td>8,202</td>
<td>7,222</td>
</tr>
<tr>
<td>Extraordinary loss on advance refunding</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>Excess (deficiency) of revenues over expenses</strong></td>
<td><strong>11,075</strong></td>
<td><strong>10,319</strong></td>
</tr>
</tbody>
</table>

The Hospital's net revenues increased a moderate 4.7% over last year while operating expense increased 5.4%.

**Sources of Unrestricted Non-Operating Gains**
- Income from Board Designated Funds: 80%
- Income from Funds Held by Trustees: 11%
- Net Endowment Activity: 8%
- Other 1%

**Uses of Revenue**
- Salaries and Wages: 45.12%
- Other Expense: 38.11%
- Bad Debt: 5.57%
- Depreciation: 7.02%
- Interest: 4.18%
COMBINED BALANCE SHEET

For fiscal years ended September 26, 1992 (52 weeks) and September 28, 1991 (52 weeks) [in thousands]

<table>
<thead>
<tr>
<th></th>
<th>1991</th>
<th>1992</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Cash and other investments:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unrestricted</td>
<td>60,074</td>
<td>65,586</td>
</tr>
<tr>
<td>Held by trustees</td>
<td>19,933</td>
<td>13,076</td>
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<tr>
<td>Restricted</td>
<td>64,787</td>
<td>68,266</td>
</tr>
<tr>
<td>Patient accounts receivable</td>
<td>28,916</td>
<td>31,779</td>
</tr>
<tr>
<td>Grants, pledges, and other accounts receivable</td>
<td>10,870</td>
<td>11,794</td>
</tr>
<tr>
<td>Property, plant and equipment-net</td>
<td>121,419</td>
<td>121,716</td>
</tr>
<tr>
<td>Other assets</td>
<td>11,160</td>
<td>15,148</td>
</tr>
<tr>
<td><strong>Total assets</strong></td>
<td>317,159</td>
<td>327,365</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>1991</th>
<th>1992</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accounts payable and accrued expenses</td>
<td>28,542</td>
<td>32,643</td>
</tr>
<tr>
<td>Estimated final settlements to third-party payers</td>
<td>31,834</td>
<td>26,920</td>
</tr>
<tr>
<td>Debt</td>
<td>113,416</td>
<td>111,804</td>
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<tr>
<td>Fund balances:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unrestricted</td>
<td>58,063</td>
<td>66,155</td>
</tr>
<tr>
<td>Specific purpose</td>
<td>56,210</td>
<td>59,421</td>
</tr>
<tr>
<td>Endowment</td>
<td>29,094</td>
<td>30,422</td>
</tr>
<tr>
<td><strong>Total liabilities and fund balances</strong></td>
<td>317,159</td>
<td>327,365</td>
</tr>
</tbody>
</table>

1. Cash increased $5,512,000 mainly due to the current year's operating results.

2. The Hospital purchased $13,000,000 of plant, property and equipment to remain at the cutting edge of technology and had approximately $12,500,000 of depreciation expense.

3. The decrease in third party settlements is due to net payments to third party payors of approximately $5,000,000.

The hospital increased its equity position by $12,600,00 during the year.
MEDICINE
Physician-in-chief
Norman G. Levisky, M.D.
Associate Physician-in-chief
Jay D. Coffman, M.D.
Arthritis
Robert F. Meenan, M.D.
Biomolecular Medicine
John R. Murphy, Ph.D.
Cardiology
Thomas J. Ryan, M.D.
Dermatology
Barbara A. Gilchrest, M.D.
Endocrinology
James C. Melby, M.D.
Epidemiology/Preventive Medicine
R. Curtis Ellison, M.D.
Gastroenterology
I. Thomas Lamont, M.D.
General Internal Medicine
Mark A. Moskowitz, M.D.
General Medicine
Patricia P. Barry, M.D.
Hematology
Lewis R. Weintraub, M.D.
Hypertension
Haralambos Gavras, M.D.
Immunology Research
David I. Beller, Ph.D.
Infectious Disease
Richard D. Diamond, M.D.
Oncology, Medical
Ronald P. McCaffrey, M.D.
Nuclear Medicine
Rachel Powsner, M.D.
Nutrition
Robert H. Lerman, M.D., Ph.D.
Peripheral Vascular Medicine
Jay D. Coffman, M.D.
Pulmonary Medicine
David M. Center, M.D.
Renal Medicine
David J. Salant, M.D.
SURGERY
Surgeon-in-chief
Edward L. Spatz, M.D.
Cardiothoracic Surgery
Richard J. Shemin, M.D.
Critical Care
Richard C. Dennis, M.D.
General Surgery
Edward L. Spatz, M.D.
Neurosurgery
Edward L. Spatz, M.D.
Oncology, Surgical
Robert M. Beazley, M.D.
Oral Surgery
Donald F. Booth, M.D.
Organ Transplantation
Sang I. Cho, M.D.
Orthopedic Surgery ad interim
Issadore Yablon, M.D.
Otolaryngology
Nabil S. Fuleihan, M.D.
Plastic Surgery
Gaspar W. Anastasi, M.D.
Surgical Endoscopy
Desmond H. Birkett, M.D.
Surgical Nutrition
Garry Fitzpatrick, M.D.
Trauma
Erwin F. Hirsch, M.D.
Urology
Robert J. Krane, M.D.
Vascular Surgery
James O. Menzoian, M.D.
BUMC HOSPITAL
CANCER CENTER
Director
Douglas V. Faller, Ph.D., M.D.
ANESTHESIOLOGY
Marcelle M. Willock, M.D.
GYNECOLOGY
David B. Acker, M.D.
LABORATORY MEDICINE
Charles F. Arkin, M.D.
NEUROLOGY
Robert G. Feldman, M.D.
OPHTHALMOLOGY
Howard M. Leibowitz, M.D.
PATHOLOGY
Leonard S. Gottlieb, M.D.
PEDIATRICS
Joel J. Alpert, M.D.
PSYCHIATRY
Louis Vachon, M.D.
RADIATION ONCOLOGY
Thomas F. DeLaney, M.D.
RADIOLOGY
Joseph T. Ferrucci Jr., M.D.
REHABILITATION MEDICINE
Mel B. Glenn, M.D.

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