



**Beth Israel Deaconess  
Medical Center**

**Senior Vice President  
Medical Director, Care Management and Integration  
Beth Israel Deaconess Medical Center  
Position Specification**

**Summary:**

The Senior Vice President, Medical Director of Care Management and Integration (SVP/Medical Director) is a newly designed senior physician executive position that reflects Beth Israel Deaconess Medical Center's (BIDMC) commitment to maximally integrating clinical care and operations for its patients in all settings. BIDMC envisions integrated processes and transitions of care throughout the hospital that create fully aligned pre- and post-hospital components of care. The Medical Director will be accountable for ensuring that BIDMC collaborates effectively with all its affiliate/partner organizations (BIDPO, Atrius Health, HMFP, BID-Milton, and BID-Needham – see [www.bidmc.org](http://www.bidmc.org) for a complete list). S/he will be the convener (for owned entities) or the BIDMC lead for cross-organizational collaboration (for non-owned affiliates and partners) in care management activities to ensure optimal population health management, alignment with emerging healthcare payment contracts, and reduction in overall medical expenses, while also maintaining and improving the quality and effectiveness of care.

**Relationships:**

Reports to: BIDMC COO

Partners with: BIDPO Medical Director; BIDMC SVP, Health Care Quality; BIDMC SVP, Ambulatory Services; BIDMC SVP, Patient Care Services; BID-Milton; BID-Needham

Collaborates with: Atrius Health and non-owned affiliates: Post Acute Network (to be formed)

**Opportunity:**

The new Senior Vice President, Medical Director of Care Management and Integration position represents a unique opportunity to craft a fresh and coordinated approach to patient and population management across the BIDMC system's continuum of care. For an individual with a passion for improving care and fostering patient-centered, navigable, physician-friendly care across treatment settings, this position represents an unparalleled opportunity for creativity, collaboration, and the application of the most progressive systems – working in a receptive and committed enterprise environment.

**Organization:**

Beth Israel Deaconess Medical Center (BIDMC) is one of the major teaching hospitals of Harvard Medical School. It was created in 1996 through the merger of two of the nation's foremost teaching hospitals, Beth Israel Hospital and the New England Deaconess Hospital. It has always been at the forefront of new developments in health care and patient care. It has just been included in the first group of hospitals nationally to receive a Health Care Innovation Award from the CMS Innovation Center. As one of the top three recipients of biomedical research funding from the National Institutes of Health, BIDMC's NIH research funding totals over \$200M annually with an additional \$50M from other sources. The BIDMC has net patient service revenue of \$1.3B.

## **The History of Two Great Hospitals – Beth Israel Hospital and the New England Deaconess Hospital**

On February 5, 1896, in a converted five-story brownstone at 691 Massachusetts Avenue, New England Deaconess Hospital opened its doors. The 14-bed infirmary was an outgrowth of the Methodist Deaconess movement – religious women dedicating themselves to the care of the sick and the poor – which had its origins in early nineteenth century Germany.

“While we call ours a Methodist Hospital, and hope it may have all the Christian sweetness and good cheer which Methodism stands for,” the Board of Managers wrote in 1898, “its doors swing open with a cordial welcome to the suffering of every creed and race and social condition.”

In 1916, Beth Israel Hospital opened its 45-bed facility on Townsend Street in Roxbury, amid a growing suburban Jewish population. While some debated the opening of a Jewish hospital in Boston, arguing that other hospitals accepted Jewish patients and that Jews should not isolate themselves, its supporters pointed to the growing number of Jewish immigrants who could not understand their treatment because they only spoke Yiddish, or who refused to eat while hospitalized because there was no kosher food. Although it conducted religious services according to the Jewish faith and observed Jewish dietary laws, Beth Israel Hospital, like the Deaconess, pledged to offer “medical and surgical aid and nursing to sick or disabled persons of any creed or nationality.”

Throughout the last quarter of a century, both hospitals have made significant national contributions to the advancement of patient care, medical education and research. Beth Israel was the first hospital to publish a patient’s bill of rights and to develop a hospital-based ambulatory care program. It first developed an intranasal insulin spray for the treatment of diabetes and provided the first evidence that abnormalities in the visual system of the brain could help explain the problems of people with dyslexia. Cardiologists at Beth Israel developed the cardiac pacemaker and were among the first to conduct studies on the effectiveness of balloon angioplasty and other methods such as stent insertion to relieve obstructions of the coronary arteries. The Deaconess pioneered the first successful liver transplant in New England. Because of the Deaconess’ long tradition in organ transplantation and immunological research, two Harvard Medical School professorships were established in transplantation. The Deaconess had a leading role in the early studies of the cause, course and treatment of AIDS.

### **BIDMC Today**

BIDMC has almost three quarters of a million patient visits annually in and around Boston and is rated one of the top hospitals in the country. Each year, BIDMC is selected as a “Best Hospital” by *U.S. News & World Report* in multiple specialties. The Innovation Award just received from CMS is for funding of \$4,937,191, anticipating a three year savings of \$12.9M to improve care and reduce hospital readmissions for dually eligible Medicare and Medicaid beneficiaries, who represent over 8,000 discharges for conditions such as congestive heart failure, acute myocardial infarctions, and pneumonia. By integrating care, improving patients’ transitions between locations of care, and focusing on a battery of evidence-based best practices, this model is expected to prevent complications and reduce preventable readmissions, resulting in better quality health care at lower cost in the urban Boston area.

BIDMC has 819 full-time staff physicians and over 6,100 clinical and support staff. It has 2.8 million square feet on its combined East and West campus in the heart of Boston’s Longwood Medical and Academic area.

### **Patient Care:**

- 631 licensed beds, including 429 medical/surgical beds, 77 critical care beds and 60 OB/GYN beds
- Approximately 5,000 births a year and a Neonatal Intensive Care Unit
- A full range of emergency services, including a Level 1 Trauma Center and roof-top heliport
- The Beth Israel Deaconess Learning Center, offering patients and families up-to-date health information and access to current research on a wide range of medical conditions
- Inpatient Discharges - 41,331
- Outpatient Visits - 524,521
- Emergency Department Visits- 56,789
- Perioperative Cases 11,331 inpatient and 13,249 outpatients

### **Biomedical Research:**

- BIDMC consistently ranks among the top three recipients of research funding among independent hospitals from the National Institutes of Health. Research funding totals over \$250 million annually. BIDMC researchers run more than 850 active sponsored projects and 500 funded and non-funded clinical trials. Funding levels have steadily increased over the past 10 years. BIDMC is particularly known for its “bench to bedside” research, as well as strengths ranging from cell and molecular biology to translational research and outcomes research.
- The Harvard-Thorndike Laboratory, the nation's oldest clinical research laboratory, has been located on this site since 1973.
- BIDMC shares important clinical and research programs with institutions such as the Dana-Farber/Harvard Cancer Center, the Joslin Diabetes Center and Boston Children's Hospital.

### **Teaching:**

- BIDMC has 1,200 physicians on the active medical staff (including 819 full-time staff physicians); most of these physicians hold faculty appointments at Harvard Medical School
- In addition to its medical students, BIDMC provides clinical education to students in nursing, social work, radiologic technology, ultrasound and nuclear medicine, and physical, occupational, speech, and respiratory therapies
- The Carl J. Shapiro Institute for Education and Research provides medical students and physicians in training with an on-site centralized educational facility, a state-of-the-art computer lab, and a variety of educational resources that let students diagnose, manage, and learn technical skills on simulated patients

### **A Network of Care:**

BIDMC's expertise reaches well beyond downtown Boston. BIDMC has integrated a wide range of services with partners, sharing physicians and technology to benefit the community. In the pursuit of clinical and research excellence, BIDMC has formed partnerships with other outstanding institutions to

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benefit our patients in the areas where they live and work. The new SVP Medical Director of Care Management and Integration will ultimately be working with many leaders and physicians in BIDMC's network of care. Here are selected major partners and affiliates of BIDMC that the SVPMD will work with on a regular basis.

**Harvard Medical Faculty Physicians at BIDMC (HMFP)** is a strategic operating and capital partner with BIDMC, embracing the goal of ever-improving the world class patient care, and research and teaching programs for which BIDMC is so highly regarded. Incorporated in 1998 as a not-for-profit 501(C) 3 corporation and governed by a board of directors, HMFP has an exclusive affiliation agreement with BIDMC for research, teaching, and patient care. Each HMFP Department Chair also holds the position of "Chief of Service" at BIDMC, reporting to the BIDMC President and CEO. The Chiefs of Service have vested authority to appoint physicians to the Medical Staff at BIDMC from their departments. HMFP physicians are responsible for more than 85 percent of the patient discharges. The faculty oversees the graduate medical education training of over 450 residents and fellows and also has responsibility for teaching and lecturing Harvard medical students. HMFP's core mission is to provide the optimum services to the 900 BIDMC faculty members. The services include benefits management, payroll, financial and accounting services, compliance training and oversight, business/project development, and revenue cycle analysis and tracking.

**Beth Israel Deaconess Physician Organization, LLC, (BIDPO)** is an independent network and contracting organization with nearly 1,750 providers, including HMFP, (400 PCP's and more than 1,300 specialists). Through coordinated, integrated medical management programs and managed care contracts, BIDPO promotes the highest quality patient care, patient safety, and cost effective care among its participating providers. The BIDPO network includes hospital and community-based physicians who practice at BIDMC, BID-Needham, BID-Milton, Anna Jacques, and Lawrence General Hospitals, and physicians who use hospitals on Cape Cod, in Norwood, Brockton, and the MetroWest area. In January 2011, BIDPO and its members became the largest physician organization to enter into a commercial global budget payment contract with BCBSMA (the Alternative Quality Contract) as part of one of the largest payment reforms in the country. The AQC is a major change from the conventional fee-for-service contracts. It includes a global payment per patient adjusted for age, sex, and health status, as well as payments tied to performance on nationally accepted measures of quality, health outcomes, and patient care experiences. In 2012, BIDPO's application for ACO participation was accepted by CMS making it one of the 32 Pioneer ACO's across the country.

**Beth Israel Deaconess Hospital-Milton (BID-Milton)** – Beth Israel Deaconess Hospital-Milton, formerly Milton Hospital, is dedicated to caring for people of all ages in Milton, Randolph, Quincy, Braintree, Canton, Dorchester, Mattapan, Hyde Park and other surrounding communities. Located off Route 28 in Milton, BID-Milton is an 87-bed independently licensed hospital with general medical and surgical inpatient care, 24-hour emergency services in the renovated and expanded Emergency Department, and a complete array of outpatient health services. With a mission of improving the health of its communities by providing high-quality, personalized health care with compassion, dignity, and respect, BID-Milton has expanded to serve a growing community and to respond to advances in health care.

**Beth Israel Deaconess Hospital-Needham (BID-Needham)** – This independently-licensed acute care hospital in Needham is directly affiliated with BIDMC. The hospital provides care to patients in communities west of Boston. Critical hospital-based services are provided by the medical staff at BID-Needham, many of whom are also Harvard Medical Faculty Physicians from BIDMC.

**Beth Israel Deaconess HealthCare (BIDHC)** BIDHC is a network of more than 125 primary care physicians and specialists affiliated with BIDMC in Boston, BID-Milton, and BID-Needham. Hospital physicians are conveniently located across Greater Boston, the western suburbs, and much of eastern Massachusetts.

**Community Care Alliance** - Community Care Alliance, LLC is a group of seven community health centers, affiliated with BIDMC, that collectively operate 19 sites throughout Boston, Waltham, Quincy, and Cape Cod. These health centers include: Bowdoin Street Community Health Center (owned by BIDMC), the Dimock Center, Fenway Community Health, Joseph M. Smith Community Health Center, Outer Cape Health Services, Sidney Borum, Jr. Health Center and South Cove Community Health Center. Each year, BIDMC provides financial support to the health centers to maximize the scale and scope of community-based primary care, health education, and social services. By sharing resources and expertise, CCA and BIDMC are able to create effective, culturally-responsive programs and initiatives to enhance the health and well-being of underserved communities.

**Atrius Health** - The Atrius Health relationship is expected to have a significant impact and influence on BIDMC. It is the state's largest independent physicians group (including Dedham Medical Associates, Granite Medical, Harvard Vanguard Medical Associates, Reliant Medical Group, Southboro Medical Group, and South Shore Medical Center). Atrius Health and BIDMC have recently expanded their relationship to establish a new model of health care delivery, better serving area patients. Atrius Health was also selected as a Pioneer ACO. These relationships will require BIDMC to support with increasing agility the necessary pace of innovation and improved medical management and integration for patients at BIDMC.

Beginning in 2011, Harvard Vanguard internists at three Boston locations began referring patients who needed emergency care or hospitalization to BIDMC. Over time, the Atrius Health network of 800 doctors will also send patients needing complex cardiovascular and cancer care, as well as other surgical specialties, to BIDMC. After receiving advanced care at the hospital, patients will continue with their original Atrius Health physician for follow-up.

There are numerous mutual goals shared by BIDMC and Atrius Health. The two organizations are improving collaboration and coordination of patient care through the linking of the BIDMC and Atrius Health electronic medical record (EMR) systems. All Atrius Health clinicians now have secure, one-click access to the BIDMC records of their patients. This creates a new level of collaboration between organizations to improve medical care integration between Atrius Health physicians' and hospitals.

**Boston Children's Hospital** – BIDMC's clinicians collaborate on the specialized care of high-risk pregnancies and births, and care of adults with congenital heart disease.

**Commonwealth Hematology-Oncology, PC (CHO)** – CHO and BIDMC have joined forces to create a new model for cancer care in eastern Massachusetts that combines community-based practices with the advanced cancer care resources of an academic medical center. The affiliation combines CHO, the largest community-based private cancer practice in New England, with BIDMC's Cancer Center's renowned hematology/oncology, radiation oncology, surgical, and research programs in Boston.

**Hebrew Rehabilitation Center** - Hebrew Rehabilitation Center is nationally recognized as a leader for advanced care and rehabilitation in geriatrics with specialized areas of care in pulmonary, cardiac, and medically complex patients. Hebrew Rehabilitation Center, an affiliate of Harvard Medical School, is the

preferred provider of post-acute services for Beth Israel Deaconess Medical Center, and provides services in Boston and Dedham. Hebrew Rehabilitation Center is accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF).

Hebrew Rehabilitation Center's 46-bed Medical Acute Care Unit (MACU), located in Boston, is an LTACH and serves adults. Treatment on the MACU combines hospital-level care with primary and specialty medical care and rehabilitation therapies. The MACU is an appropriate placement for patients with a wide range of pulmonary, cardiovascular, orthopedic, neurological, and other medical and post-surgical conditions. The MACU provides on-site, 24/7 physician coverage.

The Recuperative Services Units (RSU), with locations in Boston and Dedham, are skilled nursing facilities. Our 50-bed RSU in Boston and our 48-bed RSU in Dedham provide care to adults recovering from a variety of medical and surgical conditions, including joint replacement and strokes.

Hebrew Rehabilitation Center, an integral part of Hebrew SeniorLife, is a nonprofit, nonsectarian organization devoted to innovative research, health care, education, and housing that improves the lives of seniors. It also provides long-term care at its Boston and Dedham campuses.

The Skilled Nursing Facility at Orchard Cove in Canton is also part of Hebrew SeniorLife's system of health-care services.

**Cardiovascular Institute Network** – The Cardiovascular Institute (CVI) at BIDMC has assembled a regional network of heart and vascular physicians to deliver outstanding outcomes and service to patients throughout Eastern and Central Massachusetts. The CVI network includes 35 physicians in 12 practices at 16 locations.

**Dana-Farber/Harvard Cancer Center (DF/HCC)** – BIDMC and six other Harvard-affiliated institutions have joined forces to create the largest comprehensive cancer center in the world. Funded by a grant from the National Cancer Institute, the DF/HCC consists of more than 1,000 researchers with a singular goal – to find new and innovative ways to combat cancer.

To view the complete inventory of partners and affiliates: [www.bidmc.org/](http://www.bidmc.org/)

### **Major Responsibilities:**

The Senior Vice President and Medical Director for Care Management and Integration will be the organizational champion for coordinated care for all patients. S/he will have overall responsibility for ensuring that BIDMC's care management, population management, and transitions of care management activities are effectively operated, resourced, led, and monitored. Reporting to the Chief Operating Officer (COO), the SVP/Medical Director will take part in BIDMC/BIDPO/HMFP leadership meetings where s/he will have direct access to the highest levels of cross-system leadership discourse.

The SVP/Medical Director will also participate in Beth Israel Deaconess Accountable Care Organization (BID-ACO) leadership meetings. In addition, the SVP/Medical Director will partner with BIDMC's Chief Information Officer and the Information team on health information exchange initiatives that directly impact care coordination. The position will also coordinate with BIDMC's Chief Financial Officer and the

Finance team to analyze and determine ROIs where pertinent for various care management programs within the \$25M BID-ACO enterprise. Specific responsibilities include:

- *Hospital Based Care* – Lead BIDMC in collaborating with BIDPO, Clinical Departments and Chairs, key hospital operational areas, and network hospital clinical and administrative leadership to reduce unnecessary variation and inefficiency in clinical practice and communications. This includes:
  - Leading and providing technical resources for the design, development, acceptance, and implementation of care and disease management pathways, standardized practices and performance standards, clinical conditions and related procedures at BIDMC, and eventually its owned affiliates
  - Representing BIDMC with non-owned partner entities to ensure that implementation of care and disease management pathways and performance standards are well-aligned
  - Ensuring that the quality, effectiveness, and efficiency of hospital-based care are appropriately consistent across providers of care and owned affiliates
  - Optimizing efficient patient care-related communications between and among hospital-based practitioners as well as with pre/post hospital providers of care
  - Establishing convening/partnering accountability for BIDMC’s Case Management, Care Connection, Discharge Planning functions, and other related continuum-management functions
  - Reducing unnecessary waste, variability, duplication, and/or customization in the use of supplies, medication, and human resources
  - Estimating and advocating for appropriate and efficient allocation of BIDMC resources to accomplish the above
- *Transitions in Care* – Lead BIDMC in collaborating with BIDPO, Clinical Departments and Chairs, key hospital operational areas, and network hospital clinical and administrative leadership to optimize evaluation, intake, transfer, and discharge processes to ensure seamless, high value hand-offs between sites and providers of care. The end result should be that patients are easily transitioned to care in the setting most appropriate, efficient, and effective for their stage of illness or convalescence. This role may include:
  - Leading and providing technical resources for the design, development, acceptance, and implementation of BIDMC’s inter-unit transfer protocols, ensuring that they properly identify candidates for care transition and coordinate closely with broader care management pathways
  - Leading and providing technical resources for the design, development, acceptance, and implementation of Emergency Care and Hospital Admission/Discharge/Inpatient Care Protocols that coordinate closely with complementary BIDPO primary/specialty care practice protocols
  - Engaging and involving house staff and all trainees in learning and supporting protocols that improve transitions and hand-offs
  - Actively monitoring the safety, effectiveness, and efficiency of “ hand-offs” in care across the continuum of inpatient and outpatient management of BIDMC’s patient population
  - Estimating and advocating for appropriate and efficient allocation of BIDMC resources to accomplish the above



- *Pre-Acute and Post-Acute Care* – Be primarily accountable for the quality, effectiveness, efficiency, coordination, and satisfaction related to BIDMC’s care management relationships with primary, community, and sub-acute care rendered to its patients. This includes:
  - Identifying preferred providers, developing a credentialed post-acute network, and specifying affiliation criteria in terms of operational flow and quality outcomes
  - Working closely with the BIDPO Medical Director and Department Chairs, as well as network hospital clinical and administrative leadership to ensure effective transitions between acute care and ambulatory primary/specialty care practices
  - Partnering closely with BIDPO, Atrius Health, and other affiliates to identify, implement, and monitor standards and pathways of care that benefit the system’s patients and financial health
  - Ensuring that these approaches to care are fully complementary and consistent with Hospital Based and Transitions in Care standards
  - Estimating and advocating for appropriate and efficient allocation of BIDMC resources to accomplish the above
- *Analytics and Clinical IT Integration* – Lead BIDMC in collaborating with BIDPO, Clinical Departments and Chairs, IT leadership, key hospital operational areas, and network hospital clinical and administrative leadership to develop meaningful analytics and metrics for care management and appropriate IT interoperability, which supports the system’s care management goals. This includes:
  - Collaborating in the development of a robust clinical informatics/clinical decision support function at BIDMC that informs and monitors implementation of the care management activities outlined above
  - Developing appropriate care management dashboards, reports, and alerts
  - Advocating for an accessible and compatible clinical information and informatics functionality to support optimal care management across the BIDMC system of care
  - Estimating and advocating for appropriate and efficient allocation of BIDMC resources to accomplish the above

**Critical Success Factors:**

- Establishing “convener” authority among senior leadership and clinical chiefs
- Implementing affiliation agreements and a credentialing process with key post-acute providers in partnership with BIDPO
- Establishing alignment and tight linkages for care management and integration with owned affiliates
- Implementing consistent clinical practices and reducing variation in key diagnostic/procedural areas, with demonstrated reduction and metrics on overall spending on those service lines
- Appropriately coordinating the standardized care at BIDMC, BIDMC –Milton, and BIDMC –Needham

- Implementing an “urgent care” solution for short stay/observation patients who are avoiding hospitalization
- Successfully securing additional grant funding to support the development and implementation of innovative strategies to improve the coordination, integration and quality of care, and metrics to demonstrate progress and achievements
- Successfully overseeing grant-funded initiatives aimed at improving quality and integration of care, while reducing costs across units of the BIDMC and Harvard Medical School systems to avoid redundancies and inefficiencies and optimize complementary agendas
- Demonstrated reduction in overall hospital readmission rates

### **Candidate Profile:**

Candidates seeking the position of Senior Vice President and Medical Director for Care Management and Integration will demonstrate outstanding and relevant prior experience. S/he will:

- Be a Board Certified physician with a combination of at least 15 years of clinical experience, including substantial working familiarity with inpatient care and processes and a deep working understanding of the functions of a large tertiary (and preferably academic) medical center or health care system well known for its effectiveness in care integration
- Have a sound background and some formal education and/or training in the areas of health improvement, process improvement, population health, and/or health systems planning
- Be experienced in the design and implementation of large scale, local process, and quality improvement, including exposure to LEAN/Six Sigma, and other redesign and improvement methodologies
- Have demonstrated leadership experience that has included accountability for the design and effectiveness of care improvement, care processes, and/or transitions in care
- Demonstrate a significant track record of administrative achievement in a setting requiring voluntary collaboration among diverse, independent-thinking constituencies
- Display a working knowledge of contemporary medical informatics, clinical decision support systems, and electronic medical records
- Have demonstrated his/her ability to serve as an effective and trusted liaison across organizational boundaries and between physicians and administration
- Possess a good working understanding of hospital and practice finance, including an appreciation of how current global payment mechanisms, accountable care, “p 4 p,” and other diverse reimbursement and incentive programs impact both physicians and hospital constituencies
- Be comfortable and effective navigating a matrixed environment

In addition, the successful candidate will demonstrate the personal and interpersonal skills that represent a good fit with the BIDMC environment. S/he will have:

- A passion for improving care and for fostering patient-centered, navigable, physician friendly care settings
- Excellent interpersonal and relationship skills
- A positive, “can do”, action-oriented approach and a record of effective execution

- The ability to balance the demands of stakeholders—senior management, nursing, technical, support and ancillary staffs, who will occasionally have competing priorities
- Excellent written, verbal, and presentation skills and the ability to communicate at various levels of sophistication
- Good listening skills, patience, and an even temperament

**Compensation:**

A compensation package will be constructed commensurate with the experience and accomplishments of the selected candidate.

**For More Information:**

Referral of prospective candidates is welcome. Interested parties should send a resume and cover letter to [BIDMCSVPMD2023@zurickdavis.com](mailto:BIDMCSVPMD2023@zurickdavis.com). For additional questions please contact **Lida Junghans** or **Jacqueline Rosenthal** at 781.938.1975. All contact with our office will remain confidential.

**BIDMC Equal Opportunity Statement**

*Our people are our greatest asset. We come from different backgrounds, but we work together with one common goal. Our Equal Employment and diversity initiatives ensure we hire and retain the best, most innovative and talented people in the industry.*