



ACCESS TO EXCELLENT CARE

FOR ALL

Montefiore
Inspired Medicine

2013 ANNUAL REPORT



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FRONT COVER:

Top Left: Gloria Rogers leads a full life, despite contending with numerous chronic medical conditions. **Center Left:** Vito Salvatore received a stem cell transplant for myelodysplastic syndromes (MDS). **Bottom Left:** Saribel Rodriguez underwent multiple surgeries to correct a cleft lip and palate. **Top Right:** Rabia Jahanzarib's son Anjum received a split liver transplant to correct a rare congenital condition. **Center Right:** William Alvarez, Sr., turned to cardiothoracic surgeon Robert E. Michler, MD, for a mitral valve replacement 21 years ago and again recently to replace the worn-out valve. **Bottom Right:** Diagnosed at age 19 with type 1 diabetes, Daphne Chisholm's life is "grand" after undergoing a kidney-pancreas transplant.

INSIDE FRONT COVER:

Top: Himabindu "Hima" Ekanadham, MD, former Inpatient Chief Resident, Family and Social Medicine, Montefiore. **Center:** His Graves' disease under control, Gabe Tishman is back on the tennis court and enjoying life. **Bottom:** Montefiore Medical Group patient Raquel Ortiz is an advocate for her own care and the care of others.

LETTER FROM THE CHAIRMAN
AND THE PRESIDENT



(from left to right)

David A. Tanner
Chairman, Board of Trustees

Steven M. Safyer, MD
President and Chief Executive Officer

A VISION FOR THE FUTURE BUILT ON A FOUNDATION OF SOCIAL JUSTICE

Montefiore is built on a commitment to social justice. Since its founding 130 years ago, we have looked for ways to strengthen the connection to our legacy—focusing on innovations to advance the health of our patients and their community, and working toward quality healthcare as a right, not a privilege.

As the landscape—public health, political and economic—changed around us over the decades, Montefiore has innovated, advocated and adapted. We lead in ways that allow us to serve our patients and our communities better. The year 2013 was no different. We advanced our strategic vision to ensure we fulfill our mission and remain strong in a challenging environment.

ACADEMIC
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Through strategic reinvestment in our health system, we significantly expanded our footprint and reach in the Bronx and Westchester Counties, strengthening our ability to provide seamless, high-quality care for patients.



TRANSFORMATIVE GROWTH/TRANSFORMATIVE CARE

The year 2013 was a transformational year of growth for Montefiore. Through strategic reinvestment in our health system, we significantly expanded our footprint and reach in the Bronx and Westchester Counties, strengthening our ability to stabilize and improve care for communities.

In 2013, we welcomed into our health system what are now known as Montefiore New Rochelle, Montefiore Mount Vernon, Schaffer Extended Care Center and Montefiore Westchester Square. This expansion provided comprehensive care for thousands of additional patients locally, built on each center's strengths and expanded ambulatory services. These new members of the Montefiore Health System will benefit from our expertise as an integrated healthcare delivery system and one of the leading academic medical centers in the region.

More recently, we entered into an important partnership with Westchester's premier tertiary hospital, White Plains Hospital. We also expanded into Rockland County with a new relationship with Nyack Hospital.

At the core of our strategy is the continued growth of the number of patients for whom we are fully accountable in a model of integrated care. Moving into new territories allows us to achieve this growth by partnering with other community providers and the private practicing physician community.

Managing Care and Keeping People Healthy

How we deliver care and how we pay for it are inextricably linked. We are moving away from the fragmented fee-for-service model of payment toward an accountable care model to focus on improving healthcare and outcomes to optimize people's health. With this shift, a well-integrated delivery system is critical.

At Montefiore, this means our hospitals are connected to more than 60 primary care sites, home care, long-term care, specialty care and rehabilitation—all working together seamlessly to improve the experience and quality of care.

We manage the health of nearly 300,000 people. Our successful approach to optimizing people's health and providing the right services is key. By augmenting care in the community, we can reduce the need for hospital-based care. The best of care in the community includes access to primary care and specialty providers, social workers, nurses, health educators and trained patient advocates who follow up with patients at home, make sure appointments are kept, and reconcile medications, among other important coordinating functions. Often, people need additional services, including healthcare at home, social support, such as housing, and social services. Our goal is to increase the population for whom we are fully accountable to include one million people.

In many ways, Montefiore helped to define the term “accountable care,” based on our values, long before it became a model for the future. We were designated a Pioneer Accountable Care Organization (ACO) by the Centers for Medicare and Medicaid Services in 2011, precisely because we pioneered this new model 20 years earlier. We are playing a leading role nationally, and in 2013, we placed first among the Pioneer ACOs in savings while delivering improvements in patient experience and quality outcomes.

Advancing the Best of Medicine

As a leading academic health system, we continue to be at the forefront of medical science that saves lives, improves treatment and strengthens care. Our partnership with Albert Einstein College of Medicine led to the creation of our nationally-renowned Notable Centers of Excellence. These centers in pediatrics, cardiology and vascular care, cancer, and transplantation bring together expertise across disciplines, robust research portfolios and clinical excellence to provide patients with more effective treatment options.

Building on the success of our current Notable Centers of Excellence, we are advancing our partnership with Einstein through the creation of additional Centers of Excellence, in the areas of orthopaedics and rehabilitation, neuroscience, and ophthalmology.

The complexity of cases in our hospitals continues to rise as patients seek our compassionate, advanced care offered by our Notable Centers of Excellence and renowned specialists. We are well on our way to achieving our strategic goals and attaining our vision.

1M

PEOPLE

We manage the healthcare of nearly 300,000 people in a pre-paid structure. Our goal is to increase the population for whom we are fully accountable to include one million people.

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3,000th

KIDNEY TRANSPLANT

Children's Hospital at Montefiore continues to grow to meet the region's increasing demand for its unique approach to treating complex conditions in babies and children. The Montefiore Einstein Center for Cancer Care is recognized as one of the best programs in the United States, bringing groundbreaking science to bear on cancer care. The Montefiore Einstein Center for Heart and Vascular Care has been recognized for the fourth consecutive year with the highest three-star rating by the Society of Thoracic Surgeons. And in 2013, the Montefiore Einstein Center for Transplantation hit significant milestones—successfully performing its 3,000th kidney transplant and 100th liver transplant, including six pediatric cases.

PARTNERSHIP

We continue to evolve during this period of great change and opportunity. Traditionally, hospitals have focused on individual patients once they become sick. Today, that approach is insufficient. We have a unique approach that is focused on care across the continuum—both within Montefiore and through partnerships with private practicing physicians and other providers in the community.

Our delivery system is focused on the whole patient. From information technology that helps us analyze disease trends and outcomes, to the nurses at the bedside who administer care and monitor patients, to the social workers managing complex psychosocial issues, we are aligning services and developing relationships to provide the right care, at the right time, in the right setting. To do this we need to partner with our patients and their families.

By operating in a new model, providers worry less about reimbursements. Instead, they are paid to keep people as healthy as possible and in the best environment, a far more gratifying and patient-centered endeavor.

Partnering with our community to address health challenges includes a significant focus on chronic diseases. Our targets are obesity, diabetes, cardiovascular disease and cancer. We work to improve the environment and help promote healthy behavior by supporting programs that increase physical activity, improve nutrition and decrease tobacco use. As part of our community-focused mission, we continue to engage and educate people on important healthcare issues. From providing healthcare to students in 65 public schools throughout the Bronx, to advocating for green markets and healthier foods in supermarkets and local shops, to helping people understand how the Affordable Care Act works and how they can participate, we are firmly and happily embedded in our neighborhoods.

In 2013, we focused on:

- **Patient-centered medical homes**, a unique model of care aimed at improving access, patient self-management and care coordination. In a medical home setting, a dedicated primary care physician is central to a team that engages with the patient through all stages of life. The physician works collaboratively with other healthcare professionals that the patient sees to ensure a personalized and effective relationship.

- **Integrated medical and mental healthcare** with behavior specialists co-located with physicians in their offices and centers. When, for example, a congestive heart failure patient also suffers from anxiety and depression, the integration of services improves care and patient satisfaction.
- **Collaborative relationships with private practice physicians**, from primary care physicians to those in specialties such as oncology and cardiology, who partner with us to provide comprehensive access to patient care, seamlessly coordinated to optimize the patient experience.
- **The Montefiore Hutchinson Campus**—our innovative “hospital without beds” that provides world-class treatment, with the latest technology and the best of multidisciplinary approaches to care, enabling patients to be treated effectively and safely without being hospitalized. This facility opened in fall 2014.

Our delivery system is focused on the whole patient. We are aligning services and developing relationships to provide the right care, at the right time, in the right setting.

Collaborating to Improve Care

In an effort to break through any barriers internally to improve care coordination among departments, our new organizational model of leadership is generating results. Administrative and clinical leaders at the local level can now innovate, determine needs and launch initiatives that ensure the integration of care and enhance the patient experience—ensuring that everyone across the system remains accountable.

Highly coordinated care in a complex healthcare system assures quality and consistency in areas ranging from critical care to routine assessments of prescriptions and drug delivery. Active nursing councils devoted to system-wide quality initiatives continually raise the bar on quality and patient experiences. Montefiore’s nurses are among the finest in the nation—leading our key innovative programs and fostering a culture of nursing excellence.

Ultimately, we are building a culture among our associates of high performance and improved outcomes—with innovations in training along with greater opportunities for professional and clinical advancement. This includes a robust leadership development program for nurse managers who are key organizational leaders in the healthcare continuum; team- and patient-centered training based on the accountable care model, for our 1,400 residents and 1,500 nursing students; and programs through which teams of associates take responsibility for improving quality and efficiency throughout the organization.

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LOOKING TO THE FUTURE

For Montefiore, all of these developments and initiatives are helping us break from traditional, fragmented care. Guided by our strategic plan and our values, we are committed to continue building a premier academic health system that is more efficient, more effective and designed around each patient.

These are exciting times at Montefiore, and we've made exceptional progress. But none of it could have been accomplished without the thoughtful and active participation of our Board of Trustees and all the dedicated professionals at Montefiore who come to work every day to make a difference in the lives of our patients and our communities.

For their dedication and heart, we say thank you. And together, we look forward to the future with great enthusiasm and confidence.

David A. Tanner
Chairman, Board of Trustees

Steven M. Safyer, MD
President and Chief Executive Officer



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OUR MODEL OF **CARE**

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ACADEMIC MEDICAL CENTER

CLINICAL EXCELLENCE, COORDINATED CARE

Our approach to care, designed to reach people when and where they need it most, uniquely combines health promotion and disease prevention initiatives developed to meet specific community needs with science-driven, innovative care.



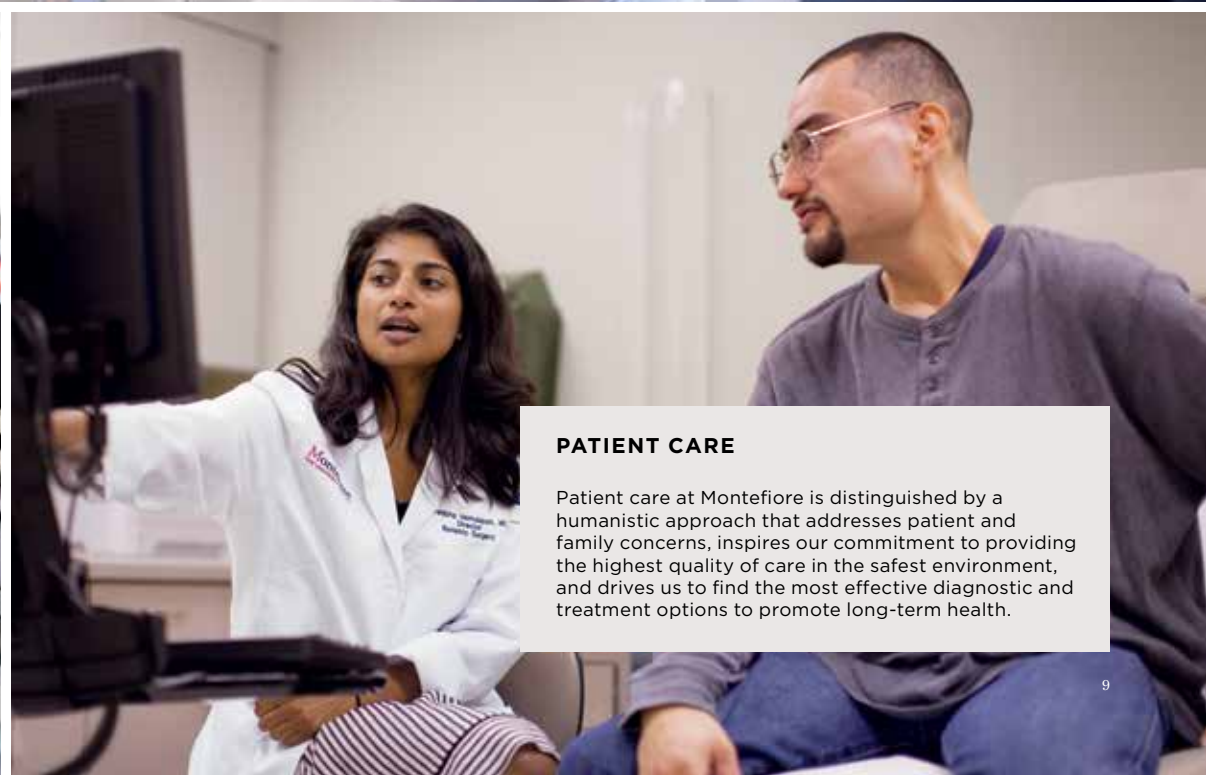
RESEARCH

Our partnership with Albert Einstein College of Medicine yields extensive biomedical research, with an emphasis on translating basic science in the lab to pioneering treatments and therapies for the benefit of patients.



EDUCATION

With a reputation for providing exceptional clinical training, Montefiore has one of the nation's largest residency programs. Our physicians, leaders in their fields, mentor a new generation of medical talent, who are committed to excellence and our values.



PATIENT CARE

Patient care at Montefiore is distinguished by a humanistic approach that addresses patient and family concerns, inspires our commitment to providing the highest quality of care in the safest environment, and drives us to find the most effective diagnostic and treatment options to promote long-term health.

THE RIGHT CARE IN THE RIGHT SETTING

“We focus on patterns of disease in our patient populations to anticipate healthcare needs and achieve the highest possible impact on health status,” says Andrew D. Racine, MD, PhD, Senior Vice President, Chief Medical Officer and Executive Director, Montefiore Medical Group. “This is what motivates our strategy of community engagement using multidisciplinary teams guided by the most advanced science and the most sophisticated data analytics.”

Montefiore’s clinical leadership plays an important role in developing teams and working across disciplines to offer patients the right care in the right setting. “As the organization grows, collaboration among specialists, primary care physicians and others is becoming a significant part of our strategy,” says Neil J. Cobelli, MD, Chairman and Professor, Orthopaedic Surgery, Montefiore and Einstein. “In orthopaedics, for example, we’re working with primary care providers to treat and prevent lower back problems and pain, so advanced specialty care is not required,” he says. “And as our spine-back pain center is fully realized, we can work more collaboratively to treat spinal disease, bringing together neurosurgeons, orthopaedic surgeons,

1
Ileana L. Piña, MD, MPH,
Cardiology

2
Neil J. Cobelli, MD,
Orthopaedic Surgery



EXPANDING MULTIDISCIPLINARY CARE

physiatrists, interventional radiologists and pain specialists, which streamlines evaluation and care,” Dr. Cobelli explains.

Montefiore’s heart failure patient navigator program (see page 24) is another example of our multidisciplinary approach, which is especially important in the Bronx, where “the heart disease burden is high, especially at a younger age, and health literacy is low,” says Ileana L. Piña, MD, MPH, Associate Chief of Cardiology for Academic Affairs, and Professor, Medicine and Epidemiology & Population Health, Montefiore and Einstein.

“With teams that include pharmacists, rehabilitation specialists, social workers and psychologists, nutritionists and nurse/case managers, we are making sure patients get exactly what they need in the hospital and then transition appropriately from the hospital to home with the right medications, clear post-hospital instructions, and the knowledge that they need to maintain their health,” says Dr. Piña. “Our brown-bag clinic, which heart failure patients visit for follow-up care, has a magnificent zero percent readmission rate at 30 days, which tells us that this approach is working.”

Through highly integrated teams of physicians, nurses, social workers, mental health professionals and other caregivers, we have created an innovative, seamless system of care focused around the patient. This approach to care is exemplified in our Notable Centers of Excellence (see page 22). “The idea is simple: replacing practice silos with multidisciplinary teams helps us approach and solve challenges more creatively and effectively,” says Dr. Racine.

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Decreasing ICU Complications. In 2013 Montefiore launched the Early Mobilization Initiative, a multidisciplinary program designed to reduce complications in the Intensive Care Unit (ICU)—everything from bedsores and thrombosis to delirium—by mobilizing patients as soon as possible. The team, which includes clinicians from critical care, rehabilitation medicine, physical and occupational therapy, speech therapy, respiratory therapy and nursing, has developed safety protocols that are being implemented organization-wide.

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Neurovascular Program. Montefiore’s newly formed neurovascular group, a collaborative effort among multiple specialties, is pioneering treatments for vascular diseases of the central nervous system and spine, many of which traditionally required open surgery. The highly skilled team is composed of stroke neurologists, cerebrovascular specialists, neurosurgeons, neuro-radiologists and neuro-oncologists, as well as specialists in interventional neuroradiology and endovascular neuroradiology, who are uniquely trained to treat such disorders as ischemic stroke, hemorrhages, aneurysms and tumors.

Integrated Geriatric Care. In 2013, Montefiore integrated its geriatrics, geriatric psychiatry and neurology specialists, to address the neurocognitive and medical, physical and mental health conditions of older patients. The Division of Geriatrics also initiated collaborative programs with orthopaedics for hip patients and to improve palliative care. In 2014, Montefiore opened the Center for the Aging Brain in Westchester County, New York, which offers all seniors access to our integrative model of care.

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Behavioral and Addiction Services. In collaboration with the Children's Hospital at Montefiore, the Department of Psychiatry excels in the diagnosis and treatment of autism spectrum disorders, providing the full continuum of care. Our Dialectical Behavior Therapy Program, also a model for other mental health programs, addresses the critical needs of at-risk adolescents suffering from anxiety, depression or suicidal thoughts. To expand services in the Bronx, New York City's Administration for Children's Services contracted with Montefiore to provide family behavioral services in patients' homes to help adolescents resist or overcome substance abuse.



Allan L. Brook, MD,
Radiology and Neurology,
and David S. Gordon, MD,
Neurological Surgery,
review a case.

DELIVERING CARE CLOSE TO HOME

With a robust integrated delivery system, the right place to treat patients isn't always the hospital. "Our approach to care and improving the patient experience is not about filling beds; it's about serving people," explains Susan Green-Lorenzen, RN, Senior Vice President, Operations, Montefiore. We're partnering with providers and specialists in local communities to solve problems and meet the needs of patients and their families near where they live and work.

This is why Montefiore has been expanding the "patient-centered medical home" concept—providing a model of care in which a dedicated primary care physician oversees all aspects of care for each patient, working collaboratively with other health professionals to ensure consistency, efficiency and personalization.

By partnering with a growing network of private practices, in specialties such as oncology and cardiology, for example, we offer the full spectrum of outpatient care in one location—provided by the finest doctors. And we're integrating medical and mental healthcare with behavior specialists co-located with physicians to help people deal with psychological problems that may affect their overall health and quality of life.



1
Wayne Lee, MD,
Medicine (Geriatrics,
Hospital & Palliative
Medicine and Internal
Medicine), consults
with a patient.



2
A Montefiore Home Care
nurse consults with a new
patient and her mother at
their home.

“Our approach to care
and improving the patient
experience is not about
filling beds; it’s about
serving people.”

SUSAN GREEN-LORENZEN, RN
SENIOR VICE PRESIDENT, OPERATIONS
MONTEFIORE

TREATMENT INNOVATIONS

Working across disciplines to strengthen our care delivery system, Montefiore is a national leader in introducing new treatment options that speed recovery and improve patient outcomes. Here are just a few examples:

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Innovation for shrinking fibroids. Montefiore was the first hospital in the United States to use radiofrequency ablation (RFA) to shrink uterine fibroids in women since the U.S. Food and Drug Administration approved the procedure in 2012. A minimally invasive procedure initially used to treat liver cancer, RFA uses a tiny needle emitting a low-energy electrical current that is inserted into the fibroid to destroy it. With a third of all women suffering from painful fibroids, this treatment option can replace the need for hysterectomies—more than 200,000 of which are performed in the United States each year because of fibroids.

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Reducing post-operative pain in knee replacements. Surgeons at Montefiore's Center for Joint Replacement Surgery have pioneered the use of adductor canal blocks to eliminate post-operative pain in knee replacement. By

modifying the block to spare the patient muscle weakness, the Center has had considerable success in mobilizing patients the day of surgery. In 2013, the Center moved to a new, state-of-the-art facility on Montefiore's Wakefield Campus that is completely dedicated to joint replacements.

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Liver transplantation evolves into the full spectrum of lifesaving treatments. Montefiore's adult and pediatric liver transplantation programs offer a broad range of treatment options with one-year outcomes that exceed state and national averages. Living-related transplant, which was launched at Montefiore in 2012, expands the pool of available organs for children so surgeons can schedule the procedure at the right time, with the best clinical team.



1
A patient undergoes physical therapy following a knee replacement.



2
Liise Kayler, MD, Surgery and Transplant Surgery, leads a laparoscopic transplant.



1
Jacqueline Alleva, RN, is all smiles with a young patient in the Pediatric Intensive Care Unit, Children's Hospital at Montefiore.

2
A nurse checks a patient's vital signs.



IMPROVED OUTCOMES

With such innovations and our accountable care model, we are achieving the “Triple Aim”—improved quality of care and improved patient outcomes while making healthcare more affordable. An example of this effort includes the introduction of the Best Practices/Clinical Impact Council, one of six nursing councils launched in 2013 that regularly conducts research reviews to update policies and procedures. The goal of the nursing councils and other quality improvement initiatives is to continually raise standards, streamline workflow, improve patient safety and reduce adverse events and risks.

“By focusing on quality improvements and regularly tracking the hundreds of indicators that rate care quality, we are able to raise the level of care and reduce or eliminate potential harm—from preventing falls with walking assist devices to reducing surgical complications in the operating room,” says Peter Shamamian, MD, Vice President, Chief Quality Officer, Montefiore.

Reducing catheterization-associated infections. One of Montefiore’s recent quality improvement initiatives aims to reduce catheterization-associated infections, a common problem for patients requiring long-term catheterizations. In one investigation, research showed that children with cancer who receive chemotherapy

on an outpatient basis develop three times as many dangerous bloodstream infections from their central lines than their hospitalized counterparts. By instituting prevention protocols, bloodstream infections and bacteria in the blood of ambulatory pediatric oncology patients were reduced by 48 percent and 54 percent, respectively, and may have prevented more than 70 hospital admissions.

Risk assessment scorecard to prevent blood clots. Another quality improvement initiative is the introduction of a risk assessment scorecard, which helps physicians identify and provide preventive treatments for new mothers who may get life-threatening blood clots following childbirth. Interdisciplinary team rounds, Grand Rounds speakers and “spot checks” with biweekly metrics helped to implement the scorecard effectively. A Montefiore study showed that at-risk patients with completed scorecards were 2.6 times more likely to receive preventive treatment to reduce serious clots than those who did not.

Innovative lung cancer screening. Montefiore also introduced a high-risk lung cancer screening program that uses low-dose computed tomography (CT) scans to help detect the disease at its earliest, most treatable stage. The use of these scans is the first screening method validated to reduce mortality due to lung cancer,

1
Staff members in the Department of Endoscopy Intensive Care Unit put Montefiore's new Early Mobilization Initiative, which aims to get critically-ill patients moving sooner to hasten and improve recovery, into practice.

2
Nursing students review patient records.



compared with the current standard chest X-ray. Coordinated by a multidisciplinary team of experts, the early-detection screening program, the first of its kind in the Bronx, where smoking rates are high, could significantly impact lung-cancer-related mortality in years to come.

RESEARCH DRIVES FUTURE INNOVATIONS

Montefiore's partnership with Einstein advances clinical and translational research to quickly translate new discoveries into treatments and therapies that benefit patients. Together, the two institutions are among 60 academic medical centers nationwide to be awarded a prestigious Clinical and Translational Science Award (CTSA) by the National Institutes of Health (NIH).

"Given our high level of scientific achievement, Montefiore and Einstein have witnessed impressive growth in research funding from a number of the world's leading medical research centers, including the National Institutes of Health," says Brian Currie, MD, Vice President of Research, Montefiore, and Assistant Dean for Clinical Research, Einstein.

Translational Research. In 2013, Einstein and Montefiore received a \$25 million grant renewal from the NIH for the Harold and Muriel Block Institute for Clinical and Translational Research (ICTR) at Einstein and Montefiore. The two

institutions received their initial CTSA from the NIH in 2008. The purpose of the CTSA program, now a component of the NIH's new National Center for Advancing Translational Sciences, is to accelerate the inherently complex enterprise of translating innovations into new treatments for cancer, pediatrics, rare diseases, infectious diseases, liver disorders, aging, diabetes and many others.

Comparative Effectiveness Research. The New York State Department of Health awarded Montefiore a \$1.17 million grant to support the Center for Comparative Effectiveness Research, a joint project between Montefiore and Einstein. The funds will be used to compare the effectiveness of different prevention, screening and treatment options for economically underserved populations. "The diverse patient population Montefiore serves has been largely excluded from the clinical and comparative effectiveness research that has essentially determined which drugs to use and how people are treated. The Center hopes to contribute to the understanding of how therapies impact different groups so as to better direct—and customize—patient care," says Dr. Currie.

Refining Diabetes Treatment. Rubina A. Heptulla, MD, Division Chief, Pediatric Endocrinology and Diabetes, Children's Hospital at Montefiore and Einstein, and Professor, Pediatrics

Montefiore researchers are involved in more than 450 clinical trials and research studies to evaluate the effectiveness and safety of innovative treatments and diagnostics—from the development of vaccines for various cancers using recombinant techniques to enhance anti-tumor responses, to using adult stem cells to treat patients with end-stage congestive heart failure.

(Endocrinology) and Medicine, Einstein, was awarded a \$1.1 million NIH grant to investigate the potential for an existing type 2 diabetes medication to effectively control after-meal blood sugar levels in patients with type 1 diabetes. “Rather than having patients monitor their levels before and after meals and adjust their insulin dosage accordingly, our goal is to have a once-per-day oral medication that would work in conjunction with insulin to regulate the blood sugar levels appropriately and eradicate the need for blood draws and self-testing numerous times throughout the day,” Dr. Heptulla said.

HIV and AIDS in Women. Montefiore and Einstein received a \$16 million grant from the NIH to continue investigating the impact of HIV and AIDS on women. The funds, awarded to principal investigator Kathryn Anastos, MD, Attending Physician, Medicine, Montefiore, and Professor, Medicine, Epidemiology & Population Health and Obstetrics & Gynecology and Women’s Health, and Co-Director, Einstein Global Health Center, Einstein, allow Montefiore and Einstein to continue as a scientific and clinical site for the Women’s Interagency HIV Study. Now in its 21st year, it is a multicenter, observational study of women who are either HIV positive or at risk for infection. The grant supports research

into strategies to defeat HIV, which include: identifying naturally-occurring immune factors in the female genital tract that protect women against HIV infection, understanding how the virus is transferred from person to person on the cellular level, and identifying factors that predict which women will respond well to treatment.

Leukemia Therapy Predictors. Researchers at Montefiore and Einstein have found a chemical “signature” in blood-forming stem cells that predicts whether patients with acute myeloid leukemia (AML) will respond to chemotherapy. If validated in clinical trials, the signature would help physicians better identify which AML patients would benefit from chemotherapy and which patients have a prognosis so grave that they may be candidates for more aggressive, and more effective, treatments such as bone-marrow transplantation. According to the American Cancer Society, AML accounts for nearly one-third of all new leukemia cases each year.

Mobility in Alzheimer’s and Parkinson’s Patients. Investigators at Montefiore and Einstein received more than \$41 million in NIH grants over multiple years to support all aging studies, including those on mobility and frailty in diseases such as Alzheimer’s and Parkinson’s. Researchers are studying whether the seeds of

With one of the largest training programs in the country, including nearly 1,400 residents and fellows across more than 115 programs, Montefiore provides the doctors of tomorrow with a unique opportunity to learn in one of the most diverse urban areas in the country—where the population is global, the disease burden is high, and the need for quality care is great.



1
Catherine C. Skae, MD,
Vice President, Graduate
Medical Education,
converses with residents.



2
A nurse takes a reading from
a diabetic patient.

neurodegenerative diseases start during early development and why certain brain cells are vulnerable to premature death.

TRAINING HIGH-ACHIEVING PROVIDERS

Montefiore's ever-expanding partnership with Albert Einstein College of Medicine enhances our ability not only to deliver innovative research and new techniques to our patients, but also to fulfill our teaching mission.

"What makes education and training unique at Montefiore are our emphasis on the social determinants of patient health, the use of population health data on treating chronic conditions, as well as our focus on advancing the health of the community," says Catherine C. Skae, MD, Vice President, Graduate Medical Education, Montefiore, and Associate Professor, Clinical Pediatrics, Einstein. "This is all part of our comprehensive approach to patient care."

The dual appointments of faculty and physicians across both Montefiore and Einstein also spur collaborations in research, teaching and patient care. "When optimized and aligned, academic medical centers establish collaborations where pioneering research attracts highly skilled, innovative scientists and clinicians who create new knowledge and breakthroughs in clinical

A DAY *in* THE LIFE



From July 2013 to July 2014, Himabindu “Hima” Ekanadham, MD, served as Family and Social Medicine’s sole inpatient chief resident, thanks not only to her culturally-sensitive work as a clinician in the Bronx, but also because of her dedication to teaching and social medicine involving extensive research in population health. A graduate of Georgetown University School of Medicine, Dr. Ekanadham was drawn to Montefiore because of its unique mission rooted in social justice.

“Montefiore fits my idea of what medicine is supposed to be—culturally diverse with a deep involvement of physicians who understand the social determinants of patient health,” she says. “Here we see patients and take into consideration their lives and problems, not just the physical symptoms, and that’s important to me.”

Drawing on her experiences working in Rwanda and India, Dr. Ekanadham taught classes in social medicine to second- and third-year residents. She is currently pursuing a master’s in epidemiology within a fellowship in primary care research at Columbia University. During her time at Montefiore, Dr. Ekanadham, a self-described physician/activist, introduced numerous innovations in the Department of Family and Social Medicine, which incorporate a holistic approach to patient care “to improve the patient experience,” she says.



MORNING ROUNDS

Dr. Ekanadham generally starts her day leading rounds, during which she and other residents visit patients on the floor. “Because of my work in Rwanda and India, where there was little, if any, technology available, I insisted that rounds be done at the bedside, instead of in a conference room looking at data on a screen,” she says. “We discuss data outside of the room, but then we speak to the patients, answer questions and get their feedback. We have a dialogue, and it has improved communications.”



AFTERNOON PATIENT CARE & TEACHING

Dr. Ekanadham sees her patients at Montefiore’s Urgent Care sites on Mondays and Montefiore’s Williamsbridge Clinic on Wednesdays. “Many of my patients are from places like Jamaica or West Africa, who have their own views on food and medicine. They’ve taught me a lot about herbal remedies, and I try to provide culturally-appropriate treatments for the chronic diseases I see, such as hypertension and diabetes,” she says. “I believe my efforts are only going to be sustainable within their cultural framework.”

The challenge is taking the time to get to know each patient. “This is one reason why I catch up with them by phone, in between visits,” she says.

On Tuesday afternoons, Dr. Ekanadham delivers classroom lectures. Thursdays are spent observing residents with patients and then reviewing treatment plans privately.

“My lectures are more like conversations,” she says. “I try to break down the traditional hierarchy of teacher and student. I see it as a mutual exchange, just as the doctor-patient relationship should be.”



1
Hima Ekanadham, MD, former Inpatient Chief Resident, Family and Social Medicine, reviews patient cases with other residents.

2
Dr. Ekanadham discusses the best treatment for a patient with other residents.

3
Dr. Ekanadham and a colleague consult.



4
Dr. Ekanadham meets with teams researching and debating proper Accountable Care Organization (ACO) protocol.



5
Dr. Ekanadham moderates an open discussion with residents.



6
Dr. Ekanadham delivers a classroom lecture as part of her role as Inpatient Chief Resident for Family and Social Medicine.

RESEARCH—COMMUNITY HEALTH

As a resident in Family and Social Medicine and an MPH candidate, Dr. Ekanadham is juggling several projects that have stemmed from her experiences in the Bronx. One project arose from her experience with the New York City Green Cart Program, and aims to create access to fresh fruits and vegetables in communities where such healthy foods are not readily available, such as the Bronx. These communities also tend to have high rates of obesity and diabetes. Through grants she was able to establish a similar program to buy fresh, affordable produce wholesale, transport it to neighborhood markets and train new vendors, many of whom are unemployed.

She is also researching the Affordable Care Act, its impact on healthcare costs, and how it works in relation to health systems globally. “The role of population health is to look beyond the individual patient and to examine trends in the community, the city and the country,” Dr. Ekanadham says. “We should know how the social determinants of health in the Bronx compare with similar areas around the country and around the world.”

Dr. Ekanadham tries to incorporate what she discovers through her research into what she’s doing in the clinic. With the Medicaid expansion, for example, she sees how it’s affecting people directly—those with insurance and those who may have been dropped. “I also think twice about every test I order. Is it going to really benefit the patient, or just show that I did something, even though it may not be necessary?”

“Sometimes I feel I have a greater ability to fight for patients because I know where their problems originate, and I can inform them about what’s happening in this larger context. This broader view makes me more sympathetic and a better doctor.”

care delivery. This, in turn, contributes to attracting the best students and residents from around the country,” says Dr. Skae.

To make sure these programs comply with Accreditation Council for Graduate Medical Education (ACGME) requirements and incorporate the latest and best educational techniques, Montefiore established the Graduation Medical Education Committee and several subcommittees in 2013, composed of 150 residency and fellowship program leaders.

“Graduate medical education is changing,” says Dr. Skae. “The ACGME requires more reporting, and we want to ensure that all of our programs are compliant with all rules and regulations, so we can compare ourselves favorably with national standards.”

In 2013, Montefiore acquired what is now known as the Montefiore School of Nursing, formerly part of the struggling Sound Shore Health System. The School of Nursing produces roughly 60 graduates each year, and has consistently maintained one of the highest board (NCLEX) pass rates in New York State. As part of its educational mission, Montefiore continues to educate and train more than 1,500 nursing students, as well as hundreds of nurse practitioners, physician assistants, social workers, nutritionists, pharmacists, technologists and others.

CHILDREN'S HOSPITAL at MONTEFIORE (CHAM)

Recognized for both clinical excellence and groundbreaking research, CHAM holds the distinction of being ranked in *U.S. News & World Report's* Best Children's Hospitals for key pediatric subspecialties, including pediatric cardiology and heart surgery, neurology and neurosurgery and nephrology. CHAM's Division of Pediatric Endocrinology and Diabetes received national recognition from the American Diabetes Association for its diabetes self-management education program.

Led by multidisciplinary teams, CHAM's robust Performance Improvement teams are spearheading more than 20 projects to measure and improve quality and safety in all facets of pediatric care. Already, the group has reduced readmission rates for pediatric patients with diabetes by more than 50 percent and dramatically reduced hospital admissions for pediatric patients with asthma and sickle cell disease.

Other developments include:

- Launch of the Division of Hospital Medicine, a dedicated team of highly trained physicians

(called hospitalists) who assume the role of a child's primary pediatrician during his or her stay. Hospitalists visit patients daily, coordinate all major aspects of a child's treatment, keep parents informed of their child's condition and plan of care, and more.

- The expansion of the Pediatric Intensive Care Unit (PICU) in 2013 from 14 to 26 beds—making it the largest PICU in New York State and the largest between Boston and Philadelphia.
- Success in groundbreaking surgical procedures, including live liver donor grafts with 100 percent one-year survival rates; sophisticated preoperative and intraoperative technologies used in complex reconstructions for children with craniofacial deformities or tumors; exceptional outcomes in heart transplantation and the use of mechanical assist devices; and minimally invasive and robotic approaches to treat the full spectrum of urologic conditions and complex reconstructive surgery for congenital malformations.
- The development of new tools and technologies to understand a range of conditions, from the role of obesity on sleep-disordered breathing and asthma to identifying neurological changes that may increase the risk of epilepsy following febrile seizure.
- Exceptional outcomes and reduced lengths of stay for extremely premature infants, and excellent care of critically ill preterm and term neonates.

8,200

Admissions annually

130,000

Outpatient visits annually

80,000

Emergency Department visits annually

6,300⁺

Each year more than 6,300 babies are born at Montefiore.

Known for translating scientific discoveries into novel therapeutics, in partnership with Einstein, CHAM is participating in many federally and industry-supported clinical trials examining metabolic disorders, infectious diseases, a promising medication for diabetes, and partnerships with national research groups to advance the treatment of sickle cell anemia, leukemia and other cancers.

Back on the Court

Gabe Tishman's lifelong passion for tennis has taken him to Junior National tournaments all over the country. But at 16, he found himself out of breath, tired and losing weight, despite eating and sleeping normally. Initial blood tests indicated a thyroid problem.

Advised to find a pediatric endocrinologist, Gabe's mother Sheryl Tishman did her homework, which led her to Rubina A. Heptulla, MD, Division Chief, Pediatric Endocrinology and Diabetes, CHAM and Einstein, and Professor, Pediatrics (Endocrinology) and Medicine, Einstein. With many options near their home in Westchester County and in Manhattan, the Tishmans chose Montefiore.

Gabe's specific diagnosis: Graves' disease, "an autoimmune disorder that causes the system to be hyperactive," explains Dr. Heptulla. "With our comprehensive thyroid program, we bring together a team of experts to make an individualized treatment plan, which for Gabe was radioactive iodine therapy."

The result: Gabe, now 17, is fully recovered and back on the tennis court. "My focus is back, my energy is back, and I'm better than ever," Gabe says with a smile. "I take a small pill once a day, so I actually forget I have Graves' disease."

"I can't say enough about Gabe's care team," says Ms. Tishman. "We made the right choice."

NAME:

Gabe Tishman

AGE:

17

DIAGNOSIS:

Graves' Disease



MONTEFIORE CENTER *for* HEART *and* VASCULAR CARE

In 2013, the Montefiore Center for Heart and Vascular Care performed more than 1,000 open-heart procedures and more than 4,000 cardiovascular procedures, while maintaining one of the lowest mortality rates in the United States. These results are some of the reasons why *U.S. News & World Report* ranked Montefiore among the top 50 heart centers in the country.

As a leader in the prevention, diagnosis and treatment of heart and vascular disease and “with the aid of recent advances in research and technology, we are developing viable treatment options for patients with traditionally fatal cardiac conditions,” says the Center’s Co-Director, Robert E. Michler, MD, Surgeon-in-Chief, Montefiore; Professor and Chairman, Cardiovascular & Thoracic Surgery and Surgery, Montefiore and Einstein.

Working collaboratively with our Center for Transplantation, the Center for Heart and Vascular Care also continues to be a respected leader in the area of heart transplantation, with one- and three-year survival rates (97 percent for adults and 100 percent for children) that exceed national and regional benchmarks, according to the Scientific Registry of Transplant Recipients. Mortality rates for bypass surgery are the lowest in New York State.

Montefiore was one of only 15 hospitals nationwide, and the only one in the New York metropolitan area, to pioneer the American College of Cardiology’s Patient Navigator program, which aims to reduce readmissions for patients with acute heart failure and myocardial infarction. By helping patients understand and follow important post-surgery instructions, the program is contributing to a 30-day readmission rate of only 8 percent (compared with 25 percent nationally) among patients seen in our new post-discharge heart failure clinic.

“This remarkably low readmission rate is critically important, given the high levels of diabetes, hypertension and obesity found in our patient population,” says Center Co-Director Mario J. Garcia, MD, Professor and Chief, Cardiology, Montefiore and Einstein; Co-Director, Montefiore Einstein Center for Heart and Vascular Care.

Other highlights for the year include:

- A top rating of three stars, for the fourth consecutive year, by the Society of Thoracic Surgeons, an honor bestowed upon less than 15 percent of participating hospitals in the United States.
- Renewal of the prestigious National Heart, Lung, and Blood Institute (NHLBI) Cardiothoracic Surgical Trials Network award, with an additional five years of NIH funding for groundbreaking clinical cardiovascular surgery research.
- Continued success in the area of transcatheter aortic valve replacement (TAVR) for severe aortic stenosis, with excellent outcomes for both transfemoral (incision in the groin) and transapical (incision in the chest) procedures.
- Selection as one of only a handful of centers in the nation to study the effectiveness of the PERCEVAL S, a prosthetic, suture-less heart valve—trailblazing technology that has the potential to reduce stroke and heart block risk when used instead of TAVR.
- Among the nation’s first to introduce the LARIAT procedure, which reduces stroke risk in patients with atrial fibrillation who cannot tolerate oral anticoagulation therapy.

Montefiore’s mortality rate for coronary artery bypass surgery is less than one percent—well below the national average and the lowest in New York State.

30,000⁺

At more than 30,000 procedures a year, Montefiore’s vascular surgery program is one of the busiest in the nation.



The Drive to **Live Life** *Well*

NAME:

William Alvarez, Sr.

AGE:

88

DIAGNOSIS:

Mitral Valve
Replacement

Twenty-one years ago, William Alvarez, Sr., a resident of Norwalk, Connecticut, was experiencing shortness of breath. He and his wife Ann met with his cardiologist, who immediately recommended a cardiothoracic surgeon then at Columbia Presbyterian Medical Center in New York City by the name of Robert E. Michler, MD. They were impressed with Dr. Michler, and he performed successful mitral valve replacement surgery on Mr. Alvarez.

In 2014, when the replacement valve had reached the end of its natural lifespan, they turned to Dr. Michler again. Dr. Michler, now Surgeon-in-Chief, Montefiore; Professor and Chairman, Cardiovascular & Thoracic Surgery and Surgery, Montefiore and Einstein, replaced both the valve and William's pacemaker at the same time. "Every time someone undergoes a repeat heart operation, the risks are higher," says Dr. Michler. "The surgery is complicated and must be done by experienced hands. It is enormously gratifying to see how many patients like Bill Alvarez, or their family and friends, will come to Montefiore for their complex heart surgery."

William, a retired body and fender technician and employee of Enterprise Rent-A-Car, is doing well, says Ann. He is able to drive again, and they spend summer weekends boating at their daughter's summer home in Danbury.

MONTEFIORE EINSTEIN CENTER *for* CANCER CARE

In 2013, Montefiore Einstein Center for Cancer Care was ranked as “high performing” by *U.S. News & World Report’s* “Best Hospitals,” and was included in *Becker’s Hospital Review* as one of “100 Hospitals and Health Systems with Great Oncology Programs.”

In addition, the Center is accredited by the Commission on Cancer, and the Breast Cancer Program has been granted a three-year, full accreditation by the National Accreditation Program for Breast Centers (NAPBC), both administered by the American College of Surgeons.

TREATMENTS

Offering the most advanced treatment options and highest standard of care, the Center combines clinical expertise, pioneering research and treatment innovations for all patients with common and rare forms of cancer.

“We’re one of four programs in the nation offering regional therapy for melanoma, sarcoma and peritoneal tumors, as well as isolated hepatic perfusion, a procedure that directs high doses of anticancer drugs right to the liver,” says Steven Libutti, MD, the Center’s Director, who is also Vice Chair, Surgery, Montefiore, and Professor, Surgery and Genetics, Montefiore and Einstein. The Center is also one of only a

handful of programs on the east coast using immunotherapies that target tumors yet protect healthy tissue.

In its pursuit of less invasive procedures, the Center developed a newly refined technique in radiation oncology, functional brain radiosurgery, an image-guided procedure to reduce tumors that have metastasized to the brain—without an incision and without damaging healthy tissue.

Partnering with the Children’s Hospital at Montefiore (CHAM), the Center has developed highly regarded treatments for sarcomas, brain tumors and leukemia in children, and, together with CHAM’s Blood and Marrow Transplant Program, physicians performed the Center’s first bone marrow transplant to cure sickle cell anemia in a child.

SERVICES

The Center worked with the Department of Radiology to launch a high-risk lung screening program using low-dose computed tomography scans, the first screening method validated to reduce lung cancer mortality, compared with the current standard chest X-ray.

As part of its patient-centered focus, the Center added psychiatric consulting services to its psychosocial program and expanded Caregiver Support Centers to help family members get the advice and counseling they need.

Montefiore also launched a community oncology program designed to better integrate services with community-based oncologists, deepen professional partnerships and strengthen relationships with patients in the community. The Montefiore Einstein Center for Cancer Care and the National Cancer Institute (NCI)-designated Albert Einstein Cancer Center provide patients with opportunities to participate in early-stage

11,124

Pediatric Hematology/
Oncology Treatments and Visits

82,701

Outpatient Radiation Oncology
and Medical Oncology
Treatments and Visits

The Center for Cancer Care’s 13 clinical service specialties:

Breast Cancer • Colorectal Cancer • Endocrine • Gynecologic Oncology • Head and Neck Cancer • Hematologic Oncology • Hepatobiliary Cancer • Lung Cancer • Melanoma/Sarcoma • Neuroendocrine Oncology • Neuro-Oncology • Pancreas/Upper GI Cancer • Pediatric Oncology • Urologic Oncology

clinical trials to determine the efficacy of new treatments, agents and techniques. In 2013, in collaboration with the NCI, the Center launched a trial testing a novel monoclonal antibody in the treatment of pancreatic cancer. In total, the Center is involved in more than 100 clinical trials.

A number of physicians also presented findings at key industry conferences, such as the American Society of Clinical Oncology annual meeting, including one retrospective study showing that endometrial cancer patients who took statins and aspirin reduced their chance of death by 84 percent.

Back *on the* Job

NAME:

Vito Salvatore

AGE:

50

DIAGNOSIS:

Myelodysplastic
Syndromes

Vito Salvatore, a 15-year veteran police officer in Mt. Kisco, New York, was working the midnight shift one night in July 2010. “All of a sudden, I didn’t have the strength to walk down the street,” he says. “I had never been sick a day in my life.”

After receiving a battery of blood tests, Sergeant Salvatore was diagnosed with myelodysplastic syndromes (MDS) and was told the only cure was a stem cell transplant. He was soon referred to Montefiore and to Ira Braunschweig, MD, Director, Stem Cell Transplant Program, and Clinical Program Director, Hematologic Malignancies, Montefiore, and Assistant Professor, Oncology, Einstein.

“Dr. B. is very low-key and confident, which put me at ease,” says Sergeant Salvatore. After undergoing 28 days of chemotherapy, the search began for a stem cell donor, who was eventually located in Germany. “The transplant was done, and I was home on December 23, just in time for the holidays, as Dr. B. predicted,” Sergeant Salvatore says.

“Everyone at Montefiore treated me like one of their own—every decision we made together,” he says. “I’m extremely grateful.”



MONTEFIORE EINSTEIN CENTER *for* TRANSPLANTATION

In 2013, the Montefiore Einstein Center for Transplantation performed its 3,000th kidney transplant and 100th liver transplant (including six pediatric cases), as well as 22 heart transplants in adults and children, with survival rates that are among the nation's best. The Center's one-year survival rate for pediatric kidney transplants is 100 percent.

"The Center's 93 percent liver transplant survival rate at three years is among the best in the nation and the best in the New York area," says Milan Kinkhabwala, MD, Chief, Transplantation, Department of Surgery, Montefiore, and Professor, Surgery, Einstein. For our cancer patients, the Center offers an aggressive program of pre-transplant bridge therapy for patients waiting for liver transplant. The Center has even been successful in downstaging advanced tumors into transplant criteria, permitting lifesaving options for otherwise fatal conditions.

With more than four decades of experience in organ transplantation, the Center offers a second chance at life for patients struggling with advanced organ failure. Complex cases are referred to Montefiore because of its national reputation for excellence.

A SPECTRUM OF TREATMENT OPTIONS

The Center for Transplantation is one of very few such centers that offer a broad spectrum of treatment options, performed collaboratively with the Center for Cancer Care and other departments, a multidisciplinary approach that is a hallmark of all our Notable Centers of Excellence. These treatment options include tumor ablation (using heat to destroy tumors) and transarterial chemoembolization (TACE), a minimally invasive radiological procedure that restricts a tumor's blood supply when embolic particles coated with chemotherapeutic agents are injected into an artery that directly supplies the tumor. Stereotactic body radiation therapy (SBRT), a painless, outpatient procedure, also delivers high doses of radiation targeting tumors in the liver.

PSYCHOSOCIAL SUPPORT

A key part of the Center's success is its holistic approach, which includes comprehensive psychosocial support for patients and their families, which is not commonly available at other transplant centers.

To support treatment compliance, psychosocial services help to identify any social or behavior barriers to transplant candidacy, and to ensure that enough support is in place to help patients maintain their health. The service is composed of social workers, psychiatrists, psychologists, nutritionists and psychosomatic medicine fellows.

The team makes a comprehensive evaluation of each patient and helps identify a care partner, such as a family member or friend, who becomes part of the treatment team, helping the patient keep appointments, take prescribed medications and participate in follow-up care. They also

Many Montefiore patients are sicker prior to transplantation, yet the survival rate is well above the national average.

MONTEFIORE	NATIONAL AVERAGE
94.2% one-year survival rate	89.5% one-year survival rate
65% hospitalized prior to transplantation	33% hospitalized prior to transplantation

100%

Our one-year survival rate for pediatric kidney transplants is 100 percent.

identify depression, anxiety and substance abuse and provide treatment or referral to other resources, as needed. The goal: help the transplant recipient return to a healthy, productive life.

For transplant candidates with limited financial resources, the Helping Hands Fund is available as a vital safety net that helps cover transportation, accommodation, medication and social service costs for transplant patients and their loved ones.



A Chance for a *Grand* Life

Daphne Chisholm was diagnosed with type 1 diabetes at the age of 19, along with “out of control” blood pressure. For years, she took insulin and watched her diet, but the disease started affecting her kidneys and pancreas.

“I couldn’t go anywhere; my diet was limited, and it was hard to do normal things,” Ms. Chisholm says. “Our daughter Ariel, who was 8 years old at the time, couldn’t understand why her mother was always sick.”

“Diabetes is an autoimmune disorder that can affect major organs,” says Liise Kayler, MD, Surgical Director, Kidney Transplantation, Montefiore, and Associate Professor, Clinical Surgery, Einstein. “Daphne eventually developed end-stage kidney and pancreas failure. Her only real option was to undergo a kidney-pancreas transplant, which not only improves your health, but also vastly improves your quality of life.”

“It’s an amazing change,” says Daphne’s husband, Sam. “We laugh more, we dance more, and I feel great now. I have a lot of energy,” says Ms. Chisholm. “No more insulin, no more dialysis. Life is grand. Life is good.”

NAME: _____

Daphne Chisholm

AGE: _____

50

DIAGNOSIS: _____

Diabetes

INTEGRATED CARE DELIVERY

2013 was a year of transformational growth for our delivery system. Montefiore worked to ensure the integration of care, including the incorporation of new healthcare facilities, through coordination with our broad network of providers, state-of-the-art technology, and responsive “on-the-ground” management. With more than 150 locations in our network by the end of 2013, this enabled us to quickly identify both challenges and opportunities and to meet the needs of our patients and their families.



1
Westchester Square
Emergency Department
staff members tend to
a patient.



2
Physicians and nurses
provide urgent treatment
at Montefiore Westchester
Square's Emergency
Department.

EXPANDING CARE AND THE COMMUNITIES WE SERVE

After acquiring the assets of the former Westchester Square Medical Center, Montefiore Westchester Square opened in March 2013. Open 24/7 with the first and only stand-alone Emergency Department in New York State, Westchester Square treated 13,300 patients requiring emergency services and performed nearly 4,400 outpatient procedures in its inaugural year. Montefiore Westchester Square became the fourth Emergency Department in the Montefiore system.

Patients at Westchester Square benefit from the seamless care offered across the Montefiore system, including primary care, advanced specialty and surgical care, rehabilitation and home care. Patients requiring inpatient care are easily and rapidly transferred to the Montefiore facility that is best able to meet their needs.

“Our goal from the very start was to preserve access to the best of healthcare services by providing exceptional care to meet the community’s needs, as well as to preserve jobs and support the local economy,” says Peter Semczuk, DDS, Vice President, Clinical Services, and Executive Director, Moses Campus,

Montefiore. “We are making sure Montefiore Westchester Square reflects the same standards of excellence as all Montefiore facilities throughout the Bronx and Westchester.”

In November, Montefiore opened the doors of Montefiore New Rochelle, Montefiore Mount Vernon, Schaffer Extended Care Center and Montefiore School of Nursing after acquiring the assets of financially distressed Westchester-based Sound Shore Health System. Building on its considerable presence in Westchester, with more than 20 clinical sites and thousands of associates working in information technology, care management and finance, Montefiore continued to expand what it does best—delivering clinical excellence, ensuring efficient operations, working closely with private practicing physicians in the community to strengthen services, and providing care that is easily accessible, well coordinated and patient centered.

INTEGRATING CARE WITH A PROVEN ACO MODEL

In addition to successfully expanding our integrated care network, Montefiore achieved great success in delivering quality care and improved outcomes at a lower cost for Medicare

1
A young patient
receives dialysis.

2
A physician and nurse
converse with a patient.



patients as part of the Pioneer Accountable Care Organization (ACO) Model. Analysis in 2013 showed that Montefiore's Pioneer ACO generated 7 percent savings for Medicare, outperforming all other ACOs in the nation. Montefiore was the first—and only—healthcare system in New York State to be recognized as a Pioneer Accountable Care Organization in 2011 by the Center for Medicare and Medicaid Innovation.

"As part of our ACO development, we created a predictive analytics model that helps identify patients who will benefit from our advanced care coordination program and tailor care plans to meet each patient's needs," says Stephen Rosenthal, Vice President, Network Management, Montefiore. "By focusing on the right care for each patient at the right place and at the right time, we were able to substantially reduce hospital admissions and 30-day readmissions."

"We are pleased to demonstrate that the ACO model can be enormously effective," he adds. "We attribute our success to our more than 17 years of experience helping Montefiore patients using a patient-centered approach that emphasizes improved patient experience, better health outcomes and lowered costs."

COORDINATING CARE ACROSS THE CONTINUUM

Montefiore provides care management services for roughly 270,000 Medicare, Medicaid and commercially-insured participants, including the more than 25,000 Medicare fee-for-service beneficiaries in Montefiore's Pioneer ACO.

To support the beneficiaries of these health initiatives and promote population health strategies, Montefiore has developed several successful, evidence-based care management programs with specialized clinical staff, including physicians, nurses, pharmacists and social workers who focus on acute and chronic health conditions. Over the years, our care management team has served as an incubator for new and innovative approaches to address gaps in care, improve transitions of care and enhance care coordination to meet specific patient needs.

Kidney Care Program. A recent example is our Kidney Care Program, a multidisciplinary intervention that helps patients with advanced chronic kidney disease deal with the progression of their condition to end-stage renal disease (ESRD), when the kidneys lose functionality and dialysis or a transplant is required. The incidence of ESRD in the Bronx is 1.4 times higher than

Montefiore's Pioneer ACO generated 7 percent savings for Medicare, outperforming all other ACOs in the nation. Montefiore was the first—and only—healthcare system in New York State to be recognized as a Pioneer Accountable Care Organization in 2011 by the Center for Medicare and Medicaid Innovation.

the national average. In addition to usual nephrology care, Montefiore's program provides patients with care coordination from a nurse practitioner, educational classes, pharmacist medication evaluations, dietary counseling, geriatric and palliative care assessments, and navigation through the treatment options of ESRD, including dialysis and kidney transplantation—which may slow the progression to ESRD and reduce mortality with potential healthcare cost savings.

The Primary Care Pharmacy Program. To strengthen overall integrated delivery, we began embedding full-time Doctors of Pharmacy in the clinical team, initially at two primary care sites. The pharmacists play an important role in the care of patients with such chronic conditions as asthma, chronic obstructive pulmonary disease (COPD), hypertension, depression and diabetes. They review medication regimens to ensure the proper dosages and verify that there are no adverse reactions or contraindications, addressing medication non-adherence, educating patients on how and when to take their medications, and the use of devices such as inhalers, which helps stabilize patients and decrease hospital admissions and readmissions. Pharmacist involvement also maximizes the physicians' productivity without sacrificing patient care.

Post-Acute Care Transitions in Nursing Facilities. Montefiore also initiated a unique collaboration with five of the community's skilled nursing facilities that serve the highest volume of Montefiore patients. The goal is to reduce avoidable readmissions of patients discharged from the acute care setting to a skilled nursing facility and, ultimately, improve the quality of care and quality of life for patients who require more than just excellent inpatient care to ensure their continued optimal health. The approach includes a shared consensus about the patient's clinical and functional status, goal setting that is consistent with the patient's condition, agreement about the recommended plan of care, and an active support system that can meet the patient's needs when he or she returns home.

Montefiore House Calls Program. For medically frail, homebound, elderly patients, our House Calls program helps us to consistently and significantly reduce hospitalizations. Board-certified physicians manage and provide care in patients' homes, while social workers visit patients to address psychosocial needs affecting their medical conditions. Providers and other staff collaborate closely with home care agencies to make sure patients receive appropriate home care services, from nutritional guidance to physical rehabilitation. These services can be coordinated through Montefiore's new Managed

Over the years, our care management team has served as an incubator for new and innovative approaches to address gaps in care, improve transitions of care and enhance care coordination to meet specific patient needs.

Coordinated *Care* for a Full Life

NAME:

Gloria Rogers

AGE:

74

At 74, Gloria Rogers, a former social worker, leads a full, productive life, despite contending with numerous chronic medical conditions.

For the past 15 years, Ms. Rogers's care has been managed by Donald Raum, MD, Regional Director, Montefiore Medical Group, and Assistant Professor, Medicine, Einstein. "I couldn't ask for better care. My life, except for God, is in his hands," she says with a chuckle.

Dr. Raum manages all of Ms. Rogers's care and medications for diabetes; hypertension; heart, kidney and thyroid problems; arthritis; and degenerative lumbar disease. He ensures seamless coordination with eight to 10 specialists at any given time, from cardiologists and endocrinologists to physical therapists.

"Ms. Rogers's treatment is completely centralized," Dr. Raum says. "Because of our comprehensive care management system, we provide care throughout a person's lifetime to improve outcomes."

The longtime Bronx resident enjoys spending time with her family, socializing at a senior center and managing a family support group at her church.

"Ms. Rogers is a remarkable person, with a strong will to live," Dr. Raum says. "Our goal is to help her continue to live life to the fullest with as few difficulties as possible."



Long-Term Care Plan, which facilitates care management and continuity of care.

PARTNERING WITH PHYSICIANS IN THE COMMUNITY

Through our unique collaboration with physicians in the community and across Montefiore's healthcare system, we strive to ensure coordination and clinical excellence at all points of care.

This is why Montefiore Medical Group, which provides primary and specialty services at more than 20 locations in the Bronx and Westchester Counties, now reports directly to Montefiore's Vice President and Chief Medical Officer, Andrew D. Racine, MD, PhD. "We see primary care as a central part of our integrated care delivery model in the community," Dr. Racine explains.

Meanwhile, we continued to expand our network of local private practices in specialties including oncology, cardiology and orthopaedics, among others. By the end of 2013, Montefiore had contracts with roughly 850 community-based, private-practice physicians, now part of the Montefiore system.

1
Donald Raum, MD,
Regional Director,
Montefiore Medical Group,
examines Gloria Rogers.

2
Ms. Rogers has her
blood pressure taken by
Joseph B. Helft, MD.

3
Dr. Raum and Ms. Rogers
enjoy a 20-year professional
relationship based on trust
and mutual affection.





INTEGRATING BEHAVIORAL HEALTH WITH PRIMARY CARE

An important aspect of providing effective, comprehensive treatment is to integrate medical and mental healthcare throughout our system. By beginning to co-locate behavioral health specialists in primary care offices and centers in 2013, we are better able to coordinate treatment for patients who may have psychological issues that can exacerbate their medical condition and affect their overall health. For example, when a congestive heart failure patient also suffers from anxiety and depression, the integration of services may help him be better able to follow the plan of care recommended by his doctor.

“The importance of this kind of comprehensive care cannot be overstated,” says Dr. Racine. “Over the years, we have come to realize that with a socioeconomically-stressed population, depression and anxiety are very much intertwined with the expression of physical health problems. If you are not going to address the behavioral health issues that people are confronting, you are not going to get at the core of what drives health status.”

Addiction Treatment Programs. To address the epidemic of substance abuse in our community, we provide a number of proactive programs

as part of our patient-centered continuum of care—and to reverse the trends common among substance abusers, including higher rates of treatment noncompliance, costly Emergency Department utilization, and re-hospitalization and relapse.

The Managed Addiction Treatment Services (MATS) program provides innovative case management for Medicaid recipients who are substance abusers. The program’s aim is to help stabilize substance-abusing patients by coordinating their care so that they remain in treatment rather than using inpatient detoxification services. A model for the Health Home, MATS has now been merged into the Bronx Accountable Health Network.

Results indicate MATS has been highly effective at reducing costs, with a 60 percent reduction in Medicaid expenditures for substance-abuse treatment. Outpatient substance-abuse treatment compliance also improved, with 78 to 80 percent of patients remaining compliant at three, six and 12 months. As healthcare reform continues to incorporate case and care management, wider application of the MATS program through Health Home initiatives may help address high-needs patients with multiple behavioral and/or medical conditions.

INTEGRATING HEALTHCARE THROUGH TECHNOLOGY

To provide the necessary information technology platform that will support integrated healthcare delivery, in 2013, Montefiore signed with Epic, the next-generation electronic health record system, which offers clinical and financial systems, registration and scheduling capabilities, and patient access to their own health information.

“We’ve long been a pioneer in electronic health records and patient information systems, starting nearly 20 years ago,” says Jack Wolf, Vice President and Chief Information Officer, Montefiore. “We selected Epic because of the growing importance of patient engagement, smooth transitions of care, centralized scheduling, documentation across patient visits, accountable care and translational research. Epic also improves communication among healthcare team members, which improves patient-care coordination.” Implementation of Epic throughout the Montefiore system began in 2014 and is slated for late 2016 completion.

Montefiore

INTEGRATED DELIVERY NETWORK

A MAP OF OUR LOCATIONS AND SERVICES



1

MOSES
CAMPUS



2

EINSTEIN
CAMPUS



3

WAKEFIELD
CAMPUS



4

WESTCHESTER SQUARE
CAMPUS



5

NEW ROCHELLE
CAMPUS



6

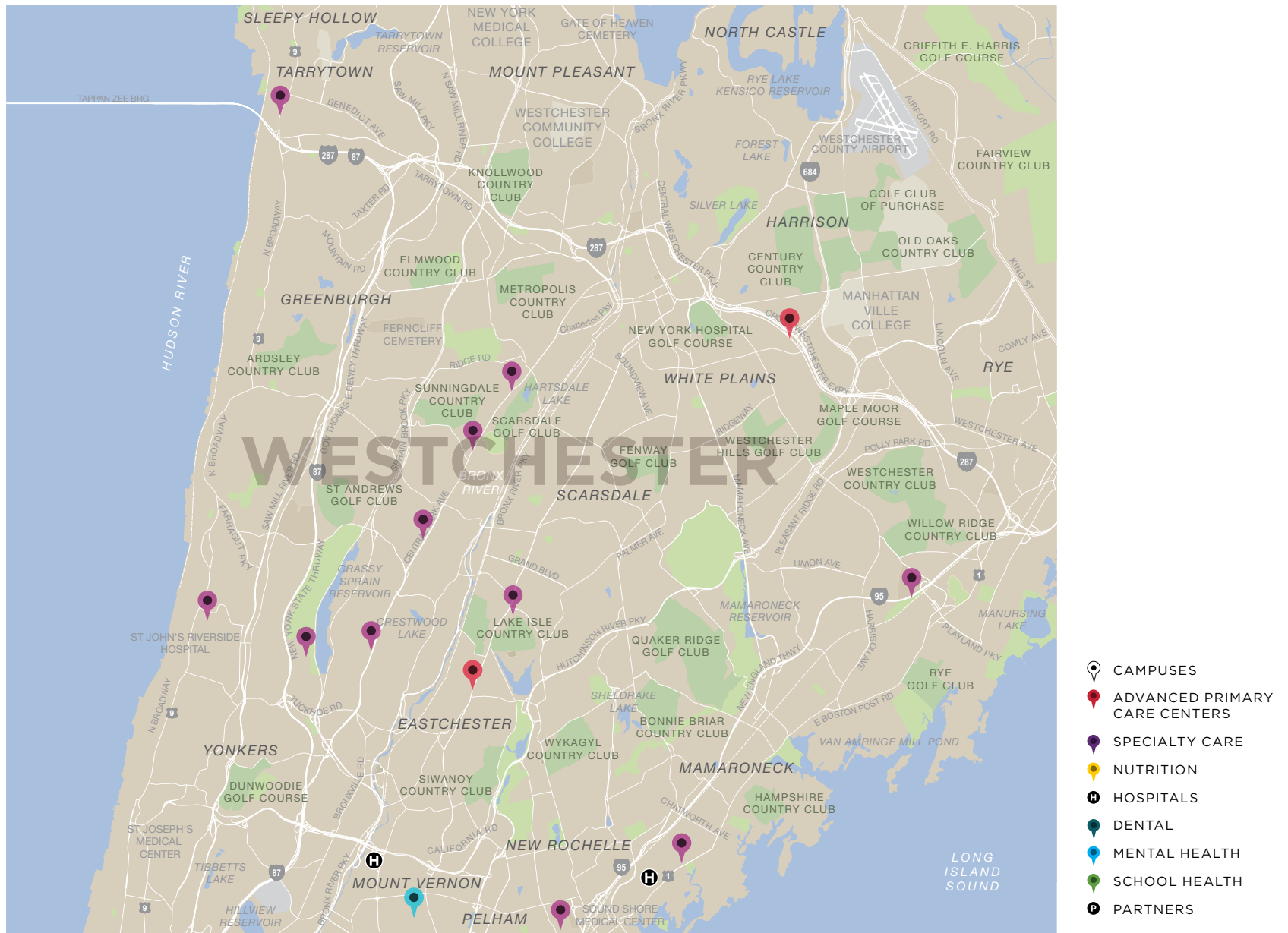
MOUNT VERNON
CAMPUS



7

HUTCHINSON
CAMPUS

WESTCHESTER



The map displays the Bronx, New York, with the following features:

- Campuses:**
 - Wakefield Campus:** Located in the north-central part of the Bronx, near Van Cortlandt Golf Course and Woodlawn Cemetery. Highlighted by a black box with a white 'H' and a circle containing the number 3.
 - Moses Campus:** Located in the central part of the Bronx, near Fordham University-Rose Hill and Jerome Park Reservoir. Highlighted by a black box with a white 'H' and a circle containing the number 1.
 - Einstein Campus:** Located in the south-central part of the Bronx, near Bronx Community College and Indian Pond. Highlighted by a black box with a white 'H' and a circle containing the number 2.
 - Hutchinson Campus:** Located in the south-eastern part of the Bronx, near Eastchester Bay and Throgs Neck Bridge. Highlighted by a black box with a white 'H' and a circle containing the number 4.
- Geography:**
 - Rivers:** Hudson River, Harlem River, Bronx River, Eastchester Bay.
 - Water Bodies:** Jerome Park Reservoir, Indian Pond.
- Infrastructure:**
 - Roads:** Major roads like I-95, I-287, and various local streets (e.g., E 233rd St, E 222nd St, E 219th St, E 216th St, E 213th St, E 210th St, E 207th St, E 204th St, E 201st St, E 198th St, E 195th St, E 192nd St, E 189th St, E 186th St, E 183rd St, E 180th St, E 177th St, E 174th St, E 171st St, E 168th St, E 165th St, E 162nd St, E 159th St, E 156th St, E 153rd St, E 150th St, E 147th St, E 144th St, E 141st St, E 138th St, E 135th St, E 132nd St, E 129th St, E 126th St, E 123rd St, E 120th St, E 117th St, E 114th St, E 111th St, E 108th St, E 105th St, E 102nd St, E 99th St, E 96th St, E 93rd St, E 90th St, E 87th St, E 84th St, E 81st St, E 78th St, E 75th St, E 72nd St, E 69th St, E 66th St, E 63rd St, E 60th St, E 57th St, E 54th St, E 51st St, E 48th St, E 45th St, E 42nd St, E 39th St, E 36th St, E 33rd St, E 30th St, E 27th St, E 24th St, E 21st St, E 18th St, E 15th St, E 12th St, E 9th St, E 6th St, E 3rd St, E 1st St).
 - Landmarks:** Van Cortlandt Golf Course, Woodlawn Cemetery, Pelham Country Club, Pelham/Split Rock Golf Course, Pelham Cemetery, Pott Field, Little Neck Bay.

A map of the Eastchester neighborhood. A large black circle with a white 'H' is at the top center. Streets shown include SACKETT AVE, EASTCHESTER RD, MARCONI ST, WATERS PL, POPP AR, JARRETT PL, WILLIAMSBRIDGE RD, SILVER ST, CHESBROUGH AVE, and BLONDELL A. A cluster of colorful pins (purple, green, red, blue) is located near the intersection of JARRETT PL and SILVER ST. A single purple pin is located near the intersection of MARCONI ST and WATERS PL.

A map of a neighborhood in the Bronx, New York. The map shows several streets: BROOKLYN AVE, CARPENTER AVE, NEREID AVE, 233RD ST, and WHITE PLAINS RD. There are several colorful pins (blue, green, purple, red) placed on the map, indicating specific locations. A black circle with a white 'H' is also present, likely representing a hospital or a specific point of interest.

WORKING WITH OUR COMMUNITY

FORGING PARTNERSHIPS TO IMPROVE POPULATION HEALTH

As an engaged and invested citizen of the communities that it serves, in 2013 Montefiore continued to expand its reach into the community, steadfast in its mission of providing one standard of comprehensive care to all, regardless of one's ability to pay. Through numerous partnerships forged with community organizations and government agencies, we reached more residents of the Bronx and Westchester Counties, enabling them to live richer, fuller lives and ultimately positively impacting health outcomes. These programs provide those that we serve access to resources such as healthy foods, free or low-cost exercise programs and comprehensive preventive healthcare services.



1
A patient is screened
for melanoma.



2
Montefiore's Farmers' Market
is open to the community.



3
Students participate
in a healthy cooking
demonstration.

HEALTH PROMOTION, DISEASE PREVENTION.

Montefiore's health promotion activities include health fairs, including 12 throughout 2013, which we sponsored in different neighborhoods across the Bronx and Westchester.

To encourage more Bronx residents to get routine colonoscopies, in 2013 Montefiore produced "Faces of Colonoscopy," a series of videos featuring patients speaking about their experiences with the procedure. This series appears on the Montefiore website, along with FAQs explaining the procedure, and was promoted via social media during March, designated as Colon Cancer Awareness Month. The campaign was part of an initiative to enhance awareness of the health benefits of colonoscopies, as well as dispel any negative perceptions.

Montefiore routinely offers complimentary preventive health screenings to members of the communities that it serves. In 2013, Montefiore provided 60 screenings for breast and cervical cancer, and 130 people participated in melanoma screenings, to name just a few of these such initiatives. In partnership with the New York City Department of Health and Mental Hygiene's (NYC DOHMH) Health Bucks program, Montefiore health educators have implemented walking groups to local farmers' markets.

In July through November, patients receiving care at Montefiore Medical Group (MMG) sites are invited to join a weekly walking group to improve physical activity and learn how to cook fresh produce. Patients can receive up to \$4.00 in NYC DOHMH health bucks each week for participating in the program, which they then can redeem shopping at their local farmers' market. In 2013, the program had 980 participants, with 75 percent earning and redeeming health bucks at their local farmers' market.

THE BRONX CATCH INITIATIVE

In 2013, six Montefiore Medical Group clinics collaborated on several CATCH (Collective Action to Transform Community Health) programs. The CATCH initiative is a partnership that unites healthcare providers and public health centers with community-based organizations and local municipal agencies and is designed to improve the overall health of Bronx residents.

Overseen by Montefiore's Office of Community and Population Health, in close partnership with the New York City Department of Health and Mental Hygiene and the Bronx Community Health Network, CATCH focuses on the following key public health initiatives: obesity

1
Raquel Ortiz learns how to incorporate fresh produce into her diet by visiting a local community garden.

2
Raquel Ortiz and Ibis Castro-Katzmann, an MMG health educator, discuss tips to maintain a healthy diet.

3
Bronx CATCH program participants have access to a variety of community programs and resources, such as an urban trials walking map, to help them stay active and healthy.



When the
Patient
becomes a **Healer**

NAME:

Raquel Ortiz

AGE:

52

Raquel Ortiz, 52, was diagnosed with diabetes in 2002, which she attributes to the enormous stress she was under when her son was killed. She visited the Family Health Center (FHC), part of the Montefiore Medical Group, for treatment.

“They have always helped and encouraged me,” Ms. Ortiz says. “I have a great relationship with Dr. Maria Gbur, FHC’s Medical Director. She’ll call me any time of the day or night to discuss my treatment,” she adds. Ms. Ortiz is now a passionate advocate for her own care and for the care of others, participating in diabetes support groups, serving on FHC advisory boards and meeting with Ibis Castro-Katzmann, her health educator. “Raquel has made major improvements in her health,” says Ms. Castro-Katzmann. “She has maintained her self-management goals and continues to be a good role model for other patients.”

Based on her involvement in these various activities, Ms. Ortiz was offered a position as a patient navigator for the Bronx Community Health Network, a founding member of a community health partnership called Bronx CATCH (see page 44). “I register uninsured people at health fairs and direct them to clinics that can help,” explains Ms. Ortiz, whose ultimate aim is to become a certified health educator. She is also a one-to-one phone mentor to diabetes patients, “to pass along what I’ve learned to people with diabetes who are afraid to come to clinic or join a group. I love helping people.”



and diabetes, cardiovascular disease and cancer. The initiative's priorities are to improve access to healthy, fresh foods; increase physical activity among Bronx residents; decrease tobacco use; and work with businesses, municipal facilities and schools to create healthier neighborhoods.

New CATCH programs include: Bronx Urban Trails, a set of walking trail maps designed to encourage physical activity around urban neighborhoods; Play Streets, an initiative in the summer months staged in collaboration with other community agencies during which a street is closed off for several hours to feature health screenings, family activities, reading and exercise sessions, and children's games; community health screenings (blood pressure, glucose and body mass index) offered at local Bronx events; Zumba exercise classes offered near or within CATCH sites; a YMCA diabetes prevention program; and Shop Healthy, a neighborhood-based program to increase access to healthier foods in bodegas and supermarkets.

"We recognize that population health is local, and the CATCH program aims to create neighborhood-specific working groups, composed of representatives of different organizations, to identify interventions that can be worked on collaboratively and independently

to transform the community's health," says Nicole Hollingsworth, EdD, MCHES, Assistant Vice President, Community and Population Health, Montefiore. "As a leading healthcare presence in the Bronx, Montefiore can and will play a pivotal role."

AFFORDABLE CARE ACT—EDUCATING THE COMMUNITY

In 2013, Montefiore launched an initiative to inform the community about the federal Affordable Care Act (ACA) and the access to insurance it provides to uninsured or underinsured citizens through New York's health insurance exchange marketplace.

"Montefiore's Office of Community Relations played a key role in coordinating efforts with key strategic partners to develop successful grassroots outreach ACA efforts," says Roberto S. Garcia, Senior Director, Community Relations, Montefiore.

"In spreading the word on the ACA, we spoke at local venues, including schools, churches and houses of worship, small businesses and community-based organizations. We also produced bilingual ACA brochures and presentations to help the community

understand the ACA and its benefits. Montefiore has been lauded by the *New York Times* and various other media sources for playing a critical role in the successful ACA outreach efforts," he says.

In addition, Community Relations coordinated dozens of community events with New York State Certified Application Counselors and Navigator Organizations, who helped individuals check their eligibility and conducted on-site enrollments.

"Montefiore values the strong support we have received from our community partners, such as the Community Service Society, Bronx Community Health Network, BronxWorks, Bronx Chamber of Commerce, the New York State Department of Health, as well as other key partners, including local elected officials, all of whom came together to make this important education and enrollment initiative a success," Mr. Garcia says.

The team of outreach coordinators worked throughout the borough, attending community events and speaking at numerous local venues, including churches and mosques, to spread the word to residents about changes under the ACA. Certified Application Counselors helped individuals check their eligibility and enroll.



1

1
Finding fresh food at a local green market, a resource that is offered through Montefiore's partnerships with community groups and government agencies.



2

2
Jessica Shapiro, RD, nutritionist, gives advice on how to make smart food choices through Montefiore's partnership with the Healthy Hospital Food Initiative.

Working with the Children's Health Fund, Montefiore also received federal funding for outreach and enrollment assistance programs at our South Bronx Health Center, and we worked with the Bronx Community Health Network to expand outreach and enrollment assistance to uninsured patients.

HEALTHY HOSPITAL FOOD INITIATIVE

Montefiore achieved Gold status in the New York City Department of Health and Mental Hygiene's Healthy Hospital Food Initiative, a program that promotes healthier food choices in hospitals. Montefiore, one of only three hospitals to reach this level, was honored for reducing the availability of high-calorie foods and beverages in vending machines, meeting new NYC DOHMH standards for sodium limits, and increasing fruit and vegetable servings in patient meals.

Montefiore is one of 17 private hospitals in New York City participating in the initiative, where it will impact more than 150,000 hospital employees and millions of patients and visitors each year. The citywide healthy food initiative was launched with support from the NYC DOHMH, through funding received from the Centers for Disease Control and Prevention and the Department of Health and Human Services.

BUILDING OUR
FUTURE

The invaluable contributions of hundreds of volunteers and donors have helped make Montefiore a premier academic medical center, known for its clinical excellence, scientific discovery and commitment to the community. With the continued support of these individuals and organizations, we can continue to provide compassionate, patient-centered care; educate the leading healthcare professionals of tomorrow; discover new treatments through innovative research; and advance the health of the people we serve.

We salute the volunteers and donors who invest their time, money and hearts to help us continue to realize our mission and support the health and well-being of millions of people in the community.

SUPPORTING STEM CELL RESEARCH

As a member of the Board of Trustees for 15 years, Jay Abramson has met many prominent physician-researchers at Montefiore. Several years ago, however, he was particularly struck by the work of Robert E. Michler, MD, Surgeon-in-Chief, Montefiore; Co-Director, Montefiore Einstein Center for Heart and Vascular Care; and Professor and Chairman, Cardiovascular and Thoracic Surgery, Montefiore and Einstein. Dr. Michler, an internationally renowned cardiothoracic surgeon and researcher, is pioneering the safe harvesting, cultivation and use of autologous heart stem cells, which can be re-injected into diseased heart muscle to treat heart failure or injury.

“I saw that this kind of research had far-reaching applicability to long-term care, and the impact could be dramatic,” says Mr. Abramson, who decided to support this particular research as a donor. “The work being done with adult stem cells creates the very real possibility of reducing the risk of rejection in heart transplant recipients as the body begins to recognize the donor heart as its own.”

For the many patients who suffer heart attacks and other kinds of serious heart disease, he continues, “we see good progress with this potentially revolutionary treatment option, which is being supported by government grants as well as private donations.”

A New Jersey native and senior investment management executive, Mr. Abramson lives in Manhattan with his wife and two children. “I got involved with Montefiore thanks to the influence of my late business partner Ed Rosenthal, who had been a longtime Montefiore Trustee. He introduced me to many wonderful Montefiore people who have dedicated their careers to helping others, and I have been hooked ever since,” explains Mr. Abramson, who serves as Chairman of the Board’s Investment Committee.

“I enjoy speaking to people about the incredible work being done at Montefiore because the more people learn about Montefiore, the more they want to get involved as well.”

1
David A. D'Alessandro, MD,
Cardiovascular and Thoracic
Surgery; Trustee Jay B.
Abramson; Erika Abramson;
and Robert E. Michler, MD,
Cardiovascular and Thoracic
Surgery and Surgery.

2
Stem cell vials.





1



2



3

INTEGRATED CARE DELIVERY

SUPPORTING THE HEALTH *of* SCHOOLCHILDREN

Montefiore's School Health Program (MSHP) provides comprehensive primary, preventive and continuing healthcare to a population of elementary, middle and high school students in 65 schools throughout the Bronx. Led by David K. Appel, MD, Director, MSHP, Montefiore, and Associate Professor, Clinical Pediatrics and Social Medicine, Einstein, it is the largest and most comprehensive school-based health program in the country and serves as a model for similar public-health initiatives nationwide. MSHP currently serves nearly 30,000 students, who access these services more than 85,000 times per year.

"I took one look at how this program is run, and I was blown away," says Melissa Ceriale, who recently succeeded her husband John on Montefiore's Board of Trustees and targets personal contributions to MSHP. "Dr. Appel's vision has become something that's self-sustaining and life changing for so many kids. I've never seen anything like it."

From attending to fevers and ear infections, a dangerous asthma attack or depression, to counseling teens about unprotected sex and birth control, to treating a 17-year-old

with lacerations from a classroom brawl (who was then referred to the on-site mental health provider to help her control her explosive anger), the work of clinicians and staff on any given day covers the broadest range of medical and psychosocial needs.

"The scope of services is extraordinary," says Ms. Ceriale. "In one school, teen mothers have free childcare available to them right next door to the clinic so they can attend classes. When I first saw all this good work being done, I wondered, 'Who's spreading the word, and who's funding this?' I knew we needed to get more people to see for themselves, to generate more interest and support. So we began to get involved."

Ms. Ceriale is keenly aware that many of the children who rely on the School Health Program come from families that are "on the threshold of homelessness and have few options for healthcare, other than visits to the emergency room."

A native of Flint, Michigan, Ms. Ceriale looks forward to making her mark as an active Board member, as well as a donor. "Montefiore is ahead of its time and already set up for managing the healthcare of the future. I want to help grow this pioneering care management model, including the incredible work of the School Health Program."

1
David K. Appel, MD, Pediatrics and Montefiore School Health Program

2
Children learn about healthy eating through a Montefiore School Health nutrition program.

3
Trustee
Melissa Ceriale

SUPPORTING *the* HEALING ARTS

Healing Arts is a network of programs at Montefiore that uses the arts, creative art therapies, integrative medicine and other healing approaches to enhance the quality of life, health and well-being of Montefiore's patients, associates and community.

One of these programs, Visions of a Healthy Community, is a collaborative community health education and mural project that addresses the themes of individual and community health through the eyes of local youth. For the first project, five groups of high-school-aged youth explored their own artistic visions of what a healthy community would look like. They conceptualized, designed and painted large canvas murals, guided by professional artists from Groundswell, a mural arts organization. After the project celebration, during which all five murals were displayed, the works were installed in the waiting areas of five of Montefiore's health centers located across the Bronx.

For the second project, Groundswell artists worked with girls in the Horizon Juvenile Detention Center in the South Bronx, creating two murals on the theme of women's and family health that are installed in two of Montefiore's Obstetrics & Gynecology and Women's Health clinics. The artists then continued to work with the girls to paint murals on two walls in the girls' living space at Horizon. A third project engaged

girls and boys at Horizon to create two murals for Montefiore on the theme of "Healthy Community," as well as a mural for the health clinic at Horizon.

"The murals not only enhance the space for thousands of patients each year, but they serve as points of pride and interest for the artists, their families and community members," says Ronit Fallek, Director, Healing Arts Program, Montefiore.

They also inspired two women, Ronit's mother, Joy Fallek, and aunt, Daphna Mitchell, to make donations to the Healing Arts Program.

"I used to be a social worker and was involved with inner-city teens, so the young people who participated in the program had a special place in my heart," says Joy Fallek. "The celebration for the first project was so lovely, and I could see how proud the families were that their children created something so beautiful. And I like the idea that the young people and the community can see their work day in and day out. My sister and I felt we had to make a contribution to such a great program."

"My mom and aunt had a direct understanding of how engagement with the arts can benefit people, as well as open the door to discussion about individual and community health," says Ronit Fallek. "They were very moved by what the youth accomplished and are proud to support initiatives that use the arts to heal."

1
A student artist discusses his work with Montefiore associates, as part of Montefiore's Healing Arts mural project.
©Groundswell

2
Young artists from THE POINT Community Development Corporation's M.I.S.T.E.R. young men's empowerment program proudly display their work.
©Groundswell

3
A mural created by young artists from the Mosholu Montefiore Community Center at P.S.8 Community and Collaborations for Health—Family Health Center.
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A LEGACY OF

PHILANTHROPY

Montefiore would like to acknowledge those individuals, foundations and corporations who have given so generously to further our mission.



ALBERT EINSTEIN COLLEGE OF MEDICINE



1
Trustee Catherine M. Klema and David Resnick attend a Trustee reception.

2
Jack Wolf, Vice President and Chief Information Officer, Montefiore, and Tina Wolf at Celebrate Montefiore Gala 2013.

3
Trustee Zita G. Rosenthal and Dan Nelson at Montefiore's Trustee Reception.

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1



2

1
 Maura Dickler, MD, and
 Christopher S. Panczner,
 Senior Vice President
 and General Counsel,
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 Celebrate Montefiore
 Gala 2013.

2
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 We very much regret any errors or omissions that nevertheless may have occurred.

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MONTEFIORE BY THE NUMBERS 2013

Bronx and Westchester

LOCATIONS, INCLUDING
SIX HOSPITALS

150

AMBULATORY CARE
VISITS

2.96M

EMPLOYEES

21K

ACUTE CARE BEDS

1,930

HOME CARE VISITS

460K

EMPLOYED PHYSICIANS

2,750

ADMISSIONS

85K

PARTICIPANTS IN
ACCOUNTABLE CARE CONTRACTS

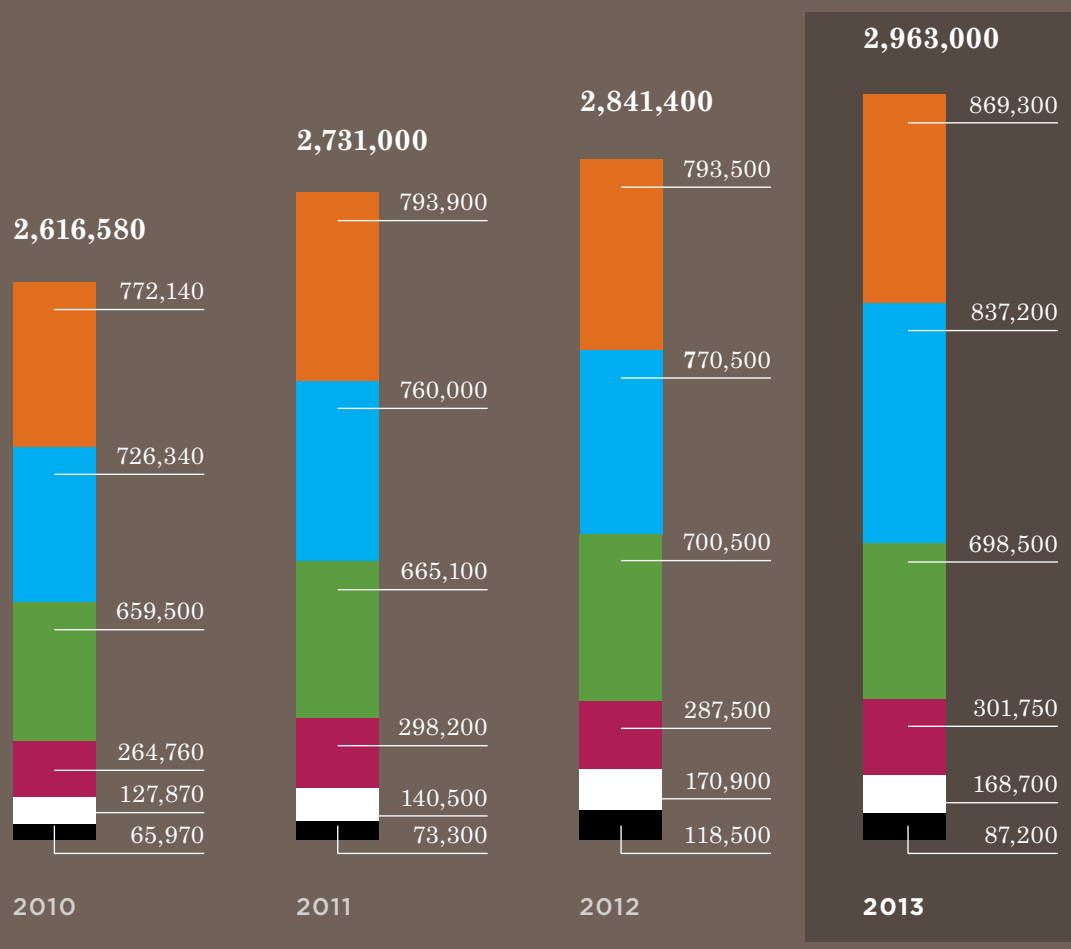
270K

EMERGENCY
DEPARTMENT VISITS

345K

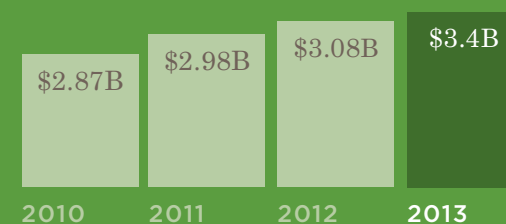
AMBULATORY CARE VISITS

SPECIALTY CARE
 PROCEDURES
 PRIMARY CARE
 MENTAL HEALTH/ADDICTION
 DENTAL
 OTHER

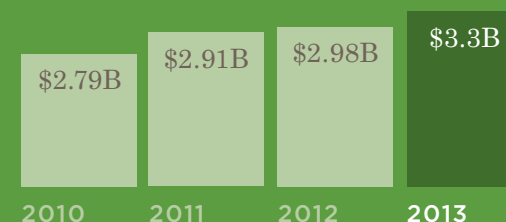


FINANCIALS

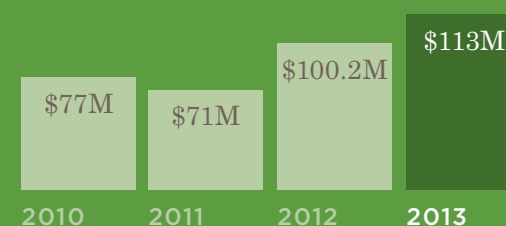
TOTAL CONSOLIDATED OPERATING REVENUE



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BACK COVER:

Top: After having a tumor removed, 94-year-old Margorie George is living independently. **Center:** Saribel Rodriguez successfully underwent cleft lip and palate reconstructive surgery. **Bottom:** His Graves' disease under control, Gabe Tishman is again competing in tennis tournaments nationally.

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