BOSTON GLOBE SPOTLIGHT REPORT

Boston's hospital chiefs moonlight on corporate boards at rates far beyond the national level

Hospital chiefs and trustees defend this as boosting public-private partnerships, but critics say these board positions - some paying millions of dollars - raise troubling issues of conflict of interest and hospital priorities.

By **Liz Kowalczyk**, **Spotlight fellow Sarah L. Ryley**, **Mark Arsenault** and **Spotlight editor Patricia Wen** Globe Staff and Globe Staff, Updated April 3, 2021, 4:54 p.m.

GLOBE STAFF/PHOTO ILLUSTRATION BY GLOBE STAFF

As chief of Boston Children's Hospital, one of the most esteemed pediatric hospitals in the world, Sandra Fenwick had outsized influence. After the pandemic struck last spring, she used that clout to lobby Massachusetts legislators for more money for telemedicine, a suddenly essential alternative to in-person visits.

She also spoke glowingly about remote care during an online forum last September, saying that satisfaction among patients and staff was hitting "eight, nine, and 10." The hospital, she told a Harvard public health professor, would objectively study the best uses of telemedicine, but she predicted it "is absolutely here to stay."

What she did not say on both occasions was that she had a highly paid side job: She has, since 2019, had a seat on the board of directors of a major, for-profit telemedicine company.

Her directorship at Teladoc Health, formerly Livongo, vastly supplemented her $2.7 million yearly compensation at Children's Hospital before her March 31 retirement. As of the last week in March, her company stock, which was compensation for her board work, was worth $8.8 million, according to an analysis for the Globe conducted by Equilar, a corporate leadership data firm. Like other directors, who are also paid for their work, she is legally bound to act in the company's best interests.

A Children's spokesperson said the hospital does not do business with Teladoc. But even without such a direct conflict, these sorts of lucrative directorships have drawn criticism from medical ethicists and some doctors who say they are not always disclosed, and can blur the loyalties of hospital leaders and distract them from their core responsibilities.

Such arrangements were once relatively uncommon among chief executives and presidents of Boston's academic medical centers. Their prestigious jobs already demanded enough of them, overseeing billion-dollar institutions devoted to patient care, scientific research, and medical training. And they had been alerted to the potential risks: Several scandals during the 2000s had revealed cozy relationships between hospital doctors and pharmaceutical companies, leading to greater scrutiny and more restrictions on these relationships.

But outside commitments of this kind are not uncommon here anymore — far from it. While it remains fairly unusual for hospital chiefs across the country to work as directors for publicly traded companies, the practice is now routine in Boston, the Globe Spotlight Team has found.

The Globe found that of the seven CEOs and presidents of Boston's major teaching hospitals, five also work as directors of publicly traded companies. Earlier this year, the number sitting on company boards was six out of seven, but one of them, Dr. Elizabeth Nabel of Brigham and Women's Hospital, stepped down last month. Nabel worked for two publicly traded companies and a group of investment funds at one point, attending, either remotely or in person, between 30 and 40 board and committee meetings called by the two companies in 2019, SEC filings show.

Working on corporate boards is the norm for Boston hospital chiefs

Dr. Laurie Glimcher
Dana-Farber Cancer Institute
(president and CEO)

Annual Hospital Compensation:
$1.8 million

Company:
GlaxoSmithKline and Analog Devices

Annual Company Compensation:
$180,000 for Glaxo and $139,145 for Analog*

Company Stock Historical Value:
Not available for Glaxo and $162,901 for Analog

For GlaxoSmithKline, Glimcher receives compensation as stock only, the receipt of which she has deferred until after she leaves the board. The value of shares she currently holds was $571,189 on 2/26/21, according to Equilar.

Dr. Peter Slavin
Massachusetts General Hospital
(president)

Annual Hospital Compensation:
$2.4 million

Company:
Amwell

Annual Company Compensation:
$475,003

Company Stock Historical Value:
$5,569,181

The stock portion of his compensation vests over three years.

Sandra Fenwic
Boston Children's Hc
(former CEO, retired
31)

**Annual Hospita
Compensation**
$2.7 million

Company:
Teladoc Health (forr
Livongo)

**Annual Compan
Compensation**
$1,058,250*

**Company Stock Hist
Value:**
$8,769,190

Dr. Elizabeth Nabel *Brigham and Women's Hospital* (former president, stepped down March 1)	**Kate Walsh** *Boston Medical Center* (president and CEO)	**Dr. Michael Tarn** *Tufts Medical Cen* (interim president an
Annual Hospital Compensation: $2.4 million	**Annual Hospital Compensation:** $2.6 million	**Annual Hospita Compensation** $1.1 million
Company: Medtronic and Moderna	**Company:** Beam Therapeutics	**Company:** AngioDynamics
Annual Company Compensation: $385,054 for Medtronic and $487,500 for Moderna	**Annual Company Compensation:** $817,500	**Annual Compan Compensation** $37,726*
Company Stock Historical Value: $1,103,475 from Medtronic and $7,534,744 from Moderna	**Company Stock Historical Value:** Not available	**Company Stock Hist Value:** $313,355
Interim president Dr. Sunil Eappen is not on a for-profit board.	*Target estimated payment from the company for joining the board January 10, 2021. The shares vest over three years.*	

Source: U.S. Securities and Exchange Commission; Equilar, a corporate leadership data firm; and hospital tax filings

*Compensation represents a partial year payment because they joined the board after the start of the year.

Hospital compensation includes salary, bonus, and benefits for 2018, the most recent year reported to regulators.

Such a raft of meetings can take a bite out of the leaders' attention and time, and outside board work can remove them from key decisions at their hospitals as trustees try to mitigate real — or potential — conflicts of interest. There is also a risk that executives will use their prestigious positions in a way that advances their own financial interests without proper disclosure, or try to drive hospital business to specific companies. The Internal Revenue Service and other agencies monitor hospitals for potential conflicts and misuse of their tax-exempt status.

Hospital trustees and chiefs of each of these seven Boston hospitals declined interview requests from the Globe, but, in statements, they described their allowing outside directorships as a way to increase collaboration with the critical bioscience sector that produces important drugs and devices — and said that the hazards can be avoided with proper safeguards.

Scott Sperling, chair of the Mass General Brigham board of directors and a top executive for a Boston private equity firm, said seeing up-close how these companies operate "enhances rather than impairs" a leader's "ability to do their job."

Boston Children's Hospital spokesperson Kristen Dattoli said that hospital executives have long advocated for telehealth because it's beneficial to patients and staff, a view she said was unrelated to Fenwick's board position. The hospital also said that Fenwick was transparent about her corporate interests at the Harvard forum last fall, because the board affiliation was disclosed in her online written biography.

A COVID-19 vaccine, made by the Cambridge biotech company Moderna, was loaded into a syringe. JOHN TLUMACKI/GLOBE STAFF

But the practice can have corrosive side effects. A hospital CEO wearing many hats can trigger distrust among staff, patients, and the public about the potential for bias in medical research and treatment. Last summer, at the Brigham, Nabel resigned as a director for Cambridge biotech Moderna, amid concerns that her outside job could influence a nationwide clinical trial that Brigham researchers were helping lead on the company’s COVID-19 vaccine. She resigned after a Globe reporter contacted the hospital to ask about how she managed this conflict of interest; she sold what turned out to be $8.5 million of Moderna stock last year, before the trial concluded.

Nabel told the Globe in an interview in January that her outside jobs have made her a stronger hospital chief and that the concerns about conflicts are based on a lack of understanding about how conflicts of interest are managed, through close oversight.

Boston stands out in allowing such potential conflicts, and big money sidelines, to proliferate. The Spotlight team analyzed 120 large teaching hospitals, children's hospitals, and cancer centers outside of Boston. It found only eight were headed by chiefs who also work as directors for a publicly traded company.

Among 46 of the most prestigious hospitals — those ranked by U.S. News & World Report and the journal Nature as the nation's top medical and research institutions, not including ones in the Boston area — chiefs at just six hospitals sat on boards of publicly traded company, the analysis found.

Reporters also examined 11 major cities and metropolitan areas with clusters of these hospitals, including New York, Chicago, Houston, and Los Angeles. They found only a handful with one hospital chief who also devoted time to the board of a publicly traded company. In a city as vast as New York, none of the 13 hospitals included in the Spotlight analysis were run by presidents or CEOs on boards.

"Culturally, that's just not something we do," Lucia Lee, a spokesperson for Mount Sinai Health System in New York, told the Globe about its eight hospitals, including the flagship, ranked by US News as one of the best hospitals in the nation. Lee said running a hospital in a large metro area requires undivided attention.

Among the hospital heads across the country who do work as directors for publicly traded companies, the Globe found only two — Donna Hyland, president and CEO of Children's Healthcare of Atlanta, and Johnese Spisso, CEO of the UCLA Hospital System — who held multiple appointments.

Outside Boston, hospital chiefs rarely sit on corporate boards

The Globe analyzed directorships on publicly traded company boards for CEOs and presidents of major teaching hospitals, children's hospitals and cancer centers in 12 major cities and metropolitan areas.

Location	Total # of hospitals with chiefs on boards*	Share of hospitals with chiefs on boards
Boston	**5 out of 7**	
Atlanta	**1 out of 5**	
San Francisco	**1 out of 5**	
Philadelphia	**1 out of 6**	
Los Angeles	**1 out of 7**	
Chicago	**0 out of 10**	
Dallas-Fort Worth	**0 out of 6**	
Houston	**0 out of 5**	
Miami	**0 out of 4**	
New York	**0 out of 13**	
Phoenix	**0 out of 4**	
Washington, DC	**0 out of 5**	

Emmett and Welltower, both real estate investment trusts. **In Philadelphia,** Madeline Bell, president and CEO of Children's Hospital Of Philadelphia, is on the board of Comcast Corporation. **In San Francisco's Bay Area**, Mark Laret, president and CEO of UCSF Health, is on the board of the software company Nuance Communications. **Boston** corporate board memberships are detailed on a separate chart.

Source: U.S. Securities and Exchange Commission, Association of American Medical Colleges 2018 list of full teaching hospitals, Children's Hospital Association, U.S. News & World Report, and individual hospitals.

Note: This Globe survey was conducted in February-March of 2021 and includes teaching hospitals and childrens' hospitals with at least 250 beds and free-standing cancer centers. Not every large teaching hospital was included. When the AAMC list named a health care system instead of a hospital, reporters used only the flagship hospital from that system.

Among the Boston hospital chiefs on outside boards: Dr. Peter Slavin, president of Massachusetts General Hospital, sits on the board of Amwell, another telemedicine firm, and recently made $1.2 million selling stock paid to him for his board work, while holding shares worth about another $4.4 million as of late March. Telemedicine stock has been volatile, and even a month earlier his stock was worth at least $2 million more. Mass. General said it does not have contracts with Amwell.

Dana-Farber Cancer Institute CEO Dr. Laurie Glimcher sits as a director for both Analog Devices and GlaxoSmithKline. This creates a direct conflict for her and the hospital to manage, as the drug company has 14 research and licensing agreements with Dana-Farber and 10 clinical trials, which trustees have directed Glimcher not to oversee or even discuss.

Dr. Kevin Churchwell, who replaced Fenwick as Children's Hospital CEO April 1, is a director for Cyclerion Therapeutics, a new biotechnology company in Cambridge. The hospital said it does not have any business agreements with the company.

And it's not just CEOs and presidents. Physicians at all levels have outside positions on for-profit boards. The Globe identified about 25 doctors at the city's teaching hospitals with such connections, half of whom hold leadership positions at their hospitals.

Reporters documented those connections by reviewing filings with the Securities and Exchange Commission, but the data are far from complete. Private companies, which do not have stock that is traded on public exchanges, including many biotech startups, are usually not required to report this information to the SEC. A number of doctors are paid to sit on these private boards, according to their biographies on hospital websites and disclosures in medical journals.

Records show those on public company boards include Dr. Joseph Loscalzo, chair of the Brigham's department of medicine, who is a director for biotech companies Leap Therapeutics and Ionis Pharmaceuticals; Dr. Jay Duker, head of ophthalmology at Tufts Medical Center and board chair for Sesen Bio in Cambridge; and Dr. Keith Flaherty, director of clinical research at Mass. General Cancer Center, who is on the boards of one private and three public companies.

Compensation for doctors who sit on these boards is sometimes relatively modest by executive standards — Duker was compensated $105,821 in cash and stock options last year — but often the work is lucrative; Loscalzo's compensation from Ionis in 2019 was $1.1 million, records show, though the Brigham doctor said he did not exercise the portion of the total, about half, that was in the form of stock options.

In some cases, leaders sit on the boards of firms that do business with the hospitals they run. Dr. Timothy Ferris, CEO of the Mass General Physicians Organization, is a director for Health Catalyst, a data company in which the hospital invests. Mass. General said its ownership share is less than 1 percent of the company. Ferris in recent months sold $850,000 in Health Catalyst stock, which was a portion of his equity holdings in that company that is compensation for his board work, records show.

Hospitals in Boston and elsewhere that allow this outside corporate work do so under the terms of conflict of interest policies. A Globe review of more than a dozen hospital conflict of interest policies across the country found more similarities than differences. Almost all require hospital trustees to approve a hospital chief's outside board work and consider certain factors, such as the amount of business a company does with the hospital and time required.

But the policies offer limited evidence about actual practices. Trustees typically retain significant discretion over what is permitted or barred, and their deliberations are generally hidden from the public. It is hard to tell if the relative rarity of hospital chiefs in other cities holding outside directorships is because of a lack of interest or opportunity, or is the result of trustees saying no.

Why has this practice become so common in Boston? It is hard to be sure, but there is a strong and growing entrepreneurial edge to medicine in the metro area, home to one of the most extensive collections of biotech companies and academic medical centers in the country.

The Boston and Cambridge area has been ranked the nation's largest biopharma cluster in the United States by Genetic Engineering & Biotechnology News since 2015. The ranking is based on funding from the National Institutes of Health and venture capital firms, the number of patents issued, lab space, and jobs in the life sciences industry.

Five of the eight companies which had Boston hospital leaders as directors as of February are local.

"Maybe more opportunities are knocking on the door here," said Christopher Clark, director of the Office for Interactions with Industry at Mass General Brigham.

Uncommon even among the most elite

Of the country's 18 most elite hospitals outside Boston, as ranked by U.S. News & World Report, only three are headed by executives on publicly traded boards.

Hospital	Hospital Head	Boards
Mayo Clinic, Rochester, Minn.	Dr. Gianrico Farrugia	None
Cleveland Clinic, Cleveland	Dr. Tomislav Mihaljevic	None
Johns Hopkins Hospital, Baltimore	Dr. Redonda Miller	None
New York-Presbyterian Hospital-Columbia and Cornell, New York	Dr. Steven Corwin	None
UCLA Medical Center, Los Angeles	Johnese Spisso	Douglas Emmett and Welltower, real estate trusts
Cedars-Sinai Medical Center, Los Angeles	Dr. Thomas Priselac	None
UCSF Medical Center, San Francisco	Mark Laret	Nuance Communications, a software company
NYU Langone Hospitals, New York	Dr. Robert Grossman	None
Northwestern Memorial Hospital, Chicago	Julie Creamer	None
University of Michigan Hospitals-Michigan Medicine, Ann Arbor, Mich.	Dr. Marschall Runge	Eli Lilly & Co, a pharmaceutical company
Stanford Health Care-Stanford Hospital, Stanford, Calif.	David Entwistle	None
Mount Sinai Hospital, New York	Dr. David Reich	None
Hospitals of the University of Pennsylvania-Penn Presbyterian, Philadelphia	Michele Volpe	None

Barnes-Jewish Hospital, St. Louis	Dr. John Lynch	None
Keck Hospital of USC, Los Angeles	Marty Sargeant	None
Houston Methodist, Houston	Dr. Marc Boom	None

Source: U.S. Securities and Exchange Commission, U.S. News & World Report, and individual hospitals, as of March 15, 2021.

A Flourish data visualization

The hospitals declined to share the individual management plans that trustees say they have put in place to manage these outside jobs among their executives. The statements they released offered a broad defense of these side-deals for top hospital managers.

Josh Bekenstein, who heads the Dana-Farber board of trustees and is cochairman of Bain Capital, provided a written statement e-mailed by the Dana-Farber's public relations department. Bekenstein defended Glimcher's work on two outside boards.

He, and other trustees, argue that board service allows for crucial collaboration that leads to better patient care. It lets Glimcher "represent and advocate for the interests of patients and the cancer research community, and to help industry have more effective collaborations with the academic research community," he wrote. "Her board service also helps provide insight into the long and complex process of turning research laboratory discoveries into new drugs that can help cancer patients everywhere."

Dr. Monica Bertagnolli, a cancer surgeon at the Brigham and Dana-Farber who sits on two public boards, said she believes that "the exchange of information is really crucial." A company has "a drug and they need to figure out strategies. Would they use it in combination (with another drug)? Would they use it on a subset of patients? What is the best way to test it? I want people to get the very best possible treatments they can get."

The risk of conflicts of interest, she acknowledged, lies in "people making decisions not based on what is best for human beings with cancer but what is best for them personally." This can be largely avoided with effective rules, she said.

But that form of defense is unpersuasive to many medical ethicists and to some doctors who work within these hospitals.

"Even a perceived conflict of interest is damning," said Dr. Carolyn Becker, an endocrinologist at the Brigham. Becker wrote an opinion piece for a national medical journal last November criticizing her own institution for allowing Nabel to be paid as an outside director. "People need to trust in what we do. Especially at a time when facts and science are being questioned."

Dr. Carolyn Becker of Brigham and Women's Hospital is critical of hospital chiefs' serving on for-profit boards. SUZANNE KREITER/GLOBE STAFF

She believes that hospital trustees "have gotten too close to the executives they oversee. We've gotten into a situation where this is now part of the package of being a CEO," she said.

Matthew McCoy, a medical ethicist at the Perelman School of Medicine at the University of Pennsylvania, agreed. "If you are a leader of an academic medical center or research hospital, you should not be sitting on the board of a for-profit company," he said. "These are two different sets of responsibilities that over the long run are going to come into conflict. Your responsibility is to ensure the integrity of research and that's not compatible with having a fiduciary duty to shareholders of a pharma company."

Boston was once a leader in restrictive policies

More than a decade ago, Boston was at the center of a national storm over ethics in medicine. Congressional investigations, lawsuits, and media coverage had revealed very close ties between doctors at academic medical centers and companies, leading some people to believe that bias was tainting patient care.

Senator Charles Grassley, an Iowa Republican, zeroed in on Dr. Joseph Biederman, a psychiatrist and researcher at Massachusetts General Hospital whose studies had helped fuel a dramatic increase in the diagnosis of bipolar disorder in children — and the prescribing of powerful medications to treat them.

Grassley accused Biederman and two Mass. General colleagues of failing to properly disclose consulting fees from drugmakers. Documents in a series of lawsuits brought by prosecutors against Johnson & Johnson also portrayed Biederman as courting drug company money by promising that his work at Mass. General would help promote the use of psychiatric drugs for youngsters — a characterization Biederman denied.

Biederman is still a physician at Mass. General, where he is chief of the clinical and research programs in pediatric psychopharmacology and adult ADHD. Johnson & Johnson, which was accused of illegally marketing its antipsychotic Risperdal for use in children, settled a number of these lawsuits.

Prosecutors brought lawsuits against other pharmaceutical companies too, uncovering marketing tactics that included inviting doctors to information sessions at expensive restaurants and seaside resorts to encourage them to prescribe the company’s drugs.

The revelations led to a widespread reckoning. Many hospitals told companies they could no longer lavish these perks on doctors and admonished doctors for accepting them. Medical schools and hospitals strengthened their conflict-of-interest policies, requiring rank-and-file doctors to fill out periodic disclosure forms to expose any potential conflicts. And Congress required pharmaceutical and device companies to publicly report a wide range of payments to physicians, including consulting and speaking fees, to increase transparency.

In Boston, the largest health care system built what it hoped would be a national model.

Mass. General's parent organization, Partners HealthCare, now called Mass General Brigham, created a 30-member commission to strengthen oversight of these relationships. The group's unusually restrictive recommendations reached well past everyday doctors and into the upper echelons of its elite hospitals. Though there was some internal opposition at the organization, the limits went into effect: Starting Jan. 1, 2010, presidents and other top hospital leaders could no longer take stock for serving on outside company boards, and cash payments were limited to at most $5,000 a day for attending meetings.

But three years later, Mass General Brigham rescinded this policy because, officials said, other academic medical centers failed to follow their lead, and their own top doctors were demanding more flexibility. It was not lost on physicians that the organization had left in place the restrictions on meals and speakers bureaus, which mostly affected rank-and-file doctors.

The appeal of potentially lucrative directorships is understandable, and benefits can go both ways: Both hospitals and the companies believe they gain clout and visibility from these board relationships, said medical ethicists. For hospital trustees, "it's a feather in your cap," said Dr. Bernard Lo, a professor at the University of California at San Francisco who wrote an opinion piece in a prominent medical journal in 2010 praising Partners' then-restrictive policy. "You make terrific connections to people who may later become donors."

Health care companies also see many advantages. Dr. Jeffrey Flier, dean of Harvard Medical School from 2007 to 2016, said a company that can attract the head of a Harvard teaching hospital as a director is signaling to shareholders that the board "has weight. Sometimes these people are just really important people and good strategic thinkers and managers. Other times the person is an expert in a particular disease," and the company can get insight into how an academic medical center chooses particular drugs, for example, he said.

Dr. Jeffrey Flier, former dean of Harvard Medical School, believes hospital presidents and CEOs should not serve on for-profit health care boards. ERIN CLARK/GLOBE STAFF

But he saw the potential problems up close when he ran the medical school.

At one point, an executive with a giant health insurance company flew to Boston to try to convince him to join its board. "It would have come close to doubling my salary as dean," Flier said. But as the man talked, Flier kept thinking about health care reform and the need to lower costs. "I told him 'I can't do this.'"

Flier, who now serves on two for-profit boards, does not believe academic leaders, including hospital presidents, should moonlight as directors for for-profit companies.

The “reputational threat” to the institution is so great, he argued, while the need to be on a board is virtually non-existent.

One of the most visible beneficiaries of the easing of the rules was Nabel of Brigham and Women’s Hospital. Almost a year after the policy was rescinded, trustees granted her request to become a director for Medtronic, one of the world’s largest medical device companies — a decision that created friction within her institution.

Members of a hospital Institutional Review Board, which must approve research conducted on patients, including Medtronic clinical trials, were upset when executives alerted them to Nabel’s new outside position. They felt she “should just do her day job,” said one former committee member.

Trustees maintain that they guard against the potential for these outside jobs to erode patients’ and clinicians’ trust. In Nabel’s case, they required that the hospital disclose her Medtronic role to patients considering enrolling in clinical trials of the company’s products — and to the researchers overseeing those trials.

Responding to a Globe request, the hospital provided a sample disclosure letter. It reads that “Nabel’s interest in Medtronic creates no additional risk to the welfare of current participants in this study, and no significant additional risks to the integrity of the research,” adding that patients can call a hospital official who oversees industry relationships if they have questions.

The US headquarters for Medtronic, one of the world's largest medical device companies, is located in Minnesota. ARIANA LINDQUIST/BLOOMBERG

Several medical ethicists said this approach may protect the hospital from accusations of secrecy, but has limited value for patients, who are already being inundated with complicated forms and may be emotionally vulnerable. "Most participants are going to have a hard time taking in that information and knowing what to do with it," said Steven Joffe, interim chair of the Department of Medical Ethics & Health Policy at the Perelman School of Medicine at the University of Pennsylvania.

Daniel FitzGerald, a longtime perfusionist who operated heart-lung machines at the Brigham, said staff morale had plummeted in recent years after knowing its president worked so much on corporate boards. He said too many clinical problems exist within the walls of the hospital for its top officer to have to deal with the distraction of outside work.

"We're a nonprofit to begin with," said FitzGerald who retired earlier this year. "It's left people shaking their heads."

After Nabel joined the board of Medtronic, trustees allowed her to take on even more outside work.

She joined the board of Moderna in 2015, and the boards of four related investment funds overseen by Tekla Capital Management, an investment adviser, in 2018. She was compensated nearly $900,000 in salary, stock, and stock options from the companies in 2019, on top of her $2.4 million hospital compensation. (Nabel resigned from Tekla after six months; the hospital said in a recent written statement to the Globe that she realized she did not have the appropriate expertise to help guide the firm.)

Clark said Mass General Brigham is not concerned so much about the number of boards hospital leaders join, as it is about the amount of time all this added work can demand. In addition to the more than 30 meetings Moderna and Medtronic required Nabel to attend in 2019, she would also have had to set aside ample time to prepare for them.

"Most CEOs are working triple overtime, with COVID, to solve their own problems," said Lo, of UCSF. "You can spread yourself too thin."

Nabel declined to be interviewed for this article, but she told the Globe in the January interview that "I have multitasked all my life. I work 12-plus hours a day."

The Brigham said in a written statement that some board meetings were clustered on the same day, and that Nabel, who stepped down as president March 1, attended about 18 days worth of meetings for this purpose in 2019, and did so remotely whenever possible.

The ICU at Brigham and Women's Hospital in Boston during the pandemic in April 2020. CRAIG F. WALKER/GLOBE STAFF

Nabel resigned from the Moderna board last July. Her rich returns on sales of company stock made headlines and drew public criticism during the pandemic, in part because her windfall came at a time when the Brigham was cutting or freezing employee pay and suspending contributions to their retirement plans.

Ethicists questioned whether her directorship conflicted with the Brigham's role helping lead Moderna's COVID-19 vaccine trials. She told the Globe in January that she used the money she made in stock sales — which ultimately totaled about $8.5 million — for charitable donations, but would not say how much of the proceeds she donated or to whom.

As it turned out, her affiliation with Moderna was not over. After retiring from the Brigham, she rejoined the Moderna board in March.

Still, trustees defend the value of these outside positions and stress that Nabel was not allowed to participate in any business at the hospital involving Medtronic or Moderna products or agreements. The Brigham paid Medtronic $19 million in 2018 for various devices and services, according to the hospital's most recent public filing, a sizable chunk of business that the hospital's own leader had to stay entirely uninvolved in.

Telemedicine boards and disclosure questions

In 2016, Mass General Brigham trustees allowed Slavin — a member of the special commission advocating for stricter rules on outside directorships in 2010 — to join the board of Amwell. That decision led to another financial windfall for a hospital president.

Amwell conducted a brief pilot program at Mass. General in 2013 to provide remote visits between doctors and patients with psychiatric, cardiac, and neurological diagnoses. Then, in 2016, Amwell CEO Ido Schoenberg invited Slavin onto the board. The company went public last summer after telemedicine use skyrocketed during the pandemic.

Like Fenwick at Children's, he did not mention his Amwell directorship while discussing telemedicine in two public forums during the past year. His connection to the for-profit firm is not revealed in his biography on the Mass. General website.

During the World Medical Innovation Forum, a yearly conference held at Mass General Brigham for health care industry leaders, scientists, and investors, Slavin spoke favorably about remote care on a virtual panel last May about the future of medical care.

The president of Massachusetts General Hospital, Dr. Peter Slavin, is on the board of Amwell, a telemedicine company.
LANE TURNER/GLOBE STAFF

"Virtual care telemedicine is here to stay in a big way," said Slavin. He did not address the ongoing debates about the role of telemedicine after the pandemic, including potential drawbacks like overuse leading to unnecessary spending and care.

"CEOs are opinion leaders," said a doctor at a prominent medical school, who did not want to be identified because his comments could lead to professional repercussions. "They write papers using their role in academia as the halo around their head. They are talking on behalf of academia. But their opinion may be influenced by financial benefits and we don't know that."

Mass. General responded to the Globe's questions about Slavin's appearance at the World Medical Innovation Forum in a written statement, pointing out that his Amwell board membership is disclosed in his written biography provided to conference participants.

But the video of the panel discussion is sometimes disconnected from other conference information. For instance, when it appears on YouTube, the written disclosure is not there.

Fenwick, also a registered lobbyist for Children's Hospital, advocated last year for two bills in the state Legislature that sought to require insurers to increase what they pay for telehealth visits, so that reimbursement is equal to that of in-person visits. It is an approach strongly backed by hospitals and doctors suffering financially during the pandemic.

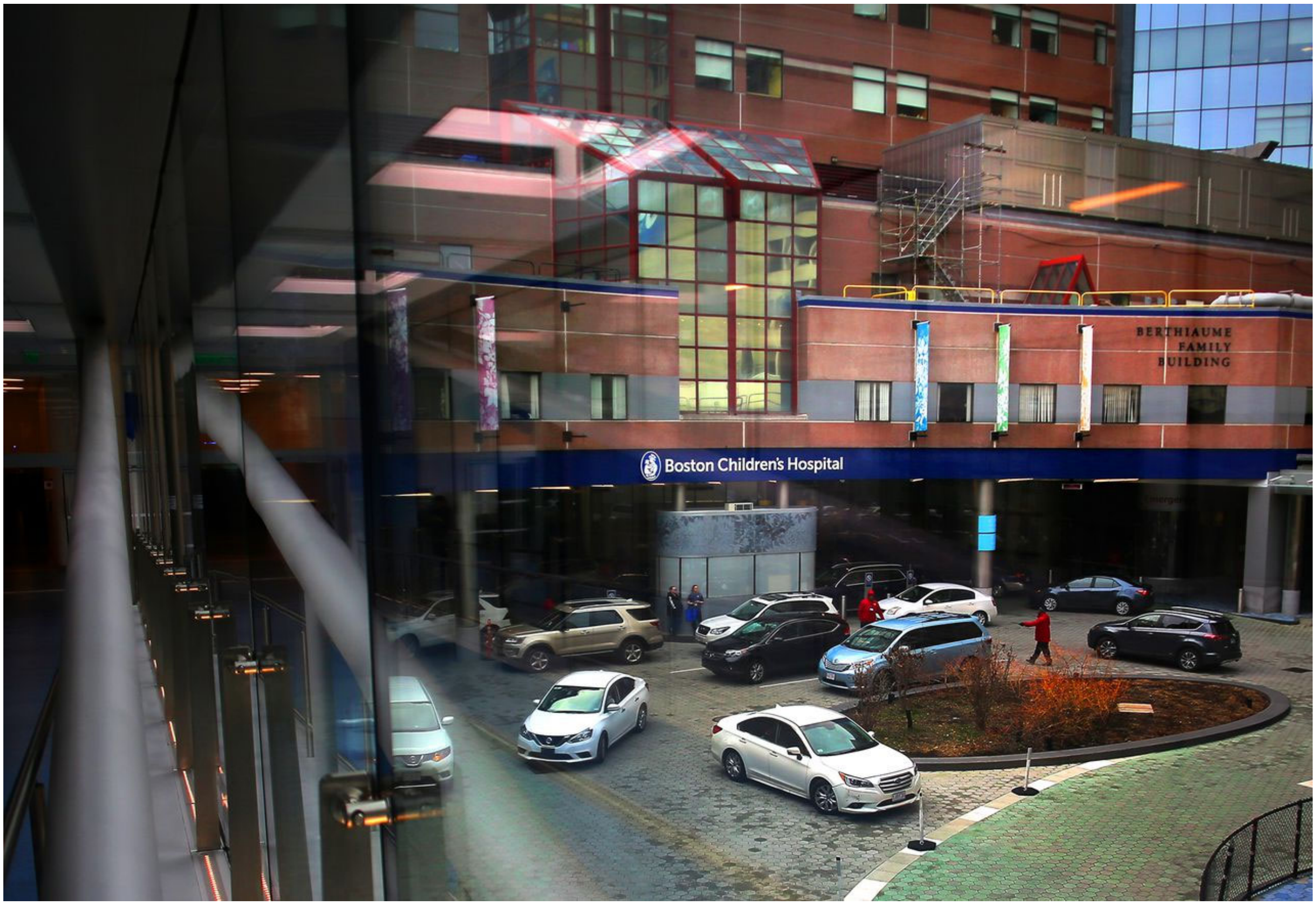
During a Zoom meeting in August with Senator Jason Lewis, one of the bill's lead sponsors, and his legislative director, Dennis Burke, Fenwick told them telemedicine was "vital," Burke recalled in an interview with the Globe. "She said it was an access issue."

Asked by the Globe if he had heard Fenwick disclose her telemedicine board membership, he said he did not recall her doing so. Lewis also said, through a spokesman, that he did not hear her mention it. At that time, Fenwick was on the board of Livongo, a telemedicine company that was in the process of being bought by Teladoc — a merger that created a health technology giant.

The higher reimbursement called for in those bills later became law, wrapped into a larger COVID-19 relief bill.

Though Fenwick's apparent lack of disclosure raises potential ethical issues, Debra O'Malley, a spokesperson for Secretary of State William Galvin's office, said Fenwick's actions did not appear to violate the law: She is required to disclose in writing to the state that she is a lobbyist for the hospital and the bills she lobbied on, which she did, O'Malley said. That information is publicly available.

"There is no requirement to disclose to legislators," she said.



Sandra Fenwick, who retired March 31 as CEO of Boston Children's Hospital, is on the board of a giant telemedicine company, Teladoc. LANE TURNER/GLOBE STAFF

Children's Hospital declined to answer detailed questions about her lobbying efforts, but acknowledged that "in 2020 Ms. Fenwick took part in a handful of meetings with legislators that covered a range of topics, which sometimes included a discussion of telehealth and its benefits for our patients and their families." When asked if she disclosed her personal financial interest to legislators, the spokesperson, Kristen Dattoli, responded that "her directorships are publicly disclosed in filings with the Securities and Exchange Commission."

One month after her meeting with Lewis and Burke, Fenwick, during a wide-ranging interview for the Harvard public health school's Voices in Leadership series, again praised telemedicine. "At the beginning stages, it was less satisfactory to patients and clinicians. But very rapidly, we were heading out of 8, 9, and 10 on a scale of 10 satisfaction from both," she said. She said the hospital's patient safety and quality department was conducting a study of telemedicine.

In a written statement, Children's said that she was not personally involved in the telehealth study.

CEOs on corporate boards face added limitations on their day jobs

When trustees hired Dr. Laurie Glimcher to lead the world-renowned Dana-Farber Cancer Institute — she started as CEO in October 2016 — they allowed her to continue as a director at Bristol Myers Squibb, even though the institute was locked in a legal battle with the drugmaker over patent rights and drug royalties.

In response to questions from the Globe, the hospital would not say if remaining on the company's board was a condition she set in accepting the job.

Ten months after beginning work, Glimcher retired from the Bristol Myers Squibb board — well before her term expired. In a written response to questions from the Globe, Glimcher said her decision was unrelated to the lawsuit, but she did not give a specific reason for her departure.

It was not long before Glimcher joined another drug company board. In September 2017, trustees allowed her to become a director for GlaxoSmithKline. She has chosen to take her pay entirely as stock — $220,000 worth in 2019 and $180,000 last year — and Dana-Farber said she will defer acceptance of the stock until after she leaves the GlaxoSmithKline board.

She attended 15 meetings for the drugmaker in 2019, according to its annual report. She joined Analog Devices partway through 2020, but had she been a director for an entire year, she would have been expected to attend as many as 18 meetings, including by telephone conference, according to documents filed with the SEC. The hospital said some of the GSK meetings were held by phone as well, and were not all-day meetings.

In an effort to keep her GlaxoSmithKline role from creating bias in hospital decisions, trustees forbade Glimcher from participating in any business decisions or clinical trials related to the company.

Vials on a packing line at a Belgium factory of GlaxoSmithKline earlier this year. KENZO TRIBOUILLARD/AFP VIA GETTY IMAGES

Dana-Farber said her removal from these decisions “does not impact her day-to-day work because a CEO would not ordinarily be involved in individual clinical trials or research matters. Anyone who knows Dr. Glimcher understands how tirelessly she works to advance the work of the Institute,” said spokesperson Ellen Berlin.

Medical ethicists said this type of conflict management is a minimum standard, but are skeptical about whether it’s in the hospital’s best interest. The arrangement has the potential to handicap a CEO, said Joffe, of the University of Pennsylvania. “Let’s say something goes terribly wrong. The CEO is no longer in a position to say the buck stops with me.

"The biggest problem is mistrust or skepticism people have seeing data come out of a conflicted institution," he said. "Trust is so fragile in the whole biomedical enterprise. We have to work really hard to protect it."

Two and a half years ago, Memorial Sloan Kettering Cancer Institute in New York City found that trust was fractured when an investigation by The New York Times and ProPublica revealed details about insider deals among hospital officials and undisclosed industry relationships. The late Dr. José Baselga, the hospital's chief medical officer, failed to disclose millions of dollars in payments from drug companies, and eventually resigned.

In response to the Globe's questions about the local reaction to the Memorial Sloan Kettering crisis, Dana-Farber said trustees had hired an outside law firm to assess its conflict of interest program — and decided Glimcher could remain on the boards, with oversight from a new board subcommittee.

Alternative solutions

Several hospitals are reconsidering their approach to outside board work because of the controversies that unfolded at Memorial Sloan Kettering and more recently at the

Beth Israel Lahey Health, the parent organization of Beth Israel Deaconess Medical Center, adopted a new policy in December. While it allows hospital leaders to ask the organization's CEO for permission to sit on health care company boards, the longtime practice of barring directorships for pharmaceutical and device companies won't change, officials said. Aside from Dr. Sunil Eappen, the interim president at the Brigham, Beth Israel Deaconess president Peter Healy is the only chief of a major Boston teaching hospital who is not a director for a for-profit company.

Boston hospital leaders rarely criticize one another publicly — or even want to appear to be doing so — and Healy, through a spokesperson, declined to discuss his hospital's strict policy. But the organization's general counsel, Jamie Katz, explained the reason for the restrictions on board work this way: "We don't want any distractions or diversions from our core principles."

Dr. Michael Gustafson, the president of UMass Memorial Medical Center, a large teaching hospital in Worcester, does not sit on any public company boards.

Clark said Mass General Brigham began reviewing its policies last fall, after Nabel resigned from Moderna. He said officials were concerned about whether, in this case, her directorship had the potential to fuel skepticism about vaccine safety. The organization has hired a law firm to compare its policy to other hospitals around the country and will consider limiting the amount of time spent on outside boards, he said.

"Generally our approach is we can support these relationships as long as we can do it with appropriate guardrails," he said. "There is a tension between the foot on the gas and the foot on the brake. We are in the process of doing systemwide review and recalibrating."

Clark acknowledged that disclosure to patients in clinical trials about a leader's board work is not systematic, and said the organization is also "working on a process to make those disclosures occur across the board."

Bertagnolli, the Brigham and Dana-Farber cancer surgeon, provides an alternative to the current common practice in Boston. She does not take compensation for her directorships at Natera, a genetic testing company, and Leap Therapeutics, the Cambridge biotechnology company developing cancer drugs.

As past president of the American Society of Clinical Oncology, an advocacy and research organization, she is not allowed to take money from drug companies. "I am being super, super careful. We review the literature and come up with treatment recommendations. Even the perception of having a conflict is not the best for the organization," she said.

Send comments or tips to spotlight@globe.com or to reporter Liz Kowalczyk at lizbeth.kowalczyk@globe.com. Or call the Spotlight tip line at 617-929-7483.

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