



# American Healthcare Professionals and Friends for Medicine in Israel

2001 Beacon Street, Suite 210, Boston, MA 02135

---

**W**ith aid from an APF grant to study at Yale University, Dr. Shlomi Codish has helped bring Israel's largest health care service to the forefront of medical informatics and now heads the country's second largest hospital.

"If done correctly, medical informatics can improve care quality in almost every aspect of medicine. It can improve decision-making by patients, clinicians and managers," says the Fairfield, Iowa native. Codish and his family made Aliyah in 1971, when he was 5, and settled in Beer Sheva.

"Except for my time in the military, and two years in the U.S. for my fellowship, I've always lived in the Negev."

Medical informatics is a multidisciplinary science that deals with medical data, information and knowledge, says Codish. "While Israel has been on top of the field, world-wide, since the turn of the 21st century, it's still a relatively new subspecialty."

Codish actually started developing software at Ben Gurion University of the Negev while still in high school.

The 52-year-old former internist is Director General of Soroka Medical Center. Soroka, a 1,100+-bed public facility, is one of six tertiary medical centers in Israel and the only one in the Southern District. It is part of Clalit Health Services, the largest of Israel's four state-mandated health service organizations.

Soroka's catchment area represents 60 percent of Israel's geographic area and serves more than 1 million people, culturally diverse and largely of low to mid-level socioeconomic status, some with unique health needs. For example, 1/3 of the population is Bedouin and there is a large group of Ethiopian immigrants as well as one from the former Soviet Union.

"We are more remote and more economically challenged than other hospitals in Israel," Codish says.

Soroka, because of its location, also operates as part of the IDF front line, receiving combat victims in minutes and serving military families living nearby.

In fact, it was during his time in the army that Codish decided to become a doctor. "I served as a medic, which gave me a taste of medicine, and I wanted to pursue it."

Medical school at Ben Gurion University followed the military. By his second year Codish was helping manage med. school computer-assisted learning. "Ben Gurion was the first medical school in Israel to have a computer-assisted education program and a computer training program for medical students. We started with pre-existing software and then developed some of our own."

His MD thesis covered computer-based simulation of patients suffering from polyarthrititis. (*Arthritis in many joints at once*)

Codish completed his internship and residency at Soroka.

He chose internal medicine with medical informatics as a subspecialty. "Internal medicine is 'the queen' of medicine – the real medicine. It's a combination of thinking and managing information and really enjoyable patient care."

Beginning in 2000, as Codish was completing his residency, he served as head of computer-assisted learning for the Faculty of Health Sciences at Ben Gurion. He held this position through 2004.

From 2004-2006 Codish, with backing from the National Institutes of Health and APF, completed a

two-year postdoctoral fellowship in medical informatics at Yale. He moved with his wife, a pediatrician, and his two daughters, then ages 6 and 4.

“As far as the APF award is concerned, it really puts your mind at ease and allows you to get your feet on the ground – buy a used car, get some used furniture, etc. – it’s just invaluable in the day-to-day things of living.”

Codish was a strong fellowship candidate because, while he did not have a master’s degree, Israel was a rising star in medical informatics, particularly in areas such as electronic healthcare records (EHR). The fellowship was an amazing learning experience and cemented his choice of subspecialty, he said.

“So, when I came back, I split my time between patient care and informatics.

“And about half a year later people realized the true value of this field and I was recruited to work at the national level. Things kept happening; this was just the beginning.”

The newly minted fellow was hired by Clalit. Codish became the group’s first head of Medical Informatics, Hospitals Division, serving for a year.

In 2012 Codish returned to Clalit as its first head of the Electronic Health Record Project, Hospitals Division. He worked part-time, commuting between Clalit’s Tel Aviv headquarters and his home in Metar and his clinical and administrative work at Soroka. In 2015 he became Clalit’s Medical Director for Israel’s Southern District.

From 2007-2015 he was also Deputy Director General at Soroka. “Three years into hospital management I gave up clinical work. It was a complex decision and it was sad giving up direct patient care. But by then I’d been doing clinical work at great personal cost and finally decided it was time to narrow my focus.”

In 2016 Codish received a Master’s of Public Health from Ben Gurion. Since 2006 he has been a member of the Faculty of Management there.

Codish has published extensively in peer-reviewed journals and presented research abroad.

He took his current position at Soroka in 2018, patient care still never far from his mind.

“When running a hospital you are caring for entire buildings full of people. Sometimes there is more satisfaction in that than from caring for an individual patient.

“For example, when you start a new protocol or service, like the cancer center we just opened (The Legacy Heritage Oncology Center and Dr. Larry Norton Institute), you can be changing the lives of *thousands* of people.

“And in Israel doctors manage hospitals. So, we operate clinically, not just financially and logistically.”

### **Does having had a fellowship in North America make a difference career-wise in Israel? If so, how?**

“You bet! It’s a big factor. That fellowship is a major part of professional development as a physician. You come back with knowledge that otherwise would not be available. I can think of three things that make it so vital:

- “When you do a fellowship you have access to medical capabilities, equipment and knowledge for training that simply are better than here.
- “You gain a much broader perspective on medicine as a whole than just Israel. There’s diversity and volume of patients and range of instruction that you aren’t going to get here.
- “You develop a network so you can help train others and continue with your training and collaboration with your colleagues in North America. Many former fellows use their contacts lifelong. Many send their students where they went.

“If I’m looking at resumes and I have a choice between a candidate who’s had a fellowship in North America and one who hasn’t, I will usually choose the one who’s had the fellowship.

“Even 13 years after my return from Yale, I can definitely track current thought processes and decision-making back to my fellowship years. Courses I attended and projects I worked on affect me today.”

**What can people in North America do to support APF Fellows?**

“Financial support. Money is always important, particularly for young physicians early in their careers.

“And connections -- we have people who are very well-trained and want to get into programs and can't. Some people get in 'blind,' others go where fellows before them have gone and many have connections. We need to build up a more nurturing

network to help people find good places that will take them – connections.

“Then when they get there it's usually quite stressful at the beginning, sometimes with limited finances, or their finances haven't yet come through. We need to ensure that there are welcoming communities waiting for them – a family to host their first Shabbat; people who can help them with housing, schools the language barrier, etc. They need a strong and powerful support group ready for them.

“Also, it's not just for work in North America. It's for research collaborations right here. We have so many bright Israeli researchers who don't have nearly the money U.S. hospitals and universities have. If we could find institutions with which to partner them, think of what we could do.”

---

**American Physicians Fellowship for Medicine in Israel**

P: 617-232-5382 • F: 617-739-2616 • [info@apfmed.org](mailto:info@apfmed.org) • [www.apfmed.org](http://www.apfmed.org)