

Dean's Newsletter

November 12, 2001

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Town Hall Meeting on Monday November 19th

Faculty, staff and students are invited to attend a Town Hall Meeting on Monday, November 19th at Noon in the Fairchild Auditorium. The purpose of the Town Hall meeting will be to give you an update on the Strategic Planning Process now underway for the School of Medicine. This will be the first of three Town Hall Meetings, the others scheduled for Monday January 14th and Monday February 25th will also be at Noon in the Fairchild Auditorium.

In the September 17th issue of the Newsletter I announced the initiation of the comprehensive School-wide Strategic Planning that is now underway. At the Town Hall Meeting on November 19th I will outline the process we are following and engage your ideas and suggestions. I hope you will attend.

At the January 14th Town Hall Meeting we will plan to report some of the work that has been accomplished to date and that will be presented at the Strategic Planning Retreat scheduled for February 8-10th. We will then hold a third Town Hall Meeting on February 25th to inform you of what was accomplished at the Retreat. It is my hope that these Town Hall Meetings will provide an additional forum for discussion and an opportunity for members of our community to share their views and suggestions.

Emergency Preparedness

The past two months have necessitated that all members of our Medical Center and University community become engaged in emergency preparedness. This is a process that is occurring across the USA and likely in other parts of the world as well. While our attention had been directed at bioterrorism, bomb threats and other acts of

terrorism and violence, it is also important not to lose sight of the importance of preparedness for natural disasters, such as earthquakes, fires, etc.

On Wednesday October 31st, University Officers and Leadership staff took part in an emergency preparedness exercise dealing with an earthquake scenario. Important issues of alignment between University student health services and the Medical Center were reviewed along with issues surrounding the protection of students and employees as well as families residing on campus. The session provided an opportunity to identify important issues that will make the university safer and more able to respond to a natural disaster.

Of course most of our attention at the Medical Center in the past eight weeks has been focused on terrorism. Not surprisingly, our initial organization and response efforts were not as well established as should be. That has changed. In the last several weeks a Bioterrorism Task Force (<http://www.stanfordhospital.com/forPhysiciansOthers/bioterrorism/index.html>) has been established (see October 29th Newsletter - http://deansnewsletter.stanford.edu/archive/10_29_01.html#1). Moreover, our Medical School Emergency Management Team, including Mr. David Silberman and Mr. Keith Perry, have visited with every Department Chair and DFA to assure that each department understands the procedures that should be followed in a Emergency. It is just as important for every student, staff and faculty member to be knowledgeable about emergency preparedness. Everyone should carry the plastic card that lists the "Stanford University School of Medicine Emergency Instructions". If you don't have an Emergency Instruction card please check with your departmental DFA or supervisor. Everyone should also know the "Emergency Hotline Numbers" for the School: 723-7233 (or 7BE SAFE).

One practical issue is that some of the guidelines for the University and the Hospitals differ. Specifically, University and Medical School guidelines may call for building evacuation during an emergency. In contrast, Hospital guidelines do not call for general evacuation since these buildings are specially constructed to withstand natural disasters and, of course, contain patients who require continued care. However, there are some Medical Center buildings that are commonly inhabited by both University and Hospital personnel, raising the question of which rules (e.g., evacuation or not) should apply. Based on this, Mr. Silberman instructed staff that everyone one in the Boswell building and north of the Core should follow the Hospital procedures, "protect in place" and not evacuate. Others should follow the university policies and everyone should know where their emergency assembly point is located. Only clinical faculty or staff who have been specifically instructed to be in the Hospital should be in attendance during a Hospital emergency.

Although we all hope that no serious events will occur, it is essential that every member of our Medical Center community be informed and prepared.

Student Safety on Campus

In addition to the important attention to Emergency Preparedness as noted above, I would be remiss in not commenting on another issue that concerns me greatly regarding student safety. This is the striking paucity of bicycle lights and nearly complete absence of helmets by the many students who ride the campus, especially during the evening hours. When coupled with the inattention to stop signs and lack of conventional hand turn signals, this can only be described as another disaster in the offing. I have raised my concern regarding bicycle safety on campus at the University Cabinet meeting on November 8th.

While we should be proud of a Campus that is attempting to reduce automobile traffic and which encourages students to use bicycles as the predominant mode of transportation, we should also insist that safety be ensured. At a minimum, bicycle lights and reflectors should be required. I also believe that bicycle helmets should be worn on campus.

Update on “Funds Flow”

In the May 29th Issue of the Newsletter, I reviewed the fundamentals of “funds flow” or payments to clinical faculty by Stanford Hospital & Clinics and the Lucile Packard Children’s Hospital for services rendered. These include support for medical direction, “essential services”, payments for fellows, and clinical program development. Many of these payments have evolved over the years and have been based on changing criteria or expectations. While these payments for services rendered are extremely important, they have also been a source of contention, confusion and debate by faculty, hospital administration and members of the Board of Directors. Accordingly, for some months efforts have been underway to bring greater clarity, rationale and transparency to the flow of these funds including their source and use.

Based on the work of Drs. Norm Rizk, Senior Associate Dean for Clinical Affairs, Gary Glazer, Chair of the Department of Radiology, together with other faculty, hospital administration and School of Medicine leadership, proposals were developed for addressing both hospital payments for services rendered by clinical faculty as well as a School of Medicine incentive plan for clinical departments. The products of these deliberations, based on final executive decisions rendered by the Dean, were reviewed and modeled and then presented to the Internal Governing Council on Friday, November 9th.

Although budgets for the clinical departments for FY02 had been set on September 1st, we agreed in late August that the work of the Advisory Group on payments for services rendered and incentives would result in modifications of these budgets retroactive to the beginning of this fiscal year. Those data were shared with the department chairs and DFAs at the Governing Council meeting. This remains a work in progress and additional scrutiny will be needed during the months ahead. While this work will refine the application of principles used to determine these payments from the hospital to the clinical departments, the numbers for FY02, based on the data shared on

November 9th are now set for the year. It should be noted that this analysis was purposefully restricted to SHC for FY02. It is expected that the same principles will apply to both SHC and LPCH for FY03 and beyond.

The goal is to assure that the payments for services and related expenses between the Hospitals and the School are based on sound principles, are as fair as possible, are transparent and have some reasonable predictability. It is recognized that the incentive payments can fluctuate based on performance.

It is also important for me to point out that an important principle is to assure that, as much as possible, we are all working to achieve common goals and objectives. Although the financial strains of our academic medical center can easily draw fracture lines and quickly erode in acrimony and protest, we are best served when the decisions regarding payments are understandable, transparent and performance based. This was especially notable during FY01 when the payments for clinical services from the Hospitals were reduced by approximately 25%. Although it is recognized that the poor financial performance, especially of SHC, mandated a number of cost reductions, it must be underscored that they were not based on clearly defined principles and, moreover, the amount of the reduction appeared arbitrary. Thus, an important feature of our recent efforts was to provide greater clarity and rationalization for this process. We still have work to do to achieve these goals and principles, but the information and decisions presented on November 9th are an important step in the right direction.

The analysis of payments for services rendered is but one of a series of important issues under active review. The principles guiding faculty compensation, physician practice and organization, department reserves, and funds flowing between the Dean's office, basic and clinical departments and the Hospitals, all require additional scrutiny and refinement. A number of these reviews are underway and some will be included in the planning for the School-wide Strategic Planning Analysis.

It should also be noted that in recognition of the significant reduction of funds from the Hospital in FY01 and FY02, the School of Medicine helped create the incentive payment pool. This was done with funds already accrued from clinical faculty and that was thus returned to the departments as well as from other School reserve accounts. While this helps to stimulate the incentive pool for FY02, other sources will need to be found for FY03 and beyond. The sources for these funds will include additional hospital payments as well as re-basing the currently extant allocations to areas no longer deemed necessary. Obviously, this work in progress will be ongoing through the remainder of the fiscal year.

Additional Updates from the Governing Council

At the Governing Council on November 9th, we also heard some additional good news and bad news. The bad news is that according to the Pacific Business Group survey clinical services provided by SHC have fallen from their lofty #2 place to a lower

ranking. This is obviously of concern and will receive considerable attention and work by Hospital administration and clinical faculty.

At the same time, there was good news regarding the volume numbers at SHC for October, showing that patients are coming to Stanford in greater than expected numbers to receive care. This is clearly important. In addition, Dr. Paul Ford, General Internal Medicine, presented the important quality improvement results by Stanford primary care physicians to reduce appointment times to one-day service. During the last six months they have made major strides and have achieved their goal, which is already resulting in improved patient/consumer satisfaction. I want to congratulate Dr. Ford and his colleagues for initiating and completing this important initiative. It will be important to learn from this experience and determine how to apply it to other clinical areas.

More Progress in Bioengineering

This past week we achieved another milestone in our efforts to develop a joint department of bioengineering with the Schools of Engineering and Medicine. Our leadership group consisting of Drs. Pizzo, Plummer, Koseff, Nelson and Yock met on November 7th. Based on the recent planning meetings held by both the Schools of Engineering and Medicine there was great interest in now proceeding to the actual development of this joint SoE/SoM Department. We agreed that we would strive to make this a joint effort in every way possible and, equally importantly, that we would not let the understandably inevitable road blocks we will surely encounter stand in the way of progress.

The next steps will include the formation of four subcommittees that will focus respectively on undergraduate education, graduate education, academic governance and finance & administration. We expect to name the co-chairs of these committees by the end of this calendar year. Having reached this important milestone, we agreed that the Deans would meet jointly with the President and the Provost to review the progress made and future planning. In addition, a Steering Committee will be formed to oversee the next stages of planning. Finally, we plan to complete the work of the above mentioned subgroups by the end of this academic year.

This is wonderful news.

Compliance Committee

On Wednesday November 7th we held the first meeting of our School of Medicine Compliance Committee. This Committee is chaired by the Dean and brings together Senior Deans and Legal Counsel to provide a comprehensive and effective oversight of compliance-related activity within the School. The Committee will be aligned to the University Compliance Committee and assure that important issues affecting the School of Medicine and Medical Center are reviewed and addressed. The Committee will not supplant or interfere with the work done by the compliance committees surrounding education, research, patient care but will attempt to assure that the interrelationships

surrounding some of these areas are addressed and that the School leadership is both aware and responsive to individual faculty and institutional compliance.

Medical Students visit with the Surgeon General

During his recent two-day visit to Stanford University, Dr. David Satcher, U.S. Surgeon General counted as one of his highlights the opportunity to meet with students. On Monday, November 5th, Dean Sharon Long arranged for a meeting with undergraduate students in Humanities & Sciences. On Tuesday, November 6th, the Medical School had the pleasure of hosting Dr. Satcher and he held a lunch meeting with some of our medical student leaders. I had the pleasure of joining that group and share Dr. Satcher's enthusiasm and appreciation.

I want to thank the medical students who attended the luncheon, including Anna Battat, Nirav Rati Bhakta, Duane Campbell, Phil Ecker, Vivek Jain, Charay Jennings, Isabel Demos Lee, Rosalyn Nguyen and Elizabeth Rogers. Each presented some of their areas of community service and leadership and discussed with Dr. Satcher how important these activities were to them and to the communities they serve.

Stanford Medical School Mentoring Program.

I received the following message from Nicole D. Marsico, SMS II regarding the Stanford Medical School Mentoring Program that is of interest. According to Ms. Marsico:

“The program consists of a web site (<http://medapps.stanford.edu/mentors>) put together by students featuring nearly 200 volunteer mentors from the Stanford faculty and surrounding community. The mentors were recruited by the hard work of faculty such as Dr. Bill Mobley (Chair, Department of Neurology) as well as the Alumni Association and the Santa Clara County Medical Association and represent a broad range of interests. We introduced the program to the students in October and have thus far matched nearly 70 students... The student response has been extremely enthusiastic; I've received many encouraging comments from both pre-clinical and clinical students. To help launch this program, we've planned a kick-off event for sometime in February.”

Awards

In the October 29th Issue of the Newsletter I announced Dr. David McKay's election as a Fellow in the American Association for the Advancement of Sciences. I am pleased to announce that two other School of Medicine faculty have also been elected Fellows to AAAS. They are:

James A. Spudich, the Douglass M. and Nola Leishman Professor of Cardiovascular Disease, was cited "for major contributions to the understanding

of cell motility and development of in vitro methods for measurements of molecular motors."

Lucy S. Tompkins, Professor of Medicine (Infectious Diseases and Geographic Medicine) and of Microbiology and Immunology, was cited "for fundamental studies on bacterial pathogenesis."

Congratulations to Drs. Spudich and Tompkins.

Appointments and Promotions

Dr. Larry Moss has been promoted to Associate Professor of Surgery (Pediatric Surgery) at Lucile Packard Children's Hospital

Dr. Ginna Laport has been appointed Assistant Professor of Medicine (Bone Marrow Transplantation) at Stanford University Medical Center.

Dr. Robert Lowsky has been appointed Assistant Professor of Medicine (Bone Marrow Transplantation) at Stanford University Medical Center

Dr. Stephen Skirboll has been appointed to Assistant Professor of Neurosurgery at Stanford University medical Center

Dr. Margo Thienemann has been appointed Assistant Professor in the Department of Psychiatry and Behavioral Medicine at Stanford University Medical Center.

Jay Bhattacharya has been appointed Assistant Professor of Medicine (Primary Care and Outcomes Research

Seung Kim has been reappointed Assistant Professor of Developmental Biology and, by courtesy, of Medicine, 11/01/01-10/31/05

Congratulations to all.