

# Dean's Newsletter

## February 3, 2003

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### **Strategic Planning Retreat 2003**

From January 30<sup>th</sup> to February 2<sup>nd</sup> some 76 members of the School of Medicine and Medical Center gathered at the Carmel Valley Ranch for the Strategic Planning Retreat 2003. Attendees included basic and clinical science department chairs, senior deans, faculty leaders, students and postdoctoral scholars, alumni, hospital CEO's and their strategic planning staff, university representatives and trustees. Although the group was diverse, it became united in seeking how to make Stanford University School of Medicine a transforming agent for academic medicine. It is, of course, difficult to capture the excitement and enthusiasm that emerged at the Retreat for those who were not in attendance. However, it is our hope that we can engage and enlist as many of you as possible in the new bold vision we believe is emerging for Stanford Medicine.

Last year's Strategic Planning Retreat in February 2002 (my first at Stanford) laid out the rough outlines of our agenda. Recognizing the interrelatedness of our core missions, Work Groups of faculty, students and staff, each lead by a Senior Associate Dean, had carried out critical reviews and analyses in key areas of the School. These were: medical student education; graduate student education; postdoctoral scholar training; research; clinical care; the professoriate; finance and administration; advocacy; communication; government relations and philanthropy. We came to the 2002 Retreat with over a hundred strategic initiatives and emerged with a core mission and a more defined set of goals. Our defined mission is *to be a premier research-intensive medical school that improves health through leadership and collaborative discoveries and innovations in patient care, education and research*. Our overarching goals included:

- To become a leader in the movement to reform and rejuvenate the education and career development of biomedical innovators;
- To transform the future of biomedical, translational, clinical research and education by fostering novel collaborative alignments between basic and clinical scientists, clinicians, and educators throughout the University, as well as with public and private partners worldwide;
- To earn the public's trust and respect as a premier medical school through outstanding patient care and academic medicine.

During the past year, considerable progress has been initiated in each of our mission critical areas. Some of these were codified in the end-of-the-year summary included in

the December 16, 2002 issue of the Dean's Newsletter (<http://deansnewsletter.stanford.edu/>). Further, we recently published and distributed the first draft of our strategic plan and objectives in "Translating Discoveries," which is also available at (<http://medstrategicplan.stanford.edu/>). In addition, in the January 6, 2003 Dean's Newsletter (<http://deansnewsletter.stanford.edu/>), I summarized our objectives for 2003.

While our goals and their implementation are key to our success, even more important is our ability to come together and work closely as a community committed to each other and to the future of Stanford Medicine. Of course this is a difficult challenge given the many demands and economic forces affecting academic medical centers and their various internal and external communities. Traditionally, it is not infrequent that fracture lines develop among basic science, clinical science and clinical care communities. Indeed, it is well recognized that this has been true at Stanford in the past and that there is still very much the perception that these communities are not well aligned today. I fully recognize the important and unique differences that apply to each group, but I am also cognizant of their inextricable interrelatedness. More importantly, it is clear that alignment is critical if our "sum is to be greater than the whole of our parts" or, put another way, if we are to achieve the excellence we are capable of as an academic medical center and, even more importantly, to serve as a role model among research-intensive schools of medicine.

I felt that the 2002 Retreat helped to build some new bridges between our various communities based on improved understanding of how intertwined our communities truly are – and how they are each important to achieving our overarching goal of "translating discoveries". While this spirit has been sustained during the past year, it is of course fragile and requires frequent reinvigoration. The 2003 Strategic Planning Retreat held at the end of last week helped secure and significantly amplify our alignment and commitment to changing the "culture of medicine" and to working together so that Stanford could transform the future of academic medicine. I will not attempt in this report to review each element of the Retreat but will focus on some of the most important interlocking highlights and conclusions that we reached. We will post the presentations from the Retreat on the website (<http://medstrategicplan.stanford.edu/>) and will hold a Town Hall Meeting on Tuesday, February 18<sup>th</sup> at 5:30 p.m. to discuss the outcomes of the Retreat further. Perhaps most importantly, I hope that each department chair, faculty, student and staff leader will give an update on the Retreat to her or his department, group or constituency.

Following are some selected highlights.

1. There was strong concurrence that the **curriculum changes** being led by Dr. Julie Parsonnet, Senior Associate Dean for Medical Education, and her colleagues are important, exciting and transformational. The intersections between programs training future physician leaders and scholars and those training graduate students were highlighted, and efforts to develop shared opportunities (e.g., a joint

medical and graduate student “pre-differentiation experience”) were discussed with considerable enthusiasm.

2. There was considerable appreciation for the changes that have already taken place for **graduate students and postdoctoral scholars** that was presented by Dr. James Nelson, Senior Associate Dean for Graduate Education and Postdoctoral Affairs. However, there was a recognition that much greater inclusion of residents and clinical fellows into the curriculum and under the broader umbrella of the School was important – and should be a major goal for this next year. A committee led by Drs. Charles Prober and Larry Shuer has recently been appointed to address how to better engage residents and clinical fellows into the missions of the School. This committee will provide at least an introduction to this important initiative.
3. There was praise for the changes that have occurred during this past year in the **professoriate** lead by Dr. David Stevenson, Senior Associate Dean for Academic Affairs and his colleagues. The more functional characterization of faculty roles and expectations for appointment and promotion was especially noted. In addition, the recent and unanimous support of the University Faculty Senate to grant PI-status to MCL faculty was especially appreciated as an important step to better aligning faculty groups and dissipating the perception of “second-class status” for our clinician investigator scholar community. An important objective for 2003 is to more fully develop the role of the “clinician-educator” as an important member of the medical center team and to do our best to clarify the important role and nomenclature for our “voluntary clinical educator faculty”. In addition, and in recognition of the value the School is placing on interdisciplinary team-based efforts, a strong plea was made to address the promotion criteria to better acknowledge and reward such important efforts – something that should be done over this next year.
4. There was recognition that our plans for the School of Medicine are closely linked to the future success of the **clinical programs** of our major affiliated hospitals, especially Stanford Hospital & Clinics (SHC) and the Lucile Packard Children’s Hospital (LPCH) as well as the Palo Alto VA Hospital and the Santa Clara Valley Medical Center. Dr. Ken Cox, Senior Associate Dean for Pediatric and Obstetric Clinical Affairs presented a report on the clinical programs at LPCH, which was followed by comments from Chris Dawes, CEO for LPCH. The strategic plan for LPCH is reasonably well developed. It focuses on the delivery of outstanding tertiary and quaternary care along with continuing to service to its communities for primary and secondary care. A number of partnerships with LPCH and community hospitals and practices have been established over the past decade that will be sustained and enhanced in the coming years. The importance of alignment of the physicians and the hospital in carrying for these missions is essential, and Dr. Cox reviewed the progress to date in developing a faculty practice organization that is part of a “physician-hospital” structure. Implementation of this organization during the next months is one of the highest priorities. At the

same time, the success of clinical programs at LPCH has now put an enormous strain on its bed resources, and one of the most significant objectives before LPCH is the creation of additional bed capacity both on and off the medical center footprint. These important needs are being captured and developed as part of a long-range medical center facilities planning effort. This will be an important topic for discussion during the next several months.

5. Together with the new leadership at SHC being developed by Martha Marsh, CEO, the important clinical strategic objectives for **enhancing adult patient care** were reviewed by Dr. Norm Rizk, Senior Associate Dean for Clinical Affairs. Central to this effort is improving the position of SHC as a “value leader” whose expertise is both concentrated in certain areas (e.g., cancer, cardiovascular, neuroscience, transplantation) and broad in secondary care delivery. While considerable attention has focused in the past on inpatient services, much more effort is needed to develop ambulatory services both within the SHC complex and off-site in the community. One of the overarching needs is to expand the depth and “market-share” of clinical services; this will require an expanded clinical workforce. Important to this effort will be clarification and enhancement of the role of clinician-educators. In tandem with this will be the formation of strategic partnerships with community hospitals and physician groups, which will be coupled with efforts to improve patient care services at SHC. The value of translational medicine in further distinguishing SHC and LPCH from its competitors in the community was highlighted repeatedly. This further underscored the benefits of a close partnership and association with the School of Medicine, SHC and LPCH. Important to this goal is a transparent and close working relationship among Hospital and School leaders, and it was pointed out repeatedly that this seems to be working successfully with the current Dean and CEOs. Such collaborations will also need to extend to new ways of organizing our clinical care and research interface. The creation of the Stanford Institutes of Medicine will be one means for bringing basic research, translational medicine and clinical care under overarching umbrellas. While we have announced one such effort in Cancer/Stem Cell Biology and Medicine, we are also envisioning a small number of additional Institutes that align our communities in mutually important topics such as cardiovascular medicine, neuroscience, immunology and infectious diseases. We also can envision the development of additional interdepartmental clinical centers (e.g., vascular center) to provide a more seamless interface to the patients we serve and the care we deliver.
6. **Translating Research and Medicine** was among the key conclusions and derivatives of the 2002 Strategic Planning Retreat. To further our discussion of this vitally important topic, Senior Associate Deans for Research John Boothroyd and Harry Greenberg organized a panel discussion that touched on a range of topics related to translational and interdisciplinary research. These included updates on the Children’s Health Initiative, the newly announced Stanford Institute for Cancer/Stem Cell Biology and Medicine, the Bio-X/Clark Center programs and an update on the “multidisciplinary research program” supported by

the Dean's Office. Among the most exciting efforts was the initiative started by Drs. Judy Swain, Chair of Medicine, and Lucy Shapiro, Director of the Beckman Center. Following last year's retreat, they created a cooperative effort to jointly fund and support interdisciplinary projects involving collaborations between physician-investigators and basic and/or applied scientists. This very exciting project is not only valuable in its own right; it also demonstrates how faculty leaders and departments can use their creativity, energy and resources to further our shared vision for "translating discoveries". Another important facet of this presentation was to define the resources needed to further foster translational research throughout the school – including support personnel and informational technologies. While it is recognized and understood that great fundamental basic research will always be the distinguishing feature of Stanford, it is also clear that translational research will help to unify our communities and enable us to bring forth knowledge from the laboratory to help benefit our adult and pediatric patients.

7. At last year's retreat, the only area in which a report was not presented was in **Information Resources and Technology (IRT)**. With the appointment ten months ago of Dr. Henry Lowe as Senior Associate Dean for IRT, a bold and exciting plan for state-of-the-art information resources at Stanford has been developed. This plan was outlined by Dr. Lowe. It is closely linked to our efforts in education, research, clinical care, community outreach – and virtually everything else that will enable us to be successful. Accomplishing this will require enormous coordination and cooperation between the School, Departments, Hospitals and University. These technologies will be expensive but there is the opportunity to develop strategic partnerships with community leaders. The goals of our IRT plan include: Enabling ubiquitous access to information; assuring data privacy and security; developing our library as a "knowledge-management center"; optimally using the internet as a communications medium; innovating learning through information technologies; enhancing research through "translational informatics." In addition, we hope to develop a "clinical informatics center" at the School level to work with Departments and Institutes to develop domain-specific informatics programs with the Hospitals that would assist in the effective implementation of clinical systems. During the next year Dr. Lowe and his colleagues will work on the following projects, among others: optimize IT planning between the School and Hospitals; develop the Clinical Informatics Center; secure a wireless network for the School; plan for a clinical research data repository; further the goal of developing our library as a "knowledge-management center"; assure the data security and compliance with HIPAA; and develop a new School Website. There was an enormous amount of enthusiasm for the plans presented by Dr. Lowe. Clearly the challenge now will be to develop the resources to achieve and implement them.
8. Bringing our ongoing and new initiatives to fruition requires optimal use of our current **financial and administrative resources** as well as the creation of new ones. Simply put, we will need considerable new dollars to support the

programmatic and capital requirements that will enable Stanford Medicine to achieve the full potential we envision. At the Retreat, Mike Hindery, Senior Associate Dean for Finance and Administration, reviewed the current financial status of the School. He also discussed the various changes that have been occurring in the important funds-flow relationships between the School and the University, School and Hospitals and, within the School, between the Dean's Office and the Departments. Each of these has historical precedents and all have various perceptions surrounding them. Mike and his colleagues have recently completed a redefinition of the formula between the School and the University, and work is underway to address the funds-flow process between the SHC and the School of Medicine. During the past year a number of important steps were taken in rationalizing the funding expectations and relations between the Dean's office and Departments, and a review of the School's operating budget is currently moving toward completion. While each of these carries considerable challenge and shared risks, they are all important to better defining how resources are used to support our missions in education, research and clinical care. Although each of these areas have their complexities, the important theme which emerged was an appreciation that "transparency" is a guiding principle being used by Mike Hindery and his colleagues – and that this will help us to make progress in better realizing our shared objectives.

9. Being able to achieve our goals for the future will require a renewal and further development of our physical resources. I reviewed the 10-year **facilities plan** for the School of Medicine as well as the 15-year plan, recognizing that these are closely connected to the long-term facilities master plan being developed for the Medical Center as a unit and within the University. I am particularly grateful for the important work that Ms. Nancy Tierney, Director of Facilities Planning for the School, and Mr. David O'Brien, Director of Institutional Planning, have done to help develop our long-term plans. We are also working closely with the University as part of the Science-Engineering-Medicine West Campus Plan that will unfold during the next decade. For the School the primary focus will be on our SMILE (Stanford Medicine Information and Learning Environment) project and the first of our Stanford Institutes of Medicine. Although the details of these plans are not yet available, I do believe we now have in place a strategy that will enable the School to best optimize its facilities during the next 10-15 years. Central to this is the conceptual view that we are best served by remaining physically contiguous to the Hospitals (to best ensure translational research and medicine) and to the rest of the university (to best optimize interdisciplinary research and education). Finding the support to develop these programs and facilities is our biggest challenge – and this requires a clear alignment of our faculty with the School, Hospitals and University.
10. **Communications, Advocacy, Government Relations/Public Policy and Philanthropy** also comprised an important aspect of the Retreat. During the past year, Ritch Eich, Director of Communications and Public Affairs, and his colleagues have been developing a communication strategy for the School and

Medical Center. This requires the continued refinement of our message, the development of “thought-leaders” who can represent the School and Medical Center, and improved relations with our neighbors and community – both within the University and with our neighbors locally, regionally and nationally. This will enable us to better communicate the excellence and accomplishments of the School in education, research and patient care and, through that, to better foster the public’s appreciation for the contributions of academic medical centers to the health of our community and the nation. Through this communication, we will better engage the public’s trust and support – in both the public and private sectors. I announced at the retreat that the Office of Government Relations that we planned last year has a newly appointed leader: Mr. Ryan Adesnik. Ryan will join the School as Director of Government Relations in mid-March. Of interest, Mr. Adesnik was able to attend and participate in the recent Retreat.

Of course one of the major goals of our Strategic Planning Activities will be the **Campaign for Stanford Medicine** – an effort we plan to begin this year. Ms. Jackie Brown, Director of the Office of Medical Development, reviewed the background for the capital plan that she has worked on with the School and Hospitals. We envision this will be an integrated campaign for Stanford Medicine and that it will also be part of the University Capital Campaign. Mr. John Feidenrich, who attended the Retreat, will be serving as the Chair of the Stanford Medicine Leadership Council. During the next months we will be enlisting volunteers for the Council and will further craft the bold vision that characterizes our efforts for the future of Stanford Medicine.

There is no question that achieving some of the goals we set last year is enormously important and that this has helped to sustain the thrust of our strategic planning. However, perhaps even more important is building the community of excellence that shares a common vision and that seeks to work collaboratively to achieve it. As the Retreat drew to a close it was clear that the leaders who were present were united. They expressed a commitment to the vision of Stanford School of Medicine and Medical Center as being the leader in the movement to reform and rejuvenate the education and career development of biomedical innovators. They were united in the goal of having Stanford transform the future of biomedical, translational and clinical research and education by fostering novel collaborative alignments between basic and clinical scientists, clinicians, and educators throughout the University as well as with public and private partners worldwide. They shared a commitment of earning and ensuring the public trust and respect for Stanford as a premier medical center that delivers outstanding patient care and that serves as a global model among research-intensive schools of medicine.

Equally important was the commitment of these leaders to value each other for the collective future of Stanford Medicine. While there is no doubt that achieving the goals we set before us will be challenging, there is no question in my mind that we can do so if we are united and collaborative. While a number of individuals expressed the notion that this might not have been possible in the past, the unifying theme of our discussion

was that it is achievable now and that we must accomplish it. I know it is hard to capture these strong sentiments in words – especially for those who were not part of the shared activity of the recent leadership Retreat. But more important than words will be our deeds, and I am confident and committed to bringing those to fruition in the months and years ahead.

I also want to thank a couple of people for making the Retreat so operationally successful. First is Ms. Sharon Olsen who worked through virtually all of the logistics and coordination. Secon, is David O'Brien for all his efforts in moving our plans forward and for helping to assure that all the presentations were clear and informative. I also want to thank all the Senior Associate Deans and their staff and colleagues for developing and implementing far-reaching plans. And finally, I want to thank the Department Chairs, faculty, medical center leaders, students and staff for the time, energy and commitment that they put into the Retreat – and that I will hope they will continue to put the goal of making Stanford a truly outstanding *research-intensive medical school that improves health through leadership and collaborative discoveries and innovations in patient care, education and research.*

## **Congratulations**

Dr. Debra Ikeda is the recipient of the Editor's Recognition Award for her significant contributions as an editorial board member of the *Journal of Women's Imaging*.

## **Announcements**

- **Town Hall Meeting:** February 18, 2003 at 5:30 p.m. in the Fairchild Auditorium.