

# The Dean's Newsletter: February 17, 2003

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## Town Hall Meeting Reminder

**This is to remind you that there will be Town Hall Meeting tonight at 5:30 p.m. in the Fairchild Auditorium.** If you are unable to attend, please note there will be a second meeting as follows:

**Thursday, February 27th at Noon in the Fairchild Lobby.** Feel free to bring your lunch.

Again, the purpose of these meetings is to update faculty, staff and students of the outcomes of the recent School of Medicine Strategic Planning Retreat. You are encouraged to attend one of these meetings to gain a better understanding of the goals of the Medical School and of your important role achieving them.

## Safety and Security

World events dominate our attention, and heightened security alerts have raised questions of what we, as individuals, can do to get ready for unanticipated, emergency situations. David H. Silberman, Director, Health and Safety Programs for the School of Medicine, has provided the following guidance, which is appropriate to review for any potential emergency.

The School's Health and Safety Programs Office strongly recommends a review of your department's emergency plan and your role in it. Make sure you are familiar with established procedures and emergency numbers: 286 (School), 211 (Hospital and Clinics) and 9-911 (University). Check the accuracy of telephone call lists and ensure that you know both the School's Emergency Hotline Number: 723-7233 (7BE-SAFE) and that of your department. In the event of an emergency, the School's new, paging alert system will allow us to provide information to key department staff who can pass it along via the department hotline.

It is important to emphasize preparedness over panic. We have a robust plan in place at the School of Medicine, as do the University, Hospitals and Clinics; it has been exercised in drills and

in real events with positive outcomes demonstrating that we can be safe if we follow the appropriate guidelines. **It is also critically important that physicians and other members of the community participate in the disaster drills.**

Questions and concerns within the School of Medicine can be communicated to the School's Health and Safety Program's Office by email: [somsafety@stanford.edu](mailto:somsafety@stanford.edu) .

### **More About Stem Cells**

With legislation now being introduced in the House and Senate to either protect or ban research on nuclear transplantation to produce human pluripotent stem cell lines (which is also referred to by the less precise and more emotionally and politically-charged names of "therapeutic cloning", "research cloning" or "cloning for biomedical research") it was appropriate to provide an update to the University Board of Trustees Committee on the Medical Center about our new Stanford Institute for Cancer/Stem Cell Biology and Medicine. At the Board's recent meeting on Monday February 10th, Dr. Irv Weissman, the Karel and Avice Beekhuis Professor of Cancer Biology and Director of the Cancer/Stem Cell Institute, and I reviewed the events that had transpired since our announcement of the Institute on December 10, 2002.

You may recall that, on the day of the announcement, international attention was focused on Stanford when an Associated Press wire story headlined that Stanford planned to "clone human embryos". This erroneous story triggered a media eruption and rekindled the national debate over stem cell research in general and Stanford's new Institute specifically. During the days and weeks that have followed, new articles and broadcast reports have appeared throughout the nation along with a number of editorials and Op-Ed pieces, including coverage in Science, Nature and Nature Medicine. Coverage in the Wall Street Journal, LA Times, New York Times, Chicago Tribune, San Francisco Chronicle, San Jose Mercury News, Sacramento Bee and USA Today were well balanced. So too were editorials and OpEd pieces in numerous national newspapers — although some pieces (e.g., Wisconsin State Journal, Weekly Standard, Poughkeepsie Journal and Washington Post) were more critical of the new Institute.

Central to the matter is the debate over whether nuclear transplantation to produce pluripotent stem cell lines is equivalent to "cloning". We, along with the National Academies of Sciences, have indicated that the use of the word cloning is misleading and creates confusion in the public's mind with reproductive cloning — the latter being something we believe should be banned.

We have indicated that the experiments that occur in the new Institute will follow all research guidelines, including those of the NIH, and that when research moves from preclinical to clinical studies, it will be carefully monitored by ethical oversight and institutional review. We maintain, however, that the line of inquiry that employs nuclear transplantation to study diseases like cancer is important and we very much hope it can be pursued.

For additional information regarding stem cell research and the new Institute for Cancer/Stem Cell Biology and Medicine, I refer you to the newly released Q&A section on the Medical Center's Web Site at <http://mednews.stanford.edu/stemcell-index.html>.

### **Clinical Program Planning and Development**

The strategic plans for both pediatric and adult patient care activities for the Medical Center were discussed and reviewed at our recent [Strategic Planning Retreat on January 30-February 1st](#), at the Board of Directors meeting for Lucile Packard Children's Hospital (LPCH) on February 7th, and at the Board of Directors Meeting for Stanford Hospital and Clinics (SHC) on February 14th. While there are overlapping themes, there are a number of differences between the timelines and agendas for LPCH and SHC.

***Pediatric patient care agenda:*** During the past decade, the pediatric programs at LPCH have evolved, initially in general medical specialties and more recently in surgical specialties and centers of excellence. The governing themes for LPCH and the Children's Health Initiative have been preeminence and sustainability. To accomplish these goals, the LPCH leadership, in collaboration with the School of Medicine and in partnership with CHI and the Lucile Packard Foundation for Children's Health, has developed a plan to focus on key areas of concentration (including newborn medicine/obstetrics [through the Johnson Center]), cardiac, cancer, pulmonary, transplantation, and brain & behavior. The past couple of years have witnessed dramatic progress in achieving or sustaining preeminence in several of these areas thanks to important new recruitments as well as the support of already extant programs. In past Newsletters, I have addressed the accomplishments achieved in the Heart Center. At the February 7th Board meeting, Dr. Michael Link, Professor of Pediatrics, gave a stellar presentation on the progress that he and his colleagues have made in bringing the LPCH/Stanford Cancer Center to preeminence in pediatric cancer care and research. Importantly, he also discussed how this pediatric program should be aligned to the future development of the Stanford Institute for Cancer/Stem Cell Biology and Medicine.

In addition to developing centers of excellence within LPCH, the Hospital and faculty have also developed an impressive regional network of satellites and joint programs in neonatology and specialty care throughout the Bay area as well as more distant sites (e.g., Oregon, Nevada, Alaska, Hawaii). This adds to the sustainability of the pediatric clinical programs and further assures that LPCH serves as both a community/regional resource as well as a referral center for children facing serious health challenges.

Also at the February 7th Board of Directors meeting, Dr. Ken Cox, Senior Associate Dean for Pediatric/Obstetric Clinical Affairs and Dr. William Feaster, gave an update on the Pediatric/Obstetric Faculty Practice Organization (FPO) that is being designed to further enhance the clinical programs by aligning the goals of the faculty, LPCH and the School of Medicine. Although the FPO will not be a new corporate entity, it is being designed so that faculty will be responsible and accountable for the financial, quality and service outcomes of the pediatric/obstetric clinical practices. The plan is to implement the FPO management and committee structures during this year and to have the FPO assume responsibility and

accountability for the operations of the pediatric practice. This will include budget planning for FY04 as well as the development and implementation of an integrated statement of revenues and expenses for the practice along with performance goals and related incentive models. Clearly, it is hoped that these processes will help the pediatric practice to become more successful and, accordingly, to play an ever-important role in allowing LPCH, the School and pediatric faculty to achieve excellence in the care of patients — and in the preeminence and sustainability of pediatric programs at LPCH/Stanford.

***Adult patient care agenda:* At the SHC Board of Directors Meeting on February 14th, Martha Marsh, CEO, and Michael Calhoun, Vice President for Strategic Planning and Marketing, presented an update on the Hospital's strategic plan. As with LPCH, the goal is to achieve preeminence and sustainability. To do so will require growth in the overall clinical enterprise, distinction in clinical quality overall as well as leadership in selected services, distinction in patient service and satisfaction, and a strong alignment with the School of Medicine. Although there is little doubt about the excellence of the faculty as well as clinical and professional staff at SHC, there are a number of important issues that must be addressed if sustainability and preeminence are to be assured.**

Among the most significant challenges facing SHC (and other academic medical centers) is changing revenue patterns since more patients are being cared for in the ambulatory setting, requiring specific plans and objectives are required to better optimize ambulatory care delivery both at the Medical Center as well as in the community. Further, the patterns of health care payments are continuing to change based on both regional and national trends. Locally, lower-cost systems, like Kaiser, command a large portion of the patient base and offer options to employers that are attractive compared to the rising rates of health care at teaching hospitals, including Stanford. This becomes particularly problematic given a down-turned economy in which rising health insurance costs are increasingly challenging to employers. This has led to a national trend of shifting more of these costs to employees by both employers (e.g., GE has attracted national attention because of its position on this issue) as well as by insurance companies that may charge patients larger co-payments if they seek care by more expensive providers. While the health care provided by Stanford is state-of-the-art and highly innovative, both employers and employees may make decisions based on cost rather than on the perceived advantages of receiving care at Stanford or other academic medical centers. Obviously the impact of such trends has enormous consequences and ultimately will need to be addressed by national or regional reforms rather than local market force dynamics.

In addition to these challenges, SHC also faces local competition for patients and a less secure referral base than desired. Recent data shows that in-patient volumes are down compared to budget and prior year actuals, notably in some key areas (e.g., cardiovascular surgery). Addressing these changes in volume, especially in key selected services is essential, and will be the focus of upcoming meetings of the Council of Clinical Chairs. Coupled with this is the fact that overall size of SHC is small compared to peer institutions across the country, and opportunities for increasing bed capacity and ambulatory services on-site are difficult because of land-use politics as well as funding support.

Based on the dynamic changes in the health care marketplace locally and nationally, it is imperative that SHC expand its regional referral relationships and achieve a more optimized scale of inpatient and outpatient facilities for both financial and service performance. In addition to seeking excellent clinical services throughout, areas of special focus will include cancer, cardiovascular, neurosciences, transplantation. These are consonant with the already established Stanford Institute of Medicine in Cancer/Stem Cell Biology and Medicine, as well as those being considered: Cardiovascular Institute, Neurosciences Institute and Immunology and Infectious Disease Institute. Aligning SHC, the School and LPCH in these areas will create a powerful interface that fuses basic research, translational medicine and clinical care for adults and children.

Further optimizing clinical care delivery will require facilities improvements both within the current SHC footprint as well as community based outpatient facilities. Options are currently being explored to facilitate these programs. Clearly financial limitations and competing capital demands will impact the available choices.

It is clear that the success of SHC depends on its ability to deliver outstanding clinical care in a manner that makes it an essential offering for employers and that is a hospital that is attractive to payers and to patients. This not only requires more effective hospital management and the availability of electronic data to better inform decisions, but also the increased collaboration of clinical faculty and leaders. Since the information currently available demonstrates that many of the clinical practices are busier than last year, it is likely that additional physician capacity will be needed in some key areas. This will likely require the expansion of our clinician-educator staff, especially in selected services and ambulatory sites. Assuring that our clinical staff is valued and successful is an enormously high priority for the School and the Medical Center.

### **Bicycle Safety on Campus**

In [previous Newsletters](#) and communications I have raised serious concerns about bicycle safety on campus. This issue was also addressed by Laura Wilson, Chief of the Department of Public Safety, at a meeting of the University Faculty Senate on Thursday February 6th (see Stanford Report, February 12th). I was encouraged by the actions being taken to address the problems of students and other cyclists who fail to use lights at night or who ignore basic rules such as stop signs. Since I drive on campus virtually every night I am horrified by the numbers of students who simply cannot be seen since they have neither head or tail lights, or who proceed through stop signs without pausing for cars that may make right-hand turns.

Although Chief Wilson presented data to demonstrate that progress was being made, my informal sampling suggests that relatively few bike riders have lights at night and that a large portion still ignore stop signs or the rules of the road.

I hope that efforts to further improve bicycle safety on campus can be further accelerated. I hope that each of you who ride a bicycle on campus do so with attention to safety — and with headlights and rear lights at night. I also encourage each of us to take a more proactive role in

informing riders without lights or who ignore stop signs that they are at risk for serious harm. We have a responsibility to assure that the School of Medicine serves as a role model for bicycle and health safety for the Stanford campus.

### **Innovations in Biomedical Research**

On Saturday February 15th, the Stanford University Medical Alumni Association sponsored the first symposium for alumni, graduate students, and postdoctoral scholars in the biomedical sciences. One of the goals was to strengthen connections between graduate students and postdoctoral scholars with the School of Medicine. Since Stanford has nearly the same number of medical students as graduate students, along with a very robust program for clinical and research postdoctoral scholars, this outreach is both appropriate and welcome.

The first symposium on Innovations in Biomedical Research was also outstanding and included presentations by MD, PhD and MD/PhD degrees as well as individuals who carried out their postdoctoral training at Stanford. Included in this stellar group were:

**Irv Weissman**, Director of the Institute for Cancer/Stem Cell Biology and Medicine and the Karl and Avice Beekhuis Professor of Cancer Biology

**Linda Giudice**, Stanley McCormick Memorial Professor of Obstetrics and Gynecology

**Seung Kim**, Assistant Professor of Developmental Biology and of Medicine

**Thomas Schall**, President and CEO of ChemoCentryx, Inc

**Fred Alt**, Charles A. Janeway Professor of Pediatrics and Genetics, Harvard Medical School

**Thea Tlsty**, Professor of Pathology and Director of UCSF Center for Translational Research in Cancer, UCSF

**Farhad Imam**, MD/PhD Candidate at Stanford

I want to offer my thanks to Mr. Andrew Cope from the Office of Medical Development for his work arranging this symposium. Andrew could not attend this event for a very good reason — the welcoming of his new son who was born on Thursday, February 13th. I also want to thank the Organizing Committee including: Babak Alizadeh, PhD candidate and Lead Volunteer, along with Ross Bright, Michael Cowan, Mignon Fogarty, Lynette Fung, Rosalind Grymes, Grace Park and Ellen Porzig. I hope this is just the beginning of a long series of great lecture series on "Innovations in Biomedical Research".

### **Congratulations to Dr. Iris Litt**

On the evening of February 4th, a celebratory dinner was held to officially present Dr. Iris Litt as the new Marron and Mary Elizabeth Kendrick Professor of Pediatrics. Dr. Litt has had an enormously distinguished career in pediatrics. She is one of the founders of the field of Adolescent Medicine and has made major contributions to this field during the past twenty-five years, focusing on the challenging problems of substance abuse, pregnancy, sexually transmitted diseases, compliance with medical therapies and eating disorders. Her work has been internationally acclaimed and she has been the recipient of numerous awards, including election to the Institute of Medicine of the National Academy of Sciences. Dr. Litt succeeds the

first two incumbents of the Kendrick Professorship — Dr. Irving Schulman and Harvey Cohen — both chairs of the Department of Pediatrics. The evening was made particularly meaningful by the presence of Professor Litt's family, colleagues and friends.

Please join me in congratulating Dr Litt as the Marron and Mary Elizabeth Kendrick Professor of Pediatrics.

### **Commencement Speaker 2003**

It give me great pleasure to announce that [Julie Louise Gerberding, M.D., MPH](#), Director of the [Centers for Disease Control and Prevention \(CDC\)](#), will speak at this year's graduation ceremonies on the afternoon of June 14th, 2003. Dr. Gerberding is the first woman to lead the CDC at a very pivotal time as it addresses bioterrorism (notably smallpox vaccinations), global health, infectious disease, and engages in intense research efforts. She trained in the bay area and is an excellent speaker who has testified multiple times before Congress. Dr. Gerberding is also an Associate Clinical Professor of Medicine (Infectious Diseases) at Emory University.

As Acting Deputy Director of [National Center for Infectious Diseases](#), Dr. Gerberding played a major role in leading CDC's response to the anthrax bioterrorism events last fall. She joined CDC in 1998 as Director, Division of Healthcare Quality Promotion, where she developed CDC's patient safety initiatives and other programs in the prevention of infections, antimicrobial resistance, and medical errors in healthcare settings. At UCSF, where she earned her MPH degree, she was Director of the Prevention Epicenter, a multidisciplinary service, teaching, and research program that focused on preventing infections in patients and their healthcare providers.

Dr. Gerberding is also a member of the [Society for Healthcare Epidemiology of America \(SHEA\)](#) and has served as a member of the AIDS/Tuberculosis Committee. She is currently serving her third year as Academic Counselor on the SHEA Board, and will be President of SHEA in 2003. In the past, she served as a member of NCID/CDC Board of Scientific Counselors, the CDC HIV Advisory Committee, and the Scientific Program Committee of the National Conference on Human Retroviruses. She has also been a consultant to NIH, AMA, CDC, OSHA, National AIDS Commission, US Congress OTA, and WHO.

We are privileged and honored to have Dr. Gerberding speak at Commencement, 2003.

### **Appointments and Promotions**

- **Victor Carrion** has been reappointed as Assistant Professor of Psychiatry and Behavioral Sciences at the Stanford University Medical Center, effective 2/1/2003 to 12/31/2006.
- **David Clark** has been reappointed as Assistant Professor of Anesthesia at the Palo Alto Veterans Affairs Health Care System, effective 2/1/2003 to 12/31/2006.

- **Anne Dubin** has been promoted to Associate Professor of Pediatrics (Pediatric Cardiology) at the Lucile Salter Packard Children's Hospital, effective, 2/1/03 -1/31/08.
- **Jeffrey Feinstein** has been reappointed as Assistant Professor of Pediatrics (Pediatric Cardiology) at the Lucile Salter Packard Children's Hospital, effective 2/1/2003 to 5/31/2006.
- **Michael K. Gould** has been reappointed as Assistant Professor of Medicine (Pulmonary and Critical Care Medicine) and, by courtesy, of Health Research and Policy at the Palo Alto Veteran's Affairs Health Care System, effective 2/1/2003 to 8/31/2006.
- **Christina Mora Mangano** has been promoted to Professor of Anesthesia at the Stanford University Medical Center, effective 2/1/2003.
- **David Rosenthal** has been promoted to Associate Professor of Pediatrics (Pediatric Cardiology) at the Lucile Salter Packard Children's Hospital, effective 2/1/03-1/31/08.
- **Jennifer Raymond** has been reappointed as Assistant Professor of Neurobiology, effective 2/1/2003 to 12/31/2005.
- **Kathryn Stevens** has been appointed to Assistant Professor of Radiology at the Stanford University Medical Center, effective 2/1/03 — 1/31/06.
- **David Tong** has been promoted to Associate Professor of Neurology and Neurological Sciences and, by courtesy, of Neurosurgery at the Stanford University Medical Center, effective 2/1/03 — 1/31/08.
- **Sharon Williams** has been reappointed as Assistant Professor of Psychiatry and Behavioral Sciences at the Stanford University Medical Center, effective 2/1/2003 to 12/31/2006.