

Dean's Newsletter

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Town Hall Meetings and Communications

In the past couple of weeks I have held two Town Hall Meetings in order to provide additional opportunities for communication and dialogue with faculty, students and staff about the many changes that are occurring at the School and Medical Center (see coverage in the February 26th issue of the Stanford Report [<http://www.stanford.edu/dept/news/report/>]). In particular, I felt it was important to have the opportunity to communicate with interested members of the community some of the events that have transpired at the Second Strategic Planning Retreat that was held on January 30 – February 1st. If you are interested, the presentations that took place at the recent Strategic Planning Retreat are also now posted on our Web-Site (<http://medstrategicplan.stanford.edu/>).

I firmly believe that bilateral communication is essential and welcome opportunities for feedback and recommendations from you about how to help Stanford succeed in its mission of being a global role model among research-intensive schools of medicine. I view periodic town hall meetings, along with my meetings with individual departments, small informal gatherings of faculty, students and staff, the circulation of our Strategic Plan “Translating Discoveries” both in hard copy as well as on the Web-Site (<http://medstrategicplan.stanford.edu/>), and this Newsletter, as ways of sharing with you the issues or challenges that I see as important to the future of our School.

While I recognize that much of the work carried out is at the individual level of research, education and patient care, it is my hope that by being informed about the broader directions and challenges of the School, our community will feel more engaged and involved in helping to shape its destiny. I also believe that since no single form of communication is optimal, using multiple venues is best. I am naturally interested in what you think works – or doesn't – and especially your input, comments and suggestions. Please feel free to send those to me directly.

“Envisioning the Future of Academic Health Centers”: Final Report from The Commonwealth Fund Task Force on Academic Health Centers

In February 2003, the Commonwealth Fund Task Force published its report on the future of academic health centers. The full report is available on the funds website at www.cmwf.org. I would encourage you to read the report since it contains a number of important observations. Of interest, many of the aspects of The Commonwealth Report have been captured in our independently prepared School’s Strategic Plan for the Future of Stanford Medicine – which provides at least some affirmation that we are moving down the right pathway. I am taking the liberty of abstracting some of the recommendations from the Commonwealth Fund Report’s Executive Summary. They are broken down by mission as follows:

Organization, Management and Leadership

- Academic Health Centers (AHCs) should strive to be leaders in the application of information technology to improve health care.
- AHCs should develop organizational structures that are more responsive to the needs of the communities they serve.
- AHCs should dramatically improve their internal accounting capabilities and their abilities to manage the flow of funds supporting routine activities and mission-related work.
- AHCs should develop capabilities for performance measurement and improvement, and should train and lead personnel at all levels to value openness, learning, teamwork, accountability, and patient-centeredness.
- AHCs should develop mechanisms to learn about the work of other AHCs, nonacademic health care organizations, and non-health care institutions to identify best practices that may be usefully incorporated into their own activities.
- AHCs should develop mechanisms to assess continually the health care needs of their own communities and the US population more generally, and should ensure that resulting data are incorporated into strategic planning and management decisions.

Research

- AHCs should develop rigorous, peer-reviewed, accountable procedures to allocate space, internal start-up funds, and other research resources.
- AHCs should develop interdisciplinary research structures and recruit faculty who can lead them.
- AHCs should give higher priority and recognition to new and traditionally undersupported areas of biomedical science, including behavioral science, public health-related research, informatics, management sciences, clinical research, and health services research.
- AHCs should develop the means necessary to translate results of clinical research into practice.
- AHCs should manage their relationships with industry and their research generally in a manner that protects patient participants, maintain academic values, and sustains public trust in the objectivity of the research enterprise.

- AHCs should provide increased support for and academic acknowledgement of the work of the faculty who participate in management of ethical issues in research and practice.
- AHCs should play a leadership role in ensuring that the clinical research enterprise protects the welfare and rights of human participants in clinical investigation.

Education

- The curricula of AHCs should dramatically increase emphasis on lifelong learning, teamwork, continuous improvement, and measurement of clinical performance in addition to command of biomedical information and culturally competent care.
- AHCs should develop capabilities to educate students, residents, and clinicians online and remotely.
- AHCs should develop capabilities to use simulation at all levels of the educational experience, from students' first encounters with clinical care to continuing education and certification of master clinicians.
- AHCs should train and reward educators with the same generosity as researchers and clinicians.
- AHCs should develop systems performance measurement and accountability that promote continuous improvement in education.
- AHCs should provide training to prepare clinical researchers for the challenges of an increasingly complex and accountable research environment.
- AHCs should provide leadership in training a culturally competent research workforce

Clinical Care

- AHCs should act decisively to improve safety, quality, and efficiency of the services they provide as part of a process of continual improvement in their performance.
- AHCs should invest in information technologies necessary to automate all appropriate clinical care processes, provide patients with secure access to their medical records, and help patients with self-care and medical decision-making.
- AHCs that fail to achieve the best obtainable outcomes demonstrated by peer institutions should act decisively to improve outcomes or discontinue those clinical services.

Again, I think the full report is worth reading. Given the many challenges we face at Stanford, it is helpful to know that we have recognized many of the same issues as the Commonwealth Fund Task Force and, more importantly, are well on our way to addressing many of them as well as others that we have identified as important for the future of Stanford Medicine.

Current Visa Problem for Students and Faculty

Following September 11, 2001 a number of Visa challenges have arisen for students, fellows and faculty. To better understand the implications of these changes, we invited, John Pearson, Director of the Bechtel International Center, to present an up-date on the current situation to the School's Executive Committee with respect to F and J visas. He brought three issues to the attention of the February 21st meeting of the Executive Committee that I want to share with you:

1. There will be delays in obtaining visas for the foreseeable future for students and scholars from certain countries and in certain fields. The State Department background checks for these individuals may take as long as 5-6 months, and there is no procedure available to expedite these applications.
2. Information we have always had to keep on file will now have to be submitted electronically to the Student and Exchange Visitor Information System (SEVIS). In addition, we now have to report on dependents as well, and holders of F & J visas must have full-time status.
3. There may be a change that will make getting a Social Security number contingent on having a job rather than the current situation of allowing a Social Security number if the visa holder is eligible to get a job. If this change goes through, it could make it very difficult for our international student to carry out such normal activities as renting an apartment or obtaining a driver's license. However, it is important to recognize that this last change has not yet been finalized.

Clearly, the implications and impact of these policy changes are concerning and very challenging and we are saddened by the way they affect our students and colleagues. Dealing with them is, however, difficult and complicated. Mr. Pearson expressed a willingness to be as helpful as possible and indicated that further information can be found at the International Center's web site, which is <http://icenter.stanford.edu>. The INS also has a web site as well that you may wish to consult. It is <http://www.ins.usdoj.gov/graphics/services/tempbenefits/sevp.htm>.

Update on the Medical Education Curriculum

During the past 18 months considerable progress has been made in the development of an exciting and bold new curriculum for Stanford Medicine. In concert with the School's overall Strategic Plan, "Translating Discoveries," the creation of a medical education curriculum that equips students to face and then lead the challenges of medicine and health care in the 21st Century is essential.

The goals guiding changes in the emerging Stanford Medical Curriculum "Learning to Explore, Advocate and Discover (LEAD Curriculum)" were articulated by the Medical School's Faculty Senate on April 2 2002. These included:

- Restructure the current curriculum to achieve more logical sequencing and integration of related topics, more creative use of learning resources, and more efficient use of time where possible;
- Provide a stronger emphasis on development of clinical skills/clinical reasoning and exploration of physician/patient topics throughout the first two years;
- Create opportunities to introduce or reinforce basic science concepts in the clinical years;
- Create opportunities to pursue scholarly concentrations;
- Create more time in the preclinical schedule for students to engage in:
 - Reflection, independent thought, processing of information
 - Early clinical experiences
 - Course work in other disciplines
 - Independent projects and/or laboratory research

While many challenges remain, considerable progress has been made thanks to the leadership of Drs. Julie Parsonnet, Senior Associate Dean for Medical Education, Oscar Salvatierra, Chair of the Faculty Senate, Ted Sectish, Chair of the Committee on Courses and Curriculum (CCC) and many others. As discussed in the January 20th Dean's Newsletter, progress is underway in the development of the new Scholarly Concentrations that will become available for students entering in the Fall of 2003. At this time, over twenty proposals for Scholarly Concentrations, ranging from Molecular Medicine to Public Policy and Community Service, have been submitted through the recent RFP process. Selection of the first Scholarly Concentration options for the incoming medical school class will be completed by the end of April.

In tandem with the development of Scholarly Concentrations, the CCC has been addressing changes in the sequence, scope and content of the current curriculum. The CCC has addressed a number of important issues, and some general areas of agreement have been reached. These include the fact that beginning in 2003, the Autumn Quarter will be lengthened by beginning classes earlier, thus allowing more time for some of the important curricula changes underway. In addition, it has been recommended that biochemistry should no longer be included in the core curriculum (with the expectation that students will have taken biochemistry before entering medical school) and that, in place, a new course on the 'molecular foundations of medicine' will be developed. In order to assure that clinical knowledge and basic science education are synchronized throughout medical school, certain courses now taught in a concentrated fashion in the first two years will be either spread out or introduced as mini-courses during the more clinical years later in the medical school curriculum. These changes will help to better define the core knowledge students require and provide a better road map for life-time learning as well as for the coordinated study of the basic science of human disease. In addition, a goal of the curricula change is to create space during the first years for students to pursue independent study and research through "scholarly concentrations".

There is no question that the changes that are now being proposed and that are moving toward implementation are significant and challenging. They naturally have their supporters as well as those who would prefer either the status quo or some other pathway.

Reaching agreement and consensus is not easy, especially in light of the ambitious timeline underway. Compromise and coordination as well as a tremendous time-commitment have been necessary. Accordingly I want to express my appreciation to the leadership and members of the CCC including: Ted Sectish (Chair) and Pat Cross (Student Affairs), Charles DeBattista (Psychiatry), Maurice Druzin (Ob/Gyn), Jim Ferrell (Molecular Pharmacology), Neil Gesundheit (Office of Medical Education), Sanaz Hariri (Medical Student), Vedant Kulkarni (Medical Student), David Lewis (Neurobiology), Peter Parham (Structural Biology), Julie Parsonnet (Senior Associate Dean for Medical Education), Ellen Porzig (Associate Dean for Graduate Education), Kelly Skeff (Medicine), Ken Vosti (Student Affairs-Emeritus), Elliott Wolfe (Student Affairs), Sherry Wren (Surgery). I also want to thank Betsy Moreno for her many efforts, as well as Steve Keller (SMS I) for creative recommendations and contributions to the dialogue regarding curriculum reform.

While much remains to be done, a significant amount has been accomplished. Our new LEAD Curriculum: The Stanford Plan for Medical Education in the 21st Century, now appears destined to offer exciting innovations that will help students to **L**earn to **E**xplore, **A**dvocate and **D**iscover and thus improve the lives of adults and children facing the challenge of illness and disease.

New Teaching Physician Guidelines for E&M Documentation

On November 22 2002, the Center for Medicare and Medicaid Services (CMS) revised the rules around the documentation by attending teaching physicians for evaluation and management (E&M) services. Until the implementation of these new rules, attending teaching physicians needed to separately document the history of the present illness, key portions of the review of systems, past history, family and social history and physical exam in the patient's medical record independent of what was written by the resident. In order to permit teaching physicians to spend more time on patient care and less on documentation, the revised rules, permit the teaching physician to rely on the Resident's note for documentation of this detail. While a note from the teaching physician is required, it does not need to repeat information already contained in the Resident's note. In the new guidelines, the combination of the Teaching Physician and Resident's notes must have the necessary documentation to support the billing code.

Under these new guidelines, effective immediately, the Teaching Physician must include one of the following statements as applicable in the Medical Record:

- I was present and directly participated during the history and examination performed with (Name of Resident) *or* I performed a history and physical exam of the patient (in which case full documentation is needed)
- I have reviewed the resident's note dated __/__/__ and agree with the documented findings and plan *or* I have reviewed the resident's note dated __/__/__ and agree with the documented findings and plan, except as documented in my note below.

- I was present and directly participated during the entire procedure or I was present and directly participated during the key portions as described below, and I was immediately available to return to the procedure.

These changes are very welcome and will certainly help to improve the efficiency of teaching physicians and also eliminate enormous unnecessary redundancy from the medical record.

I want to thank Dr. Al Lane, Chair of the Department of Dermatology, for taking a leadership role in helping to assure the implementation of these new guidelines at Stanford. If you have specific questions please also feel free to contact Ms. Carole Klove, Chief Compliance Officer for SHC and LPCH at 724-1371 or 724-2572.

University Policy on Performance-Based Raises for 2003-2004

As you likely know by now, on February 26th, the Provost sent a letter to all faculty and staff announcing that the University will not be able to provide faculty and staff with performance-based salary increases for next year. On February 27th, Mike Hindery, Senior Associate Dean for Finance and Administration, and I sent a message to the School of Medicine community indicating that we knew that this decision was difficult for all. Also, the School of Medicine, as an integral part of the University, will confront the same challenges and difficult decisions presented by the current economy.

We recognize the outstanding productivity of the School's faculty and staff. We are also cognizant that we are all constantly confronted with the need to do more work. We also recognize the stress and challenges involved with working harder and yet receiving no associated performance-based salary increase.

It is important that we work with the Provost's decision regarding performance-based salary increases for next year at this time. However, we want to make clear that, while accepting the Provost's decision, we will continue to explore and evaluate whatever options we may have or that may emerge. We recognize its impact on you and your families and continue to value you as individuals and as members of the School's community. We will be communicating pertinent information about budget and financial issues as the year goes on and the budget process proceeds.

Biosciences Interviews

From February 27th through March 2nd, some 280 students applying for the Stanford Graduate Program in the Biosciences, visited campus to meet with students and faculty. Each student had six interviews with faculty from the 11 Biosciences Home Programs. There was a palpable energy and excitement as prospective students learned about the extraordinary learning opportunities available at Stanford. Coordinating such a venue is both complex and demanding. I want to thank the chairs, faculty and staff of the

Biosciences programs, as well as Ellen Porzig, Associate Dean for Graduate Education and new Assistant Directors of Graduate Education, Suzanne Frasca and Kimberly Griffin for the tremendous amount of work that they did to make the visits so successful

In a subsequent Newsletter later this Spring, I will give an update of the process and results of the selection of our 2003 Graduate Student Class in the Biosciences.

Learning Technologies Offers Mini-Grants

Learning Technologies in IRT supports the School of Medicine and its faculty in the effective application of education technology to enhance learning. In order to encourage technology integration and evaluation we are pleased to announce the availability of several mini-grants to support course directors and instructors. All applications are welcome. However, priority will be given to applications addressing:

- Integration of educational technologies into existing biosciences graduate courses.
- Use of educational technologies to support preclinical courses and clerkships involved in the curriculum reform effort.
- Evaluation of the impact of educational technologies currently implemented in School of Medicine courses.

Several grants will be awarded, ranging from \$1,000-\$5,000, with \$20,000 total available for all grants. Funds must be used to work in conjunction with Learning Technologies to develop and implement the proposed projects. Development work should be scheduled for the Spring and Summer of 2003 and implemented in the 2003-04 academic year.

Applications are due March 14, 2003 at 5pm. More information and the complete application can be found on the LearningTech website <http://www-med.stanford.edu/olt/> or contact Jenn Stringer, Associate Director, Learning Technologies, jenn@stanford.edu, 723-9688.

HIPAA Update

The Health Insurance Portability and Accountability Act (HIPAA) privacy regulations become effective on April 14, 2003 and will provide significant new privacy protections for the health information of patients and research subjects.

HIPAA Training will be launched in early March. Everyone in the School of Medicine workforce, including volunteers and students, will receive basic training about the privacy regulations. In anticipation of this effort, the Directors of Finance and Business Managers have identified one or more departmental or divisional HIPAA Leads.

All members of the School workforce will be notified with detailed instructions. We anticipate that this will occur during the week of March 10. *If you are not notified, please bring this to the attention of your DFA or Business Manager.*

The first training effort will focus on generalized training. Shortly thereafter, members of our workforce who engage in human research and education will be provided training specific to those topics.

Please review the latest HIPAA project information on the School of Medicine web site <http://www.med.stanford.edu/HIPAA/>

Memorial Service for Dr. Robert Warren Jamplis

On Tuesday February 18th, the Stanford Memorial Chapel was filled with the family, colleagues and friends of to celebrate the life and death of Dr. Robert Jamplis. Dr. Jamplis served as the CEO of the Palo Alto Medical Clinic and played a major role in shaping health care in this community. He was widely admired by all for his drive, charisma, commitment and dedication to improving the lives of the community of Palo Alto.

Appointments and Promotions

- **James K. Chen** has been appointed to Assistant Professor of Molecular Pharmacology, effective 3/1/2003 to 2/28/2006.
- **Ricardo Dolmetsch** has been appointed to Assistant Professor of Molecular Pharmacology, effective 3/1/2003 to 2/28/2006.
- **Donna Peehl** has been reappointed to Associate Professor (Research) of Urology, effective 3/1/2003 to 5/30/2008.