

Dean's Newsletter

December 15, 2008

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Taking Stock: The Traditional Ending and New Beginning

This is often the time of the year when we take stock of where we are as individuals, as organizations, as nations and as a global community. It is most often a time for holiday festivities, celebrating traditions (whether secular or religious), gathering with family and friends, and taking some time for reflection and anticipation about the year ahead. And while all of these activities will surely occur, the uncertainty and anxiety that have characterized the 90 days since September 15th will surely cast a shadow over them. While we are now told that the recession currently swirling around us officially began at the end of 2007, the cyclone that has virtually blown away the global finance system as we had previously understood it has left us all stunned – and seeking safety or at least solace. The pace of both the seemingly endless bad news and the worsening economic conditions has correspondingly increased the pace of change at universities, medical schools, as well as large and small businesses – most often with job freezes, layoffs, programmatic reductions and dramatically altered expectations. We are certainly not immune to these changes and, as you well know, we have also implemented hiring freezes and numerous other policies in the past months – and there will be more to come as we seek to close the unexpected gap in this year's budget and begin budget planning for FY10. We also recognize that those plans will be significantly affected (in terms of the degrees of needed program change) by whether the continuing economic slide continues, stabilizes or improves.

While most of us look at the stock market as an indicator of the state of our economy, it is actually the credit crisis that is more important – especially since it has been worse than at virtually any time in USA history and, at least so far, has proven unresponsive to the various rescue and relief measures underway at national and global

levels. Most experts view the current credit conditions as rivaling those of 1931 and 1826. And while some prominent economists believe that a rebound is imminent (or at least foreseeable) – once the credits freeze thaws – it is hard to espouse optimism until there is evidence that such a rebound is actually occurring. I am sure that you are also trying to understand the current conditions, including how we got here and, more importantly, how we will move from crisis to stability. I found the article by George Soros entitled “*The Crisis and What to Do About It*” in the December 4th issue of the New York Review of Books (see: <http://www.nybooks.com/articles/22113>) to be informative. And more recently, Paul Krugman, New York Times correspondent and 2008 Nobel Prize winner in Economics, wrote an interesting article in the December 18th issue of the New York Review of Books called “*What to Do*” (see <http://www.nybooks.com/articles/22151>).

As we look forward to the first hundred days following the January 20th Inauguration of Barak Obama, it seems increasingly likely to most experts that his impressive and far-ranging panel of advisors and leaders will, among other things, initiate a significant two year stimulus package – which seems likely to include science, technology and medicine. In addition, it appears increasingly likely that his team will also put healthcare reform high on the agenda, which makes sense given the magnitude of the healthcare sector, the impact that rising health care costs have on the general economy and the unsustainability of the current “system” in the USA.

This leads me to offer some optimism at year’s end – and as we stand at the beginning of the new era that lies ahead. First, regardless of the economic conditions, as a medical center and university we are carrying out valuable and socially redeeming work. Creating new knowledge, seeking to translate discoveries to improve human health and well being, and being willing to serve as advocates for science, technology and medicine – and the ways in which they can improve the human condition – afford us an opportunity to be part of the solution to our current global woes rather than part of the problem. Even so, we recognize that the ultimate solutions will require significant personal change, compromise, coordination and a re-calibration of expectations. Nonetheless there is reason to be hopeful.

We have the ability to make new and major fundamental discoveries. In addition, we recognize that a shift of focus away from disease *per se* and toward one that promotes personal wellness – a value already promoted at Stanford – is likely to be an important area of interest of the new Administration. I am hopeful as well that part of the stimulus package will restore funding to research in the biosciences – and, at a minimum, make that support more sustainable. There is also clear evidence that science will be valued in the new Administration, as evidenced by the appointment of Dr. Steve Chu as the Secretary of Energy and by the record and commitment of former Senator Tom Daschle, who is being proposed for Secretary of Health & Human Services. These appointments, along with the many others we have learned about in the past weeks, provide hope for significant change that can redirect our national and global endeavors to more meaningful and valued goals.

On a more local level, our faculty continue to compete well for the decreased pool of grants, and they continue to receive awards and honors that reflect their distinction and value. Our students are terrific and our staff excellent and highly committed. We have much to be thankful for – and I am deeply grateful for your efforts and contributions.

Around us, we also see many changes pointing to opportunities that will transcend the current economic downturn. The Li Ka Shing Center for Learning and Knowledge is now being cloaked in the characteristic Stanford sandstone, and the Lorry Lokey Stem Cell Research Building is rising from the ground – its steel structure will be completed by February or March 2009. Over the past couple of days, I visited the Stanford Medicine Outpatient Center in Redwood City, which Stanford Hospital & Clinics will open on February 17th. It will house Orthopaedics & Sports Medicine, a Hand Therapy Center, a Pain Center, a Surgery Center, an Imaging Center and the Sleep Center. The facilities are outstanding and will provide comfort, care and dignity to the patients who receive care there – and the faculty and staff who will provide that care. And plans continue to develop for future research facilities, the New Stanford Hospital and the expansion of the Lucile Packard Children's Hospital. While these facilities, like our programs, will need to accommodate to the changing economic conditions, they are both individually and collectively important. They symbolize our future and our commitment to transforming the future and improving the lives and health of our communities.

So, even with the many challenges we all recognize and about which we feel anxiety and even fear, it is also important to look forward with optimism and with a spirit that allows us to stay focused and do good things, so that the years ahead will be bright – and so that we will help to make them so. In that spirit I wish each of your families a very happy holiday – and of course, hope for the year(s) ahead.

Generating Ideas About How to Fund Future Research During a Time of Constraints

One of the action items of our Strategic Planning Leadership Retreat in January 2008 grew out of the recognition that we needed to focus on new ways of generating support for our research missions given the continued declines in federal support for research. These concerns have been rising for years and significantly antedate the current financial crisis. But they are certainly amplified and made even timelier by world economic events. With that in mind, at the December 5th Executive Committee meeting, Marcia Cohen, Senior Associate Dean for Finance and Administration, along with Dr. Harry Greenberg, Senior Associate Dean for Research, discussed the results of a one-day retreat on research funding that was held on October 25th and that sought ideas about how to diversify our research funding portfolio and make it more sustainable. Over 20 faculty, representing the basic and clinical science disciplines across the School, participated. They reviewed past trends and began to think broadly about how we might change our practices and approaches to enhance our success.

The group brainstormed ideas in five categories and then voted on the top ideas in each category. Over 100 ideas were generated. To give you the flavor of the discussion,

here are the categories and top three ideas in each (The full list may be obtained from Kathy Gillam at k.gillam@stanford.edu):

- ***Increasing diversification of funding sources***
 - Improve department-based faculty access to philanthropy
 - Team-up with School of Engineering programs: better coordination with all Stanford schools
 - Better response to RFAs
- ***Sustaining existing programs***
 - Create collaboration incentives
 - Improve clinical trials approval process and infrastructure
 - More investments to promote clinical and populations-based research
- ***Enhancing faculty and institutional competitiveness***
 - Enhance competitiveness of MCL for research (recruitment, time, resources)
 - Loosen restrictions on PI status
 - Pre-submission peer review of proposals
- ***Creating incentives for collaborative or interdisciplinary research***
 - Incentives for brainstorming at early stages
 - Improve access to consultation resources (biostatistics, etc.)
 - Improve focus of institutes
- ***Using research funding and space more efficiently and cost effectively***
 - Identify options to outsource core services
 - Rethink hotel space
 - Off-site storage space (freezers, biospecimens, etc.)

These are, of course, preliminary ideas, and each, along with the many others that were generated, will require much more vetting and development before being implemented. Nevertheless, they represent an important start, and I look forward to seeing their further development in the months ahead. I welcome your thoughts as well, both about these ideas and about others you might have, and hope you will communicate any ideas or suggestions to me (ppizzo@stanford.edu), Marcia Cohen (marcia.cohen@stanford.edu), Dr. Harry Greenberg (harry.greenberg@stanford.edu) or Dr. Daria Mochly-Rosen (mochly@stanford.edu).

Important New Rules on Privacy and Data Security: Be Aware

It is extremely important that you are aware that two new patient privacy laws taking effect in California on January 1, 2009 can impact you personally and professionally. Indeed these new laws increase patient privacy protections but also add new requirements, fines and penalties – which can affect you directly and individually. I have been asked by our Compliance Officers to make you aware of these two new laws:

1. **Senate Bill 541** authorizes the California Department of Public Health (CDPH) to investigate unlawful or unauthorized access to, or viewing, use or disclosure of, patient information. This bill requires the hospital to report any such unauthorized access, viewing, use or disclosure of patient information within five days of its detection to CDPH and to the patient. Hospital fines for failing to prevent unauthorized access are up to \$25,000 per patient whose medical information was breached, maximum \$250,000 per reported breach.
2. **Assembly Bill 211** authorizes a new California state office, the Office of Health Information Integrity (OHII), to investigate and enforce existing medical privacy laws and to investigate individuals and assess penalties against individuals for unauthorized access to or viewing, use or disclosure of patient information. The fines to individuals range from \$2,500 to \$250,000 for violations. No defense or indemnity coverage is provided by the hospital's insurance policies for fines that are incurred by individuals due to violations. The fines are the personal responsibility of the individual. SB 541 requires the hospital to report individuals who violate patient privacy laws. Additionally, this new law authorizes OHII to report such violations to an individual's licensing board for disciplinary action through the licensing board, and the licensing board is required to investigate such referrals.

Please note that AB 211 places the financial burden directly on the individual (doctor, nurse, trainee, etc) and that it becomes the responsibility of the individual to pay the fines – which can be quite significant. SB541 mandates that hospitals monitor and report any unauthorized activity. Accordingly, beginning January 1, 2009, the SHC/LPCH Compliance and Privacy Department will be conducting increased monitoring activities of our electronic patient systems to determine compliance with these two new laws and will be submitting mandatory reports to state enforcement agencies regarding individuals who made inappropriate and unauthorized access to patient information systems.

It is important that you remember to only access patient information that you need to perform your job functions for the hospital and that you do not access patient information for any other reason. I have referred to this in prior communications and want to underscore that this means that you cannot and should not access information on anyone other than patients for whom you have a direct care responsibility. Moreover, if you suspect inappropriate or unauthorized access by any individual to SHC/LPCH patient systems, you must report such to the Compliance and Privacy Department by emailing to PrivacyOfficer@stanfordmed.org, calling the department at 724-2572, or you may make an anonymous call to the compliance and privacy hotline at 1-800-216-1784. SHC/LPCH will not retaliate against any individual who reports in good faith potential violations of laws or hospital policy.

A joint LPCH/SHC/University/School of Medicine steering committee is currently working on implementation of the new requirements under these two new laws and will provide additional information in the near future.

For additional information, please contact the SHC/LPCH Chief Compliance and Privacy Officer, Diane Meyer, at 724-2572 or PrivacyOfficer@stanfordmed.org.

Updating Policies on Stanford Industry Relations

The revelations regarding conflicts of interest and related infractions rival economic disclosures and politics as front-page items in prominent newspapers. On December 12th, the New York Times ran a story about how major pharmaceutical companies have hired “ghost writers” to prepare manuscripts for academic physicians (see:

<http://www.nytimes.com/2008/12/12/business/13wyeth.html?scp=1&sq=ghost%20writing&st=cse>). Such a practice is clearly at odds with academic scholarship and has no place in academic medicine. And yet industry and medical school faculty have clearly engaged in it. I hope this activity has not occurred at Stanford, since it would seem to violate a fundamental standard of scholarship and academic integrity. Moreover, we banned ghost writing in our Stanford Industry Interactions Policy (SIIP) in October 2006 (see: <http://med.stanford.edu/coi/siip/>). Thankfully, Stanford School of Medicine, in conjunction with Stanford Hospital & Clinics (SHC) and Lucile Packard Children’s Hospital (LPCH), was among the first institutions in the nation to embrace such policies. It is now clear that the actions we took are rapidly becoming the standard of practice across the nation.

To remind you, among the provisions of the 2006 SIIP are:

- Highly restricted access by sales and marketing representatives to the Medical Center campus
- A ban on the acceptance of personal gifts from industry representatives anywhere at the Medical Center
- The separation of industry support from educational decisions (for example, the choice of recipients of industry-funded fellowships; the choice of topic, speaker or content in industry-supported lectures, etc.)
- A prohibition against ghost-written articles (i.e., articles written by company employees but with a Stanford faculty member as author)

After two years’ experience with the policy, we realized that it needed to be updated. For instance, the original SIIP policy relied on the national CME accreditation organization’s Standards for Commercial Support to govern industry interactions in this area. We now know these standards are inadequate, and in August 2008 we implemented a new CME commercial support policy (http://cme.stanford.edu/commercial_support.html), which needed to be incorporated into the parent policy. In addition, greater clarity was needed concerning participation in meetings or conferences supported by industry to make explicit, among other things, that participation in so-called speakers bureaus is contrary to the policy. Finally, changes in the Stanford Hospital and Clinics governance structure, particularly as it relates to the medical staff, resulted in the need to clarify to whom various provisions of the policy apply. Other minor updates were also in order.

A small working group in the Dean's Office consisting of Dr. Kathy Gillam, Senior Advisor to the Dean; Dr. Harry Greenberg, Senior Associate Dean for Research; and Barbara Flynn, Manager of the Conflict of Interest Review Program, has been reviewing and updating the policy. They have been coordinating their efforts with Dr. Kevin Tabb, Vice President for Medical Affairs at SHC, and Dr. Christy Sandborg, Chief of Staff at LPCH. Once the revised policy is approved (hopefully early in 2009), it, along with updated FAQs, will be posted on the SIIP web site.

SIIP continues to be the defining document for our interactions with industry in the clinical care and educational areas. Given the prominence of these issues in the public domain and the changing landscape of conflict of interest, it is important that we maintain the currency of the policy and that all of us assure that our own interactions with industry comply with the provisions of SIIP.

Pediatric Mentoring and Faculty Development

On December 1st, I was pleased to attend a meeting of the Pediatric Mentoring Program. This program was launched in October 2007, thanks to the leadership of Dr. Christy Sandborg, Professor of Pediatrics and Chief-of-Staff at LPCH. It is designed to promote the career development of junior investigators in pediatrics and recognizes the value and importance of mentoring. The Program, which currently includes 8 mentors and 30 mentees, is one of several programs in the Medical Center that focus on mentoring and leadership training. Collectively they offer a truly important resource for junior faculty, for whom career development is such a critical issue. Thanks to Dr. Sandborg and the team of pediatric mentors for their efforts and commitment to foster the careers of their junior colleagues.

Developmental Biology – Then, Now and in the Future

At the December 5th Executive Committee, Dr. Roel Nusse, Professor and Chair of the Department of Developmental Biology (DB) gave an update on the department. A brief summary of his comments follows:

Founded in 1989, the Dept. of Developmental Biology has steadily grown to a present size of 11 primary UTL faculty members, out of a total of 19 when secondary and other appointments are included. Of the UTL faculty, 8 are at the full professor level, reflecting the current maturity of the department. The faculty distinguishes itself in being recognized by memberships of the National Academy of Sciences (5) and support from the Howard Hughes Medical Institute (5). The mission of the department is to promote innovative research in many aspects of developmental biology, including the principals and molecular mechanisms that guide embryonic development, the differentiation of adult cell types, stem cells, regeneration, and aging. This work is related to a number of human diseases, including cancer, diabetes and various degenerative diseases. The department is very active in teaching and has recently initiated courses for graduate and undergraduate students in stem cell biology, computational biology, and aging.

DB is also actively involved in teaching fundamental aspects of cell biology in the Human Biology program on the main campus, covering part of the core curriculum. In the School of Medicine, the department is responsible for the first year course DB201, Development and Disease Mechanism. The department is housed in the Beckman Center (third floor).

Over the past three years, the department has recruited several outstanding scientists. Phil Beachy, a renowned developmental biologist being one of the leaders in the Hedgehog signaling field; and Gill Bejerano, a computational biologist chemist who has developed new methods for analyzing whole genomes and finding conserved regulatory sequences. Dr. Bejerano has a joint appointment in the department of computer science, reflecting the integration of DB in other academic departments, even outside of the School of Medicine. Moreover, DB now includes Joanna Wysocka as a secondary appointee, together with the Dept. of Chemical and Systems Biology. She investigates the epigenetic regulation of gene expression.

These newly and previously appointed faculty are listed on the departmental website (see: <http://devbio.stanford.edu/>).

Graduate student training is funded in part by training grants but our graduate students and postdocs have received numerous prestigious fellowships and awards. While the current funding climate poses difficulties for the continuation of some research efforts, DB faculty have done remarkably well in securing grant support and there is an optimistic outlook for the future.

Awards and Honors

- **Dr. Steven Chang, MD** was named the first incumbent of the Robert C and Jeannette Powell Neurosciences Professorship at a celebration held on December 3rd. Congratulations to Dr. Chang.
- **Dr. David Magnus, PhD**, Associate Professor (Teaching) of Pediatrics (Medical Genetics) and, by courtesy, of Medicine, was recently elected Vice President (and President Elect) of the Association of Bioethics Program Directors. Congratulations to Dr. Magnus.
- **Dr. Emmanuel Mignot, MD, PhD** was officially announced as the first incumbent of the Craig Reynolds Professorship at a wonderful event held on December 1st. Congratulations to Dr. Mignot.
- **Geoffrey D. Rubin, MD**, Professor of Radiology, Associate Dean for Clinical Affairs and Vice Chief of Staff, has been awarded the 2008 "Minnie" as the "Most Effective Radiology Educator" from AuntMinnie.com, the world's largest and most comprehensive online medical imaging community. They recognize two outstanding imaging scientists or physicians annually with individual Minnies. Congratulations to Dr. Rubin.

Appointments and Promotions

- **Niaz Banaei** has been appointed to Assistant Professor of Pathology and of Medicine at the Stanford University Medical Center, effective 12/01/08.
- **Steven Binder** has been promoted to Clinical Assistant Professor of Ophthalmology, effective 10/01/08.
- **Brian Blackburn** has been reappointed as Clinical Assistant Professor of Medicine (Infectious Diseases), effective 9/01/08.
- **Richard Bland** has been reappointed to Professor (Research) of Pediatrics effective 12/01/08.
- **M. Gail Boltz** has been appointed Clinical Professor of Anesthesia, effective 12/01/08.
- **Anna Bruckner** has been reappointed to Assistant Professor of Dermatology at the Stanford University Medical Center and of Pediatrics at the Lucile Salter Packard Children's Hospital, effective 12/01/08.
- **James Byrne** has been reappointed as Clinical Associate Professor (Affiliated) of Obstetrics and Gynecology, effective 9/01/08.
- **Ann M. Chen** has been appointed as Clinical Assistant Professor of Medicine (Gastroenterology and Hepatology), effective 1/01/09.
- **Ivan Cheng** has been reappointed to Assistant Professor of Orthopaedic Surgery at the Stanford University Medical Center, effective 12/01/08.
- **Justin Choi** has been promoted to Clinical Assistant Professor (Affiliated) of Surgery (General Surgery), effective 9/01/08.
- **Jennifer Cochran** has been reappointed to Assistant Professor of Bioengineering, effective 1/01/09.
- **Sallie G. DeGolia** has been promoted to Clinical Associate Professor of Psychiatry and Behavioral Sciences (Adult Psychiatry), effective 2/01/09.
- **Karl Deisseroth** has been promoted to Associate Professor of Bioengineering and of Psychiatry and Behavioral Sciences, effective 1/01/08.

- ***Amr L. Dessouki*** has been appointed as Clinical Assistant Professor (Affiliated) of Ophthalmology, effective 9/01/08.
- ***Archana Dubey*** has been reappointed as Clinical Assistant Professor of Medicine (Family and Community Medicine), effective 9/01/08.
- ***Ruth M. Fanning*** has been promoted to Clinical Assistant Professor of Anesthesia, effective 12/01/08.
- ***Kim Gray Hazard Florette*** has been appointed to Assistant Professor of Pathology and of Pediatrics at the Stanford University Medical Center, effective 12/01/08.
- ***Sara L. Gandy*** has been appointed as Clinical Associate Professor of Psychiatry and Behavioral Sciences (Adult Psychiatry – Geriatrics), effective 1/05/09.
- ***Gerald Goresky*** has been appointed as Clinical Associate Professor of Anesthesia, effective 1/05/09..
- ***Antonio Y. Hardan*** has been promoted to Associate Professor of Psychiatry and Behavioral Sciences at the Stanford University Medical Center, effective 12/01/08.
- ***Joseph Hopkins*** has been reappointed as Clinical Professor of Medicine (Family and Community Medicine), effective 9/01/08.
- ***Yi-Chao Huang*** has been promoted to Clinical Assistant Professor (Affiliated) of Medicine (General Internal Medicine), effective 12/01/08.
- ***Audrey Kuang*** has been promoted to Clinical Assistant Professor (Affiliated) of Medicine (General Internal Medicine), effective 12/01/08.
- ***Swaminatha V. Mahadevan*** has been promoted to Associate Professor of Surgery at the Stanford University Medical Center, effective 12/01/08.
- ***Artis Montague*** has been reappointed as Clinical Assistant Professor of Ophthalmology, effective 8/01/08..
- ***Faisal Mirza*** has been reappointed as Clinical Assistant Professor of Orthopaedic Surgery, effective 12/01/08.
- ***Lynn K. Ngo*** has been reappointed as Clinical Assistant Professor (Affiliated) of Medicine (General Internal Medicine), effective 9/01/08..

- ***Patrick O’Callahan*** has been appointed as Clinical Assistant Professor of Medicine (General Internal Medicine), effective 12/16/08.
- ***William Davidson Ogden*** has been appointed as Clinical Associate Professor of Cardiothoracic Surgery (Adult Cardiac Surgery), effective 12/01/08.
- ***Tom Ormiston*** has been promoted to Clinical Associate Professor (Affiliated) of Medicine (General Internal Medicine), effective 12/01/08.
- ***John B. Pollard*** has been reappointed to Associate Professor of Anesthesia at the Veterans Affairs Palo Alto Health Care System, effective 12/01/08.
- ***Keith Polsey*** has been reappointed as Clinical Assistant Professor of Medicine (General Internal Medicine), effective 9/01/08.
- ***Andrew Quon*** has been reappointed to Assistant Professor of Radiology at the Stanford University Medical Center, effective 12/01/08.
- ***Kim F. Rhoads*** has been appointed to Assistant Professor of Surgery at the Stanford University Medical Center, effective 12/01/08.
- ***Beth E. Robie*** has been reappointed as Clinical Assistant Professor (Affiliated) of Obstetrics and Gynecology, effective 1/01/09.
- ***Erika Rubesova*** has been reappointed as Clinical Assistant Professor of Radiology (Diagnostic Radiology), effective 8/01/08.
- ***Andrew A. Shelton*** has been appointed as Clinical Associate Professor of Surgery (General Surgery), effective 2/10/09.
- ***John M. Stevenson*** has been reappointed as Clinical Assistant Professor (Affiliated) of Surgery (General Surgery), effective 9/01/08.
- ***Norman H. Silverman*** has been appointed Clinical Professor of Pediatrics (Pediatric Cardiology), effective 12/01/08.
- ***Matthew W. Smuck*** has been appointed to Assistant Professor of Orthopaedic Surgery at the Stanford University Medical Center effective 12/15/08.
- ***Brent Tan*** has been promoted to Clinical Assistant Professor of Pathology, effective 12/01/08.
- ***Jean Y. Tang*** has been appointed to Assistant Professor of Dermatology at the Stanford University Medical Center, effective 1/01/09.

- ***Pedro P. Tanaka*** has been appointed Clinical Associate Professor of Anesthesia, effective 1/01/09.
- ***Clare J. Twist*** has been promoted to Associate Professor of Pediatrics at the Lucile Salter Packard Children's Hospital, effective 11/01/08.
- ***Thomas J. Wandless*** has been appointed to Associate Professor of Chemical and Systems Biology, effective 12/01/08.
- ***Marius Wernig*** has been appointed to Assistant Professor of Pathology, effective 12/01/08.
- ***Nora Woiwode*** has been promoted to Clinical Assistant Professor of Medicine (Primary Care – Adult Urgent Care), effective 10/01/08.