

Dean's Newsletter

April 4, 2011

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Integrated Planning: A Work in Progress With Serious Intent

It is good to know that in matters of institutional alignment we are ahead of the curve. Academic medical centers across the country are bracing for major changes and challenges that are almost certain to result from the consequences of the economic downturn on state and federal budgets. As you know all too well, the most immediate concern is the almost certain flattening – or reduction – in NIH funding. Coupled with this are the changes unfolding in healthcare funding. These are related both to the Affordable Care Act and to decisions being made by employers and the private sector in response to the continuing rise in healthcare costs. As was evident at the April 2-4th meeting of the Council of Deans in Chicago, every medical school leader is focused on how the changing financial landscape will impact missions in education, research and patient care. While the themes are common, it is also important to underscore that there is enormous regional and local variation on how these events will likely play out based on whether the medical school is public or private, research intensive or more clinically oriented and, of course, on the status of local and state economies.

Perhaps the most important variable is the degree of alignment of the medical school with its teaching hospitals and parent university. This theme was expressed not only at the Council of Deans, but also at the joint meeting of the leaders of medical schools and teaching hospital CEOs that took place on April 4th. This meeting was not only timely but also notable in that it was the first joint meeting of the Council of Deans and the Council of Teaching Hospitals in well more than a decade. That alone is remarkable. What was interesting was how clearly aligned medical school and hospital leaders were in their recognition of both the major challenges and the close linkage between the success of the medical school and that of the teaching hospital and vice versa. So too was the recognition that the models developed in the past, in which clinical

revenues cross-subsidize research and education and clinical revenues are bolstered by private payers to make up shortfalls in public payments (through Medicare and Medicaid), will need to change. How those changes are accomplished will define the future of academic medicine and the future health of our nation.

These are themes I have recounted frequently and, while we are not immune to coming economic challenges, we have done a great deal to prepare for their consequences. While no amount of preparation can provide a guarantee of security if the financial impact is too great or too rapid, I am confident that we are poised to make the necessary adaptations to assure our success. One reason for optimism is the integrated strategic planning we have been doing over the years. As you well know, we have been deeply involved within the medical school in the continued implementation of our strategic plan, *Translating Discoveries*, over nearly a decade. The School has also collaborated over the past several years with the Lucile Packard Children's Hospital (LPCH) in integrated planning that addresses our future efforts in clinical care as well as research and education. We have engaged in similar integrated planning with Stanford Hospital & Clinics over the years; these efforts have intensified during the past year and are now rapidly accelerating.

While it is important for the leadership of institutions to be aligned, it is equally imperative (perhaps even more so, given the complexities of academic medical centers) that alignment be recognized and embraced by all constituencies –faculty, students, staff, university leaders, members of the hospital boards of directors and trustees of the university. The current integrated planning efforts of the School of Medicine (SoM) and Stanford Hospital & Clinics (SHC) are occurring along different themes and agendas; they will be further developed and brought to our various communities and constituencies in the weeks and months ahead.

An important reality check on integrated strategic planning took place at a one-day retreat of the leadership groups of SHC (CEO and senior Vice Presidents) and SoM. Importantly, there was concurrence about what makes Stanford unique (especially its excellence in research and innovation) as well as what our vulnerabilities are. The latter relate to our size and scope of clinical activities in a marketplace that is rapidly consolidating and where the need to define our value to the communities we serve is more important than ever. As a next step we plan to have, over the next months, mission-based discussions with clinical chairs and then with other faculty and staff at SoM and SHC as well as with the governing boards of the hospital and university.

SoM and SHC are also in the midst of comprehensive integrated planning in key areas that intersect our missions in research, education and patient care. For example, a group of faculty and hospital leaders is working intensely to develop a roadmap for the future of Cardiovascular Health that builds on the work of the Cardiovascular Institute and interdepartmental programs in cardiology, cardiovascular surgery, vascular surgery and related services. Similar broad institutional and interdepartmental planning is also underway in Cancer and will soon be launched in Neurosciences and in Immunity/Transplantation/Infection. Each of these efforts is addressing our future

success in innovation and discovery, excellence in medical care delivery, outstanding quality and patient service and the value that Stanford Medicine offers to our community.

Planning is also being initiated around related missions in primary care, other clinical services, network development and the alignment of the Medical Center with the University and the communities we serve. Increasingly our attention must be focused on the relative emphases we put on hospital, ambulatory and community-base care delivery – which will surely impact our faculty as well as our trainees. While these activities have a broad range, they are interconnected and, taken together, will help define the resources we will need in faculty recruitments, staffing and of course capital needs – especially the new Stanford Hospital. They will also allow us to identify the ways in which we will garner needed resources through programmatic investments, business plans and philanthropy.

The SoM, SHC and LPCH are also actively working on our response to the rapid changes in healthcare reform and financing. Our new Clinical Research Excellence Center will play an increasingly important role, but so too will our efforts and decisions regarding our University Health Alliance, our planning in Population Science and our ability to engage in risk management through new entities like “Accountable Care Organizations” and other changes that will emerge in the years ahead.

Of course, as I have discussed in recent Newsletters, we are also deeply involved in planning around our missions in education and research. These activities are also linked to those outlined above and serve to underscore the complexity, range and depth of our challenges and the opportunities they will afford. While it seems likely that much of what we do in the years and decades ahead will address critical questions of how and where we manage health and deliver care, we must also be laser focused on preserving and enhancing our efforts in innovation and discovery and in the training and development of future transformative leaders. There is no denying that this will be difficult – but the risks of failure are unacceptable if we are to steward the future of Stanford Medicine for the generations to come.

Best Practices Brings Medical Schools and Teaching Hospitals Together

If alignment at the institutional level is an imperative, the opportunity to bring our nation’s academic medical centers into alignment is also compelling. With that in mind 105 medical schools and 109 teaching hospitals have signed on to the *Best Practices for Better Care* initiative coordinated by the Association of American Medical Colleges (AAMC) – see: <https://www.aamc.org/initiatives/bestpractices/>. Stanford will be one of the participating institutions.

This new initiative aligns medical schools and teaching hospitals through a common commitment to these five important goals:

- Teach the next generation of doctors about the importance of quality and patient safety through formal curricula

- Ensure safer surgery through use of surgical checklists
- Reduce infections from central lines using proven protocols
- Reduce hospital readmissions for high-risk patients
- Research, evaluate, and share new and improved practices.

Importantly, Stanford has already initiated efforts in each of these areas – and more. While our individual efforts are important in their own right, we are likely to learn from similar experiences of colleagues around the country and thus will be able to better serve our own patients. Importantly, this aligned effort will hopefully make a clear statement to the national community we serve about the value of academic medicine and our shared commitment to patient care, quality and safety as well as to ways to improve the delivery of care and manage its costs and outcomes. For more information about Best Practices for Better Care and a list of participating institutions, visit www.aamc.org/bestpractices.

Launching Accountable Care Organizations

The lexicon for healthcare delivery has changed over the years, with various intents and goals. From private practice to group and multispecialty practices, to health maintenance organizations, capitated or managed care, various approaches have been taken to care for patients individually or in populations. The latest rendition is the “Accountable Care Organization (ACO),” which was forecast in the Affordable Care Act as a way to manage populations, promote health, improve quality and safety outcomes and reduce costs. The first phase of the ACO is focused on payments from Medicare, and the “proposed rules” governing ACOs from the CMS (the Centers for Medicare and Medicaid Services) have been expected for many months. They were issued this past week and will open for comment through June 6th. They can be found at <http://oig.hhs.gov/fraud/aco.asp>. CMS has also released a number of fact sheets available at www.calhospital.org/aco-proposed-rule-released<<http://www.calhospital.org/aco-proposed-rule-released>>.

A Health Policy Forum article by Dr. Don Berwick, Director of CMS, in New England Journal of Medicine (see: <http://healthpolicyandreform.nejm.org/?p=14106&query=home>) offers a readable summary of the rationale and goals for ACOs. That said, as I learned at the April 4th combined meeting of the Council of Deans and Council of Teaching Hospital leaders, the now published “proposed rules” for ACOs are nuanced and bureaucratic, and they require digestion, discussion and reaction. ACOs can be hospital based, physician organized or integrated between hospitals and physicians. We will need considerable discussion and debate about whether and when we should forge toward forming an ACO, but as we proceed it is clear that we would do so in an integrated hospital/physician model. I am sure there will be a lot more to say about ACOs but for now I wanted to alert you to the fact that they are becoming more of a reality – at least in words.

Clinical Practice Guidelines and Conflicts of Interest

During the past week two reports, one from the Institute of Medicine (IOM) and another in a leading medical journal, provide contrasting portraits of the integrity and transparency of clinical practice guidelines. On March 23rd the IOM issued “*Clinical Practice Guidelines We Can Trust*,” which recommends eight standards to ensure the objective and transparent development of trustworthy guidelines (see: <http://www.nas.edu/morenews/20110323.html>). Among the stated standards are:

1. Establishing transparency by explicitly stating and making publicly accessible the processes by which Clinical Practice Guidelines (CPGs) are developed and funded.
2. The management of conflict of interest whereby individuals considered for membership in the development of a CPG should declare all related conflicts of interest with the intent of making any conflicts known and transparent and excluding individuals with COI wherever possible. Specifically the chair of the CPG group should have no conflicts and funders should have no role in the development of the CPG.

Ironically, the March 28th issue of the Archives of Internal Medicine included a report by TR Mendelson et al entitled “*Conflicts of Interest in Cardiovascular Clinical Practice Guidelines*” (*Arch Intern Med.* 2011;171:577-585) that reports on the 17 most recent American College of Cardiology/American Heart Association Guidelines through 2008. The authors observed that 56% of the 498 individuals who worked on these CPGs reported a COI (ranging from 13%-87% on different CPGs). The authors concluded that conflicts of interest are prevalent in cardiology guidelines – although I would add that it is likely that similar observations would be found in CGPs for other diseases and disciplines. An “invited commentary” by Dr. Steven Nissen from The Cleveland Clinic was highly critical and raised serious concerns about the integrity of the clinical guidelines in cardiology and the potential bias they might convey. While there will surely be different points of view about this, the observations are not new and have been a source of concern for some time. Given the importance of evidence-based medicine and the likelihood that clinical practice guidelines will become even more prevalent and important in future healthcare, we need to be mindful of the past and potentially current state of CPG development. This makes the report from the IOM even more timely and important.

Avoiding Financial Conflict of Interest Learning Module for New Faculty

Dr. Ann Arvin, Vice Provost and Dean for Research, has informed us about a new training tutorial titled *Avoiding Financial Conflicts of Interest* that must be completed by all new Stanford faculty. It is a self-paced, web-based module designed to provide an overview of the high-risk situations that can lead to financial conflicts of interest for faculty. Additional information about the module can be found at the COI website <http://www.stanford.edu/group/coi/training/training.html>. It is available to all members of the Stanford community with SUNet IDs through the Stanford Training and Registration System (STARS).

One and Ten Year(s)

During the past week we had the opportunity to celebrate the anniversary of the move of the Dean's Office into the Li Ka Shing Center for Learning and Knowledge. At that time we, along with the Simulation and Education Technology group (SET) were the first and only occupants of the LKSC – which was still undergoing completion. In many ways we were the beta test for this wonderful new facility – although when we moved in floors (literally) were still to be finished, the Café and the Paul and Millie Berg Conference Center still distant dreams, the Berg Family Commons a promissory note for medical and graduate students, and the Goodman Simulation Center mostly wires and architect's plans.

A year later, the LKSC is bustling with activities inside and out virtually 24/7. We had hoped that with the LKSC we would finally have a definable “front door” to the School of Medicine – and that dream has been more than fulfilled. Our medical and graduate students view it as a place for learning, meeting, exercising, communicating and relaxing. Our faculty and staff view the LKSC as a place for conveying and meeting. The Stanford community now sees the LKSC as a gathering place with lawns for sitting and having picnics and social events. And Discovery and Foundation Walks now serve as major thoroughfares within the medical school, to and from the Schools of Engineering and H&S and as a ready route to Stanford Hospital & Clinics and the Lucile Packard Children's Hospital.

A lot has happened in a year – and especially the past six months – and for this I thank the many faculty and staff who helped bring the LKSC to reality. And of course we are all deeply grateful to those who provided the funding for the LKSC – particularly Mr. Li Ka Shing, Professor Joseph and Hon Mai Goodman, Professor Paul and Millie Berg, Dr. CJ and Han Lip Huang, Dr. Keith Gianni, Serge Klotz, Jane Anne Nohl, Enid and Robert H. Parsons, Dr. Arthur J. Riesenfeld, Dr. Roy Stanford, and Akiko Yamazaki and Jerry Yang, along with significant contributions from our basic and clinical departments, the Dean's Office and the President's Fund at Stanford University. Because the LKSC was quite purposefully designed to optimize flexibility, it is also a facility that will continue to change and evolve in an organic and functional way in the years ahead. The LKSC will also help to connect and intersect with the new Stanford Hospital and the additions to the Lucile Packard Children's Hospital that will be constructed over the next several years. Clearly a lot of exciting and important changes – but for now it is wonderful to celebrate the memory of our first year (even if just in a limited way) of occupying the LKSC.

In tandem with the milestone of the LKSC and other major events I note in passing that I passed the ten year mark as Dean of the School of Medicine this past weekend – during which time I was chairing the annual meeting of the Council of Deans of the Association of American Medical Colleges. While I suspect that not everyone shares this feeling, it is amazing to me that the years have passed so quickly since my very first Dean's Newsletter (DNL) on April 2, 2001. I hasten to add what a privilege it has been to work with so many extraordinary faculty, students and staff across this remarkable university and community. Of course, I realize that there is understandable

speculation about how long the DNL's will continue to come to you on their regular bi-weekly schedule. I am still looking at the end of summer 2013, and while for some that may feel too short and for others too long, for all of us there is a lot to continue to do at this time of change and transformation in medicine and science.

Stanford and the March of Dimes

On Wednesday, March 30th we celebrated a new major collaboration between Stanford University and the March of Dimes designed to address one of the major challenges impacting child health in the United States – prematurity. Despite so many advances in pediatrics over the past decades, prematurity remains the leading cause of death in newborns in the US – occurring in one of eight babies. While the preterm birth rate has declined in recent years it is still nearly 30% higher than it was in the early 1980s, and it has major impacts on children, families and society.

Being born even just a few weeks preterm can be associated with an array of immediate and long term complications including respiratory distress and problems, the risk of neurological damage (and cerebral palsy) and a panoply of learning and developmental disorders. Immature organs associated with prematurity can have a number of short and long term consequences, and the risk for life-threatening infections is also increased during the neonatal period. Notably, all of these complications increase the earlier preterm birth occurs. In addition to the impact of prematurity on infants and their families, the financial costs to the nations are significant as well. In 2006 the Institute of Medicine estimated that prematurity costs the nation more than \$26 billion annually.

Major knowledge gaps in the causes of prematurity remain despite decades of research. This has led to a unique partnership between the March of Dimes and Stanford University to establish the March of Dimes Prematurity Research Center at the Stanford University School of Medicine. At the March 30th event, the leadership of the March of Dimes announced a \$20 million grant to Stanford to make this new center a reality. Led by Dr. David Stevenson, Vice Dean and Senior Associate Dean for Academic Affairs and the Harold K. Faber Professor of Pediatrics, who will serve as the Principal Investigator, the center will bring together experts from a variety of disciplines to develop new approaches to the study of prematurity with the goal of preventing its occurrence. Specifically, the new center has four goals:

- Understanding the factors that lead to preterm birth
- Predicting which women are at risk of delivering a preterm birth
- Translating the research findings into clinical interventions and policy changes that will prevent preterm delivery
- Reducing the social disparities that contribute to preterm birth

Additional details about this exciting center are presented in a recent report (see: <http://med.stanford.edu/ism/2011/february/dimes-0228.html>). In addition to thanking the March of Dimes for their support, I want to acknowledge the leadership of Stanford faculty who will serve as co-principal investigators. They include Dr. Paul Wise,

Professor of Pediatrics and of Health Research & Policy, and Dr. Gary Shaw, DrPH, Professor of Neonatology. As I noted in my comments about the center, “This is the kind of research that Stanford faculty are uniquely qualified to carry out. The research is directed at generating and testing new hypotheses and investigational strategies through a highly innovative, collaborative, transdisciplinary structure that integrates and utilizes powerful new informatics capabilities with an unprecedented array of ethnically-diverse, biologic, clinical and environmental population-based datasets.”

Remembering Dr. Larry Crowley

I received news this past week that Dr. Larry Crowley died on March 28th following a long struggle with illness. Without question Larry Crowley was a major figure in the life of the Stanford Medical Center, where he had a significant and lasting impact on the medical school, Stanford Hospital & Clinics and the Lucile Packard Children’s Hospital. He made major contributions to each and is credited as one of the driving forces that led to the building of the Lucile Packard Children’s Hospital. Because of his extraordinary work and contributions he was awarded the Dean’s Medal in 2009. I am copying below the tribute I prepared for him at that time – which is certainly applicable today and which speaks to Dr. Crowley’s past and future legacy.

Lawrence G. Crowley, MD, professor emeritus of surgery, is presented the Dean’s Medal in recognition of his leadership contributions to Stanford University, the School of Medicine, and to the community as a whole.

Dr. Crowley was born in Newark, New Jersey in 1919, and received both his BA and MD from Yale University. He completed his residency in General Surgery at the Yale-New Haven Hospital, and had his first teaching position as an assistant professor of Surgery at Yale Medical School before moving on to spend ten years as a part-time assistant clinical professor of surgery at the University of Southern California School of Medicine (USC).

While at USC, Dr. Crowley managed to juggle his position at the university with a private practice in surgical oncology along with numerous community projects. His most notable community contribution was to Casa Colina, a former Polio rehabilitation facility. After polio was eradicated by the development of a vaccine by Jonas Salk in the early 1950s, Dr. Crowley worked with the board and persuaded them to broaden their services to care for patients of all ages with all kinds of physical injuries and disabilities.

Casa Colina has been recognized throughout the nation as the first to introduce many of the modalities that are implemented in rehabilitative care today, as well as the first rehab center to offer a complete range of care for those with brain injuries and other neurological trauma.

Dr. Crowley first came to Stanford as professor of surgery in 1964, and left to become dean of the University of Wisconsin School Of Medicine from 1974 to 1978. He returned to Stanford as acting dean of the medical school, and in 1979 was appointed

vice president for medical affairs at Stanford. Of his many contributions to the medical center, his efforts as a champion of the new children's hospital are some of the most significant.

Dr. Crowley and Lucile Packard both felt that the time had come to replace the Stanford Convalescent Home with a more advanced facility for children's care, particularly since the types of diseases affecting children now required far more than rest and recuperation.

Dr. Crowley also argued strongly to attach the children's hospital to the existing Stanford University Hospital, rather than rebuilding on the original site of the convalescent home. During the last decade, the Lucile Packard Children's Hospital has grown to become one of the leading centers of excellence in pediatric medicine and surgery, and Dr. Crowley's foresight was instrumental in the success of this important partnership.

Dr. Crowley's other honors include the Certificate of Merit from the American Cancer Society and a Stanford University Distinguished Service Award, and the Lawrence Crowley, MD Endowed Professorship in Child Health was named in recognition of his contributions to Stanford.

Dr. Crowley is survived by his wife Madeline and his children, Larry Jr, Steve and Suzanne, grandchildren and legions of family, friends and colleagues. He will be deeply missed. A Memorial Service to celebrate his life will be planned, and I will let you know the details when they are available.

Upcoming Events

28th Annual Stanford Medical Student Research Symposium

Thursday, May 12

3:00 – 6:00 PM

Ballroom, Li Ka Shing Center for Learning and Knowledge (LKSC)

Faculty and students are invited to hear students present their posters and answer questions about their research. Approximately, 30-40 medical students, both MD and MD/PhD will showcase their original medical research projects carried out in laboratories, clinics and the community - locally and abroad. These projects from the medical student body demanded that students identify and research contemporary health issues that affect individuals and communities as a whole.

After closing remarks at 5:45 PM, the Stanford University Medical Center Alumni Association will announce the students with the outstanding research posters, capping the event.

For information about this event, please contact Beth Leman (leman@stanford.edu).

10th Annual Medicine and the Muse

Tuesday, April 12

5:00 PM

Paul and Millie Berg Hall, Li Ka Shing Center for Learning and Knowledge

Dr Audrey Shafer, Professor of Anesthesia, Stanford University School of Medicine/VA Staff Anesthesiologist, Veterans Affairs Palo Alto Health Care System and Director, Arts, Humanities and Medicine Program, Stanford Center for Biomedical Ethics <http://bioethics.stanford.edu/arts/> asked me to let you know about the 10th Annual Medicine and the Muse Program, which will take place on Tuesday, April 12th. This year's program features art exhibits and presentations by Stanford medical students. Dr. Richard Kogan, a psychiatrist and concert pianist and artistic director of the Music and Medicine Initiative at the Weill Cornell Medical College, will give the keynote presentation.

Medicine and the Muse is free and open to the public, however seating is limited. For more information see: <http://bioethics.stanford.edu/arts/events/MedicineandtheMuse.html> or contact: 650.723.5760.

Save the Date: LPCH Is Having a 20th Birthday Party

Sunday, June 26th

10:00 AM – 4:00 PM

Intersection of Quarry and Welch Roads

On Sunday, June 26th the Lucile Packard Children's Hospital will be celebrating its 20th anniversary with a celebration of their history and future plans featuring more than 75 interactive booths, favorite hospital staff members, musical performances, storytelling, face painting, and more. Food from local favorites and cupcakes will be available. Everyone is invited!

Awards and Honors

- **Dr. Helen Blau**, the Donald E. and Delia B. Baxter Foundation Professor and Director, Baxter Laboratory for Stem Cell Biology, has been named the recipient of the AACR (American Association Cancer Research Foundation Irving Weinstein Lectureship. This lectureship was established to “acknowledge and individual whose outstanding innovations in science and whose position as a thought leader have the potential to inspire creative thinking and new directions in cancer research”
- **Dr. Karl Deisseroth**, Associate Professor of Bioengineering and of Psychiatry, has been named the first recipient of the Ludwig von Sallman Clinician-scientist Award, presented by the ARVO Foundation for Eye Research (AFER) to a clinician-scientist under age 40.

Appointments and Promotions

Barry R. Behr has been promoted to Professor of Obstetrics and Gynecology at the Stanford University Medical Center, effective March 1, 2011.

David F. Fiorentino has been promoted to Associate Professor of Dermatology and, by courtesy, of Medicine, at the Stanford University Medical Center, effective April 1, 2011.

Allan Mishra has been promoted to Adjunct Clinical Associate Professor of Orthopaedic Surgery, effective March 1, 2011.

Andrew J. Patterson has been reappointed to Associate Professor of Anesthesia and, by courtesy, of Surgery, at the Stanford University Medical Center, effective April 1, 2011.

Christopher K. Payne has been promoted to Professor of Urology and, by courtesy, of Obstetrics and Gynecology at the Stanford University Medical Center, effective March 1, 2011.

Homero Rivas has been appointed to Assistant Professor of Surgery at the Stanford University Medical Center, effective April 1, 2011.