

Dean's Newsletter

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Secretary of HHS Participates in Stanford Public Policy Forum

On Monday May 23rd we had the pleasure of hosting Mike Leavitt, Secretary of Health and Human Services, for a Stanford School of Medicine Public Policy Forum. The Secretary's presentation can be viewed at the School of Medicine Website (<http://med.stanford.edu/events/leavitt/>). Secretary Leavitt assumed his role as the 20th Secretary of HHS on January 20th, having most recently served as the Administrator for the Environmental Protection Agency. Prior to that he was a three term Governor of the State of Utah, where he served with distinction and where he developed an interest in health care and information systems. Secretary Leavitt began his visit to Stanford with an informal breakfast meeting that included President Hennessy as well as selected leaders from the School, Hospitals and University. He then held a town hall-like meeting, entertaining questions from the audience on a wide range of topics, from stem cell research to the state of health care in the country.

Throughout his visit the Secretary demonstrated a keen interest in learning about the opinions of faculty and staff on important topics and proved to be a thoughtful listener. He acknowledged that our current health care system is in need of significant improvement and proffered that among the two major driving factors for change is a shift from a focus on treatment to one on wellness and prevention of disease, and a significantly improved information system (and electronic medical record) with true connectivity among the providers, payers, consumers, etc. From the visit in April by David Brailer, MD, PhD, the first national coordinator for health information technology (see http://med.stanford.edu/spotlight/archive/scci_brailer.html), it is clear that improving information technology and the electronic medical record will be an important initiative for HHS and the federal government during the current administration.

The Secretary also offered concerns about the increasing costs of care and addressed in particular the impact of Medicaid on state and federal budgets. At the same time he was silent on Medicare – which is a much more costly component of the health

care system, albeit one that is very politically charged because of its impact on seniors. With the national cost of health care now just above 15% of the GDP (and projected to reach 18.4% by 2013), mechanisms to control rising health care costs must figure prominently into any approach to improving the health care “system.” Among the major drivers of increasing health care costs are prescription drugs, technology and administrative costs. These rising costs challenge the drive to reforming health care in the USA, but because of the many powerful constituencies that are involved, also impact on reasoned solutions.

Gathering a better understanding of the issues and problems facing health care is an important step in seeking solutions. Unfortunately, physicians have not played as major a role in seeking solutions as they might, although many are feeling increasingly disenfranchised or disillusioned by the impact of the market place on medicine as a profession. I certainly count myself among those – but I would rather find ways to help change the system than be co-opted by it. I note that the *Annals of Internal Medicine* is beginning a series on “Understanding Rising Health Care Costs” the first article of which is written by Thomas Bodenheimer (see <http://www.annals.org/cgi/content/full/142/10/847>). Over the next several issues he and others will review some of the important issues from a variety of different perspectives focusing on the following questions:

1. “Are high and rising health care expenditures a serious problem, or is the national preoccupation with health care costs excessive?”
2. Why are health care expenditures higher in the United States than in other countries?”
3. What strategies are available to slow the rate of growth of health expenditures?”
4. Do any strategies exist that enable physicians to reduce costs while improving or protecting quality?”

While these questions just address one facet of the issues, I think it is clearly prudent for all of us to become as informed as possible. While change in the current health care system in the USA seems inevitable, it is my hope that physicians will take on greater leadership in stimulating and implementing these changes than they have heretofore.

Stanford as a Past, Present and Future Pioneer in Imaging and Radiation Therapy

I felt proud to be a member of the Stanford Medicine community on Saturday May 21st when the Departments of Radiology and Radiation Oncology hosted a symposium to celebrate the 100 years of Radiology at Stanford. Since the faculty and leadership guide our current success and future opportunities, it is important to begin by thanking them and acknowledging their remarkable contributions. In so doing, I want to especially thank our current departmental leaders – Dr. Gary Glazer, Chair of Radiology and Dr. Richard Hoppe, Chair of Radiation Oncology – for the roles they have played in stewarding the excellence of these programs. It is notable that Stanford has been a world leader in these disciplines – from their virtual inception. In fact, that relationship began

back in 1904 at the Cooper Medical College, which became the Stanford University School of Medicine in 1908.

In a number of ways, the impact of radiology and radiation oncology epitomizes the connectivity between basic undirected research, innovation, technology development and improved patient care. When Wilhelm Roentgen questioned, in 1895, whether light might be emitted when a vacuum was created in a cathode tube connected to an induction coil, he surely did not have in mind the discovery of X-rays. Like other great discoveries, his pursuit had an unexpected result – the most important consequence of which was not anticipated by the initial inquiry. Indeed, finding that the “light” Roentgen was seeking created a “skeletal portrait” of his own hand (and eventually the famous X-ray of his wife Bertha’s hand) was a remarkable coincidence. For this work Roentgen received the Nobel Prize in Physics in 1901 – the first year that the prize was offered. From that observation the field of radiology was born – although it has undergone many quantum changes in the century that followed.

Interestingly, Roentgen’s discovery of the X-ray also contributed, somewhat coincidentally, to the field of radiation physics – and its connection to radiation oncology. In 1896, a year following Roentgen’s discovery, Henri Becquerel attended a lecture by Roentgen and became interested in the “rays” that might be emitted from other sources, including uranium salts. He began his own inquiries and demonstrated a “ray” that was produced over time by uranium – that was dubbed the “Becquerel ray.” The “Becquerel rays” were subsequently investigated by Pierre and Marie Curie, whose work laid the foundation for “spontaneous radioactivity.” The Curies, along with Becquerel, shared the Nobel Prize in Physics in 1903. Of interest, Marie Curie went on to win a second Nobel Prize in Chemistry in 1911 for her studies on radium and plutonium and her daughter, Irene Juliot-Curie, also won a Nobel Prize in Chemistry in 1935 (along with her husband Frederic) for their discovery of new radioactive elements. Clearly these women scientists, along with countless others, offer counter evidence to the unfortunate remarks made by Harvard President Larry Summers earlier this year.

As we learned at the symposium celebrating the 100 years of Radiology at Stanford, a number of important associations have existed with Stanford Medicine during that first century – and there is enormous promise that imaging will have a remarkable impact on medicine in the 21st century. It was thus fitting that the symposium was divided into a reflection on the past, an assessment of the current efforts and their role in shaping personalized medicine (largely through the connections between molecular imaging and genomics) and importantly, the impact of new discovery, innovations and technology on the nation’s health care system and economy. Indeed, Stanford has been instrumental in moving these fields forward. Stanford physics professor Felix Bloch discovered magnetic resonance in 1945 for which he won the Nobel Prize in 1952. That same year, in a parallel but different field, Stanford Professors Henry Kaplan (in Radiology) and Edward Ginzton (Physics) carried out pioneering interdisciplinary research that led to the invention of the first medical linear accelerator – which ten years later led to the remarkable translational medicine discoveries that resulted in the effective treatment of Hodgkin Disease. Stanford continues as a leader in this field today.

The contributions of Stanford faculty in diagnostic imaging and radiation oncology during the past several decades have been remarkable. Much of this history is captured in a commemorative book entitled *“The World of Stanford Radiology. 1901-2005”* edited by Otha W. Linton. It is both a remarkable history and a wonderful forecast of how imaging – especially molecular imaging – will almost certainly stimulate the process of personalized medicine.

A century later imaging extends into a multiplicity of fields. From diagnostic imaging to interventional radiology to functional and molecular imaging, it not only plays an essential role in virtually every medical specialty, but also is highly relevant to educational models and fields as diverse as archeology, psychology, law and ethics. It continues to serve as a model of interdisciplinary collaboration among physicists, physicians, chemists, computer scientists and engineers – and it has forged successful collaborations between academia and industry. Quite a story from its beginnings just over a century ago, when Wilhelm Roentgen queried whether light would emanate from a cathode ray tube.

Getting Ready for the NCI: External Advisory Committee Assess Our Progress

On Thursday May 26th, our External Advisory Board (EAB) chaired by Dr. John Niederhuber (University of Wisconsin) visited Stanford to review the current status of our planning efforts to apply to the National Cancer Institute to become a designated Cancer Center. Members of the EAB include: Dr. Shelton Earp, University of North Carolina, Chapel Hill; Dr. Edward Harlow, Harvard; Dr. Ronald Herberman, University of Pittsburg; Dr. Richard Jones, John Hopkins; Dr. Joyce Niland, City of Hope; Dr. Louise Strong, University of Texas, Houston and Dr. Marcy Waldinger, University of Michigan, Ann Arbor. Several members of the Advisory Board participated in the March 2004 review while others were visiting for the first time. Since the last visit we have made consistent and remarkable progress thanks to the efforts of our faculty and key leaders. I particularly want to thank Dr. Karl Blume, Professor of Medicine, Emeritus, who has worked incredibly hard and diligently to continue moving this effort forward to its current success and for coordinating a highly diverse group of faculty leaders, issues and challenges.

Since the last visit of the EAB a number of significant changes have occurred. Among the most important, Dr. Irv Weissman, now the Ludwig Professor and Director of the Cancer/Stem Cell Institute, was named the Comprehensive Cancer Center Director and will serve as the Principal Investigator of the P30 grant. In addition, we have been fortunate in recruiting Dr. Beverly Mitchell from the University of North Carolina who will join Stanford on July 1st to serve as the Deputy Director of the Comprehensive Cancer Center. With the arrival in July 2004 of Dr. Steve Leibel, the Ann and John Doerr Medical Director of the Clinical Cancer Center and Professor of Radiation Oncology from the Memorial Sloan Kettering Cancer Center, the leadership team is now complete. Indeed, Drs. Weissman, Mitchell and Leibel form a complementary continuum from

basic and translational research to patient care. In addition, faculty have made terrific progress in further refining their projects and we now have assembled a group of nine projects (basic, clinical and population) that are outstanding and that reflect our strengths in innovation and discovery. These are nicely complemented by a number of important cores (or shared services) that will truly enrich the environment for faculty and trainees committed to cancer research. Further, we have made progress in supporting considerable infrastructure development from a variety of private and public sources. Also, key to the grant proposal, we are fortunate to have Joanne Murphy join us as the Associate Director for Administration of the Comprehensive Cancer Center. In addition, we have leased space on Arastradero Avenue to provide a critical mass of research space to help launch our efforts and, as you know from my last Newsletter, we are in the midst of planning SIM1 that will house the NCI Comprehensive Cancer Institute, the Cancer/Stem Cell Institute and the Neuroscience Institute at Stanford. So, taken together, considerable and important progress has been made.

Thankfully, the External Advisory Board was also quite pleased and impressed by our progress. Perhaps most importantly, they judged the various programs that were presented to them during their visit as truly excellent to outstanding. They felt assured that we would have a very competitive grant submission. However, recognizing the many additional components to the grant that are necessary to make it successful – especially for a first time application – they encouraged us to make our application on February 1, 2006 instead of October 1, 2005 as we had intended coming into the EAB review. Since our final goal is to make the submission successful, we agree that this slight delay is appropriate. That said, the enormity of the task before us is considerable and while the submission date is slightly delayed, the preparation time will need to remain on an accelerated format – with most components needing to be in place by the end of summer. That would allow us time for additional reviews including a mock site visit.

While our formal planning process began on February 1, 2003 and our now likely submission date will be three years later (February 2006), the reality is that an enormous amount of work has been accomplished. In addition to the assembly of fantastic science, we have recruited some terrific new faculty members and leaders, have undergone the cultural shift that now embraces the value of having an NCI Comprehensive Cancer Center at Stanford and have assembled the programmatic, financial and capital resources to move us forward. As a result, we have won the respect and confidence of leading peers around the country who recognize Stanford's remarkable accomplishments in cancer research and treatment, but who once doubted that Stanford would take this step towards official designation. They are now convinced that we are ready and prepared to support us.

So while it has taken longer than I originally hoped for to get to where we are today, it is appropriate to recognize and thank the many individuals throughout the school and university who have helped get us to this point. Obviously more to follow!

Department of Neurosurgery Hosts the Annual Meeting of the Society of Neurological Surgeons

On May 21-23, Stanford hosted the annual meeting of The Society of Neurological Surgeons, the oldest professional society in this discipline, which began in 1920 with Harvey Cushing as its first president. Comprised largely of department chairs and program directors who have been elected to the Society, its primary focus is to help assure the academic integrity of neurosurgery, especially in education and research. As host, Dr. Gary Steinberg, Professor and Chair of the Department of Neurosurgery at Stanford, worked with the Society leadership to put together an outstanding program.

Accordingly, the scientific program began on Sunday morning with a discussion by President John Hennessy on the “University as a Source of Innovation.” That was followed by a presentation that I gave on “Addressing the Challenges of Academic Medicine for the 21st Century.” In my presentation I highlighted some of the particular forces now confronting academic medicine (e.g., decreased funding from the NIH, challenge surrounding conflict of interest, lower number of MDs pursuing research and academic careers, pressures of training and cost of education, difficulties in school-hospital-community interactions – especially around economics, impact of the lack of a real health care system in the USA and the loss of public trust for medicine as a profession). I also discussed the various ways that we have sought to address some of these challenges through our Strategic Plan *Translating Discoveries* (<http://medstrategicplan.stanford.edu>). In particular I focused on the changes we have made in our medical school curriculum to train future physicians/scholars/leaders, our goals for graduate student education, and our aspirations to foster greater research opportunities for residents and fellows – which has special relevance to surgical specialties like neurosurgery. I also described our efforts to enhance translational discovery and interdisciplinary research and education through the formation of our Stanford Institutes of Medicine, and their important alignments to clinical centers of excellence at our affiliated hospitals as well as to other academic programs within the university. Naturally, I focused specifically on the Neuroscience Institute at Stanford and the important role it is playing in fostering broad interdisciplinary themes of research across the Institutes. In addition to these positive steps forward, I also proffered that it is important for physicians and professional societies to assume greater leadership and advocacy to improve and even radically change the health care system in the USA. I also commented on how important it was to develop more interdisciplinary clinical programs or centers that align medical, interventional and surgical disciplines – lest we run the risk of continuing divisiveness within our academic centers and the consequent negative impact on training and education. Short of such changes, the great strides we have made in research will not be matched by successful alterations of our health care system – and as a consequence we could fall short of reaping the true benefits of our promise during the 21st century.

It was clear from my interactions with attendees at the meeting that the Stanford program in neurosurgery is winning accolades across the country, thanks to the role of faculty in research, patient care and education. It is abundantly clear that the much

improved stature of Stanford Neurosurgery is also a reflection of the leadership of Gary Steinberg - and we all owe him thanks for that.

Continuing the Planning for the LCME

On Thursday May 25th, the Steering Committee overseeing the generation of our report to the Liaison Committee on Medical Education met to review the penultimate draft of the summary report that will accompany the more than 3,000 pages of data analyses, etc., being submitted to the LCME for our upcoming accreditation review this October. Spearheading this effort are Dr. Oscar Salvatierra, Faculty Leader, and Rebecca Trumbull, Project Director. Clearly hundreds of hours of work have gone into this effort to date and enormous progress has been made as well. While there is much to be done, including a mock site visit in late summer, I am very pleased with where we are at this point in time. I want to thank our leaders and the many faculty, staff and students who have served on the numerous committees and subcommittees working on the LCME report. I also want to thank the student committee that generated the companion medical student assessment of Stanford Medical School. We surely still have a fair amount of work to accomplish but the efforts today are gratifying – and promising.

A Question of Moonlighting

Recently, several questions have come to the Dean's office regarding "moonlighting." In reviewing this matter it struck me that it would be helpful to simply announce our policies regarding this matter. To do so, I asked Ann James, from the General Counsel's Office, to review and summarize those policies and her comments follow directly.

Per Ann James "The policies regarding clinical practice are defined in the Professional Service Income Letter Agreement (Letter) and the Rules of Practice for the Faculty Physician (Practice Rules) at Section 2.103. II. A through C. The Letter and the Practice Rules address all of the situations in which a faculty member might "moonlight" or provide patient care services for which a professional license is required, and retain the professional fees generated from such services.

Upon employment as part of the faculty of the School of Medicine, all faculty members sign the Letter, which states that: "As a condition of your University appointment and/or employment, any fees which are charged for your services are irrevocably assigned by you to, and belong to, the University (or other institution designated by the University), and must be transmitted to the accounts designated by the School of Medicine." The letter points out that there are certain exceptions, defined in the Practice Rules, but also affirms that the Stanford University malpractice program does not provide coverage for any activities for which the individual personally retains fees.

In the Practice Rules, the term "practice income" is defined as "Any income derived from direct or indirect patient care services requiring physician or other licensure for professional services, including physicians, psychologists, and doctors of philosophy involved with clinical activities... as part of their employment by Stanford University is practice income, regardless of the source of payment for those services or the purpose for which the professional service/opinion is rendered." The rules further define such practice income as: "All professional fee-for-service or contract income derived from direct, indirect or consultative patient care services requiring medical licensure regardless of whether they are of a recurrent or non-recurrent nature;..."

Income from consultation on claims or testimony as an expert or witness on the medical condition or treatment of any person is also considered "practice income" unless the services (1) involve consultation or testimony that is based solely on a review of medical records for a person who is not a current Faculty patient, (2) do not involve use of any Stanford Hospital and Clinics (SHC) or Lucile Packard Children's Hospital (LPCH) facilities, and (3) do not involve personally examining or interviewing the person. Fees from personal consultation or expert witness service on medical condition or treatment are not an exception to "practice income" unless such work meets these three criteria. The other exception to categorizing such fees as "practice income" is an arrangement that has been approved by SHC and LPCH and the income from such services accrues to the School of Medicine or to a Department solely for academic purposes.

Practice income includes all medical direction income from a laboratory, diagnostic or therapeutic facility, or any other nonprofit or for-profit enterprise where the medical director has responsibility for the quality of services rendered. Practice income does not include serving on an advisory or governing board of such an enterprise.

An exception to the income policy allows professional income earned during scheduled vacation periods to be excluded from "practice income" so long as these conditions are met: the vacation is at least 14 calendar days in duration, approved by the Department Chair, and the Chair gives prior written authorization to conduct professional patient-related services during the vacation.

Any exception to these income policies must be approved in advance by the Department Chair and the Senior Associate Dean for Clinical Affairs.

The only approved sites of practice for the faculty are the facilities of SHC, LPCH, or sites designated by the Dean of the School of Medicine after consultation with SHC and/or LPCH. The Practice Rules are clear: "No Stanford University full-time Faculty may ever maintain a professional practice outside of the sites of approved practice." The Practice Rules do provide that professional services may be provided at other sites on a non-recurring basis if approved by the

Department Chair, and income from such activities is treated as "practice income."

In summary, full-time faculty of the School of Medicine have assigned all professional fees without exception to the University, which has in turn assigned such fees to LPCH and SHC. All clinical practice is to be rendered within LPCH, SHC, affiliated or contracted facilities, or facilities designated by the Dean. Consultation for faculty that involves professional income must meet limited and specific exceptions for fees to be individually retained, and every consultation that involves such professional services should be reviewed carefully to make sure it meets the appropriate exception.

If you have questions, please review them with your department chair or send an inquiry to Ann James (anjames@stanford.edu).

Community Lecture Series

Stanford physician scientists are focused on uncovering deeper understanding of neurological disorders and developing new ways to treat these diseases. Come to the next Community Lecture Series to hear experts in stroke, multiple sclerosis, and movement disorders discuss their work and the potential of new therapies to prevent or reverse the damage caused by neurological diseases. This seminar, open to the public, will be held at 7:00 pm on Wednesday, June 1st at the Clark Center Auditorium. For more information about this and other Community Lecture Series events, call: 234-0647.

Awards and Honors

- Two Stanford University School of Medicine affiliates have been elected to the National Academy of Sciences (NAS) – **Axel Brunger** (Molecular and Cellular Physiology; Neurology and Neurological Sciences) and **Gretchen Daily** (Biological Sciences). They are among the 72 new members and 18 foreign associates selected on May 3 in recognition of their distinguished and continuing achievements in original research. Congratulations to Drs. Brunger and Daily!
- **Erik Cabral, SMS II** will be a recipient of the 2005 Herbert W. Nickens Medical Student Scholarship from the Association of American Medical Colleges (AAMC). This program is designed to assist medical schools achieve diversity objectives and eliminate health care disparities. Congratulations to Erik!
- **Kent Garman M.D., M.S.**, received the prestigious Distinguished Service Award from the California Society of Anesthesiologists. This is the highest award given by the CSA and has been given out only 21 times in the past 55 years. Kent was the founder of cardiovascular anesthesia at Stanford and continues to be listed in the Best Doctors section of San Francisco magazine. Well done Kent!
- **Miriam Goodman, Ph.D.** (Molecular and Cellular Physiology) is a recipient of the 2005 McKnight Scholar Award, which grants young scientists in the early

stages of establishing their own independent laboratories and research careers and who have demonstrated a commitment to neuroscience. Best wishes to Miriam!

- ***Simon Hanft, SM IV*** has won the William Bean Student Research Award from the American Osler Award. This annual award enables a student to pursue a project in the medical humanities. Simon will be studying the literature of physician authors, emphasizing the relationship between John Keats and William Carlos Williams. He plans to link their poetic endeavors to their training and experience as physicians and how that influenced their writing.
- ***James Mark, M.D.***(Cardiothoracic Surgery) has been chosen by the Hewlett Award Committee as the 17th recipient of the Albion Walter Hewlett Award. As winner of the award, Dr. Mark will speak on “How Good Were the Good Old Days? During the Medical Ground Rounds on Thursday, June 23 at 8:00 am in Fairchild Auditorium. Congratulations James!
- ***Eric Shooter, PhD***, Professor Emeritus Neurobiology delivered the Ninth Annual Stephen W. Keiffer Memorial Lecture on Thursday, May 26th. Professor Shooter’s presentation also marked the inauguration of a new series of lectureships to honor-selected faculty who become emeritus. This Emeritus Lecture series will enable Stanford faculty to learn more about the remarkable careers and works of their colleagues. Dr. Shooter also learned that with his becoming emeritus, the faculty in the Neurology Department voted unanimously to change the name of the “Keiffer Lecture” to the “Eric Shooter Lecture” as a reflection of their respect for Dr. Shooter and the enormous impact he had on neuroscience.
- ***Eric Sibley, MD, PhD***, Assistant Professor of Pediatrics will become the next Editor-in-Chief of the Journal of Pediatric Gastroenterology and Nutrition. He will begin his 5-year term in January 2006. Congratulations to Dr. Sibley!

Appointments and Promotions

- ***Harley McAdams*** has been promoted to Professor (Research) of Developmental Biology, effective 6/01/05.