

Dean's Newsletter

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Honoring the Life of Dr. Malcolm Bagshaw

Many of you no doubt have seen the sad announcement of the death of Dr. Malcolm Bagshaw, Professor of Radiation Oncology Emeritus (<http://med.stanford.edu/ism/2011/september/bagshaw-obit.html>). Dr. Bagshaw was a pioneering leader in Radiology and Radiation Oncology, and he had a major impact on Stanford and on medicine. He was deeply respected and revered by all who knew him and will be missed. A memorial service will be held on October 10th at 4:00 pm at Memorial Church.

A Tale of Two Cities: Gloom or Opportunity

Perceptions of reality can be affected by the coincidental juxtaposition of events. On September 14-15th I participated in a meeting of the Council of Deans and the Board of Directors of the Association of American Medical Colleges (AAMC) in Washington, DC. Not surprisingly, considerable portions of the meeting focused on the gloomy messages coming out of the Congress and Executive Branch about our nation's economic state of affairs and the changes likely to unfold as a consequence of fiscal reality and politics. The forecasts on healthcare financing are of course both promising and disconcerting. There can be no question that changes in our healthcare system and its financing are critical for the economic health of the US. At the same time there was considerable speculation about whether the debt reduction debate would impact Medicare and, more specifically, the support for Graduate Medical Education (GME) – which would have a nearly immediate impact on academic medical centers and teaching hospitals specifically.

These possibilities came into sharper relief on Monday September 19th when President Obama delivered his debt reduction plan to the nation. While there were many important opportunities outlined in his message, one of the highlighted areas was to *"Reduce graduate medical education payments to better align with patient care costs: Medicare compensates teaching hospitals for the indirect costs stemming from inefficiencies created from residents' learning by doing." The Medicare Payment Advisory Commission (MedPAC) has determined that these Indirect Medical Education (IME) add-on payments are significantly greater than the additional patient care costs*

that teaching hospitals experience. This proposal would reduce the IME adjustment by 10 percent beginning in FY 2013, and save approximately \$9 billion over 10 years." I have been concerned about the future funding for GME for a number of years and have written about this previously, so this is not surprising – but it moves the financial impact on academic medicine from anticipation to reality and could be even more significant as the debt reduction debate continues.

Indeed, if the so-called Bi-partisan Congressional Committee of Twelve (six Democrats and six Republicans) does not meet its target budget reductions by the end of October (since whatever it proposes has to be reviewed by the Congressional Budget Office before the end of November deadline) even more significant cuts are likely. We have long known that the reimbursements for healthcare would decline – it is just a question of time and the degree to which the major entitlement programs (Medicare and Medicaid) will be impacted. This now seems inevitable, in some manner and magnitude yet to be fully defined.

In tandem with the continuing bad news on the national and global economy, reports about the likely funding for the NIH for FY12 have also been a major area of interest – and concern. On Tuesday, September 20th, the Labor-HHS-Education Subcommittee presented a possible NIH budget of \$30.5 billion – which is a 0.6% decrease from FY11. Again, how this will play out is closely linked to whether the debt reduction committee noted above reaches its target cuts – or whether across the board cuts go into place. If that default (or failure) option comes to pass, the negative impact on NIH funding could be much more significant for FY12.

There is no denying that the combination of the news on the economy, the prospect of declining federal support for research and the uncertain landscape for healthcare financing can easily promote a sense of gloom and foreboding –as was certainly the case in Washington. Having lived in the Greater DC area for more than two decades (while I was at the NIH) I am well versed in the siege mentality that can permeate Washington and have an almost anamnestic reaction to it. Thankfully, after the AAMC meeting I was able to return from Washington to Silicon Valley, the world's center for innovation, and by Saturday morning I was again full of optimism. This spirit of hopefulness and opportunity was strengthened by reflecting on what is so unique about Stanford and reinforced by attending portions of the *Stanford Medicine 2.0* meeting on Saturday morning.

The exciting program for *Stanford 2.0* (see: http://aim.stanford.edu/program_booklet_v3.pdf), organized by Dr. Larry Chu, Assistant Professor in the Department of Anesthesia, brought together thought leaders in innovation, technology, social media, medicine and more. The energy of the attendees conveyed optimism and hopefulness about prospects for creating the future rather than reacting to it. Of course, this is not to imply that the forces looming around us aren't serious and even daunting – but it is also important to acknowledge that we need to find ways to recreate and redirect our efforts. I have long believed that Stanford Medicine should be a role model for the future – and this is clearly the time to stay focused on how

we can continue to develop and refine the work we have done over the past years to achieve that.

While hardly a guarantee of a successful future, both the School of Medicine and Medical Center are well positioned by virtue of their individual and collective financial resources. Our School of Medicine's consolidated endowment and reserves, as well as our annual operating surpluses, compare well to peer and national benchmarks and institutions. At our affiliated hospitals, the respective operating margins and annual profits, together with consolidated assets, reserves and investments also have a very solid foundation. Taken together – and certainly compared to a decade ago – we are in a very strong position. That said, we all recognize that no matter what our current resources, we will be challenged going forward given the economic downturn (now nearly four years old), the projected flat federal research funding and expected changes in our healthcare landscape. While our individual and collective financial resources are important, our human capital – our faculty, students and staff – is much more valuable. Over the past decade we have recruited over 600 full-time faculty (UTL, MCL, NTL), along with hundreds of Clinician-Educator faculty. Their talents and capabilities, individually and collectively, are exceptional by virtually any standard. The accomplishments and successes of our investigators top the list in peer-reviewed sponsored research funding per faculty as well as in comparative awards and honors per capita (including membership in the National Academy of Sciences, Institute of Medicine and the Howard Hughes Medical Institute) along with virtually any honor of note. While the stresses on our faculty are and will be notable over the years ahead, their creativity is even more so, which gives me great confidence that they will find and define new pathways to success, even during these days of constraint and even gloom.

Another source of institutional strength comes from a shared vision and from the increasingly closer alignments of our basic and clinical research community, including with colleagues across the university. Coupled with this are numerous interdisciplinary institutes and centers within the School of Medicine, along with some that extend across the university, and others that originate within the university and extend to the medical school. Also of major importance are the integration and partnership between the School of Medicine and our contiguously located teaching hospitals (Stanford Hospital & Clinics [SHC] and the Lucile Packard Children's Hospital [LPCH]) as well as with the Palo Alto Veterans Administration Medical Center and the Santa Clara Valley Medical Center. These interrelationships have been enriched through multi-year strategic planning that has included shared missions in research, education, patient care and community service. These planning efforts have helped shape our School of Medicine and have continued to facilitate alignments with our hospitals and community.

As one example of patient care alignment, Christopher Dawes, President and CEO of the Lucile Packard Children's Hospital, recently shared three major decisions that were made at the September 7th LPCH Board of Directors meeting and that will impact LPCH and Stanford for many decades to come. The first was the approval by the Board for the \$1.13 billion hospital renewal expansion that will result in additional in-patient beds, diagnostic facilities and ambulatory space. Preparatory construction has

begun, initially with infrastructure needs, and the LPCH leadership anticipates that the new facility will open around 2016, providing state-of-the-art facilities for children, parents and families – and, of course, all who provide for their care and well-being. In tandem with new hospital facilities, the LPCH Board of Directors also approved moving forward with implementation planning for the conversion of hospital-wide information systems to Epic over the next 3-4 years. As you likely know, Stanford Hospital & Clinics, which has one of the most advanced electronic medical record systems in the nation, uses the Epic platform. This decision by LPCH to use Epic will create better alignments within the Stanford University Medical Center and will create additional opportunities for linking physicians within and outside of Stanford.

This decision directly relates to the third major approval by the LPCH Board of Directors, which is to continue to develop an interrelated physician network with the community, at LPCH, and with Stanford faculty and the School of Medicine. This provides a connection between LPCH/Stanford tertiary-quarternary clinical services and the broader linkage of primary and specialty services in the Bay area community and well beyond. These decisions, together with the major strategic planning that LPCH and Stanford have been doing over the past years, will position child health and obstetrics to be optimally configured for the major changes that will be unfolding over the next years. To the theme of this summary, even though many challenges abound, the bold and creative thinking and planning by our LPCH, pediatric and obstetric partners should enable Stanford to seize new opportunities and help create the future.

On September 21st, in further evidence of alignment and opportunity, Amir Rubin, President and CEO of Stanford Hospital and Clinics (SHC), offered an update to the SHC Board of Directors on the strategic planning efforts that have been taking place since his arrival in January of 2011. Equally important is the coordinated and integrated strategic planning between SHC and the School of Medicine that has also been underway. Institutional leaders, faculty and staff have broadly embraced these strategic planning efforts. Some build on programs that have been evolving over the past decade (e.g., our Stanford Institutes of Medicine), whereas others define new opportunities that will be jointly pursued in the years ahead. Taken together, these integrated strategic planning initiatives seek to define what makes the Stanford University Medical Center (SUMC) unique, in the complex medical care environment of the Bay Area and California but also on a national and global level. Because of our size and scope it is imperative that we measure and match our skills to achievable goals and objectives. As Amir Rubin noted during his presentation, this means being at the leading edge of both coordinated complex care and a coordinated network of care. We have particular strength in our ability to deliver leading edge complex care, but we have more work to do in optimizing its coordination.

The ways to achieve coordination in complex care are being explored and optimized in integrated planning efforts by leaders of the Stanford Cardiovascular Institute (the working results of which were shared with the SHC Board of Directors on September 21st). Similar planning is now underway by the leadership groups of the Stanford Cancer Institute and the Stanford Institute for Neuro-Innovation and

Translational Neurosciences Institute. Other integrated complex care planning (e.g., transplantation) will be initiated over the next year. Further, during an evening session with clinical department chairs and members of the SHC Board of Directors, the chairs described wonderful examples of alignment and accomplishment in coordinated complex care and/or in coordinated network of care. In these and related areas we recognize that we must achieve excellence and preeminence in discovery and innovation and in our physicians. We must also achieve leadership in quality, safety and evidence based patient care, in outstanding patient service and in the assessed value and lower costs of our clinical care enterprise. These metrics extend from our inpatient to our ambulatory services – on the Medical Center campus and in our community.

We also recognize that we have challenges in being preeminent in the delivery of leading edge coordinated network care. We are making progress and are committed to excellence in this important area well. This includes our intent to expand the primary care physician services offered at SUMC and to develop innovative models for the delivery of patient care, such as the Ambulatory ICU developed by Dr. Arnie Milstein, who leads our Clinical Excellence Research Center. We fully anticipate that, over the next several years, strategic recruitments coupled with our burgeoning efforts in population sciences will help us become preeminent in improving the health of our community both locally and globally. Coupled with this are our important extensions to our community through the University Health Alliance (UHA), which is already creating important physician partnerships and which will serve as one of the bases for our network of care. These will be complemented by other creative opportunities – including educating, training, and developing the physician workforce for the future of SUMC.

Of course, one of the most exciting developments and opportunities for the future of the SUMC will be construction and redevelopment of SHC – a nearly \$2 billion initiative that is now underway. This will provide new facilities for patients and families along with new technologies and innovations that will extend from the operating room and the intensive care facility to the in-patient and outpatient facilities, where coordinated complex care and exceptional primary care will be delivered.

While the tone of the message from Washington is gloomy, and while challenges certainly abound, the opportunities to shape our destiny remain exceptional. We clearly need to be strategic in everything we do and to utilize resources and investments wisely and thoughtfully. Of course, we also need to make the case for new resources – which we are doing as we plan for the launch of the Campaign for Stanford Health and Medicine early in 2012. The campaign will seek ways to support our facilities – and perhaps most importantly our human capital: students, faculty and staff. While this will be a major effort that will take 5-7 years to complete, the campaign will help realize the compelling and exciting vision and goals that have been assembled over the past decade and the ones that will follow.

I do not mean to imply or suggest that we should be Pollyannish by not underscoring that the external pressures that we will surely face in the years ahead will require adaptation, adjustment and even modification of our plans. But I do very much

mean to state that focusing on the negatives will mire us in being too reactive and cautious and, in some ways, will create a self-filled prophecy of stagnation. That is why I was glad to return from Washington to California – and, even more so, why I am pleased to be at Stanford and to continue looking forward for opportunity and transformation.

Preparing For a Career as Clinical and Translational Investigator

On September 13th I had the opportunity to introduce the Stanford Spectrum Intensive Course in Clinical Research (ICCR). This is a weeklong immersive and hands-on learning opportunity in the fundamental principles and practices that underpin clinical research – from hypothesis to design, implementation and analysis. ICCR sessions have been held for postdoctoral fellows, junior faculty and staff and have benefited from the wonderful leadership and oversight of Drs. Steve Alexander, Professor of Pediatrics, and Phil Lavori, Professor and Chair of the Department Health Research and Policy. They are sponsored by Spectrum (<http://spectrum.stanford.edu/>) and, in this latest offering by Spectrum Child Health (<http://spectrumchildhealth.stanford.edu/>). The most recent program focused largely on clinical fellows in pediatric medical and surgical specialties. We hope, of course, that many of these trainees will pursue careers in academic medicine. However, regardless of what pathway they pursue, further grounding in science along with analytic and critical reasoning skills will make them better practitioners and more thoughtful users of evidence based medicine.

In reflecting on the ICCR program – especially within the context of the challenges that impact younger colleagues who seek to transition from fellowship to faculty positions, I found it easy to imagine how daunting the process can seem – especially with the increasing concerns about funding for research and the demands of the changing healthcare landscape as described above. The road ahead for each is an individual journey, but it is also important to take note of some of the resources and opportunities that exist at Stanford to help bridge the apparent divides and foster continued success. It might be helpful to convey a few of these along with some caveats and observations.

First, I would encourage clinical and postdoctoral fellows who are contemplating academic careers (although these comments and resources are certainly useful for other career pathways) to refine and enhance their knowledge about and skills in clinical research in every way possible. Of course the ICCR course is one way to do that. A weeklong course, however, is really just a table of contents, and it is important to complement or supplement this introduction with additional training and education. This might include an additional degree, which could be a Masters in Epidemiology or in Public Health or Public Policy or in Business. These programs are available at Stanford – or in the case of the Masters in Public Health, in collaboration with the University of California at Berkeley. Some clinical fellows may wish to have more grounding in science, in which case a PhD might be an important adjunct. Opportunities to pursue the PhD are available through the Advanced Residency Training at Stanford or ARTS program (add <http://med.stanford.edu/gme/programs/arts.html>). Fellowships in Biodesign (see <http://biodesign.stanford.edu/bdn/index.jsp>) and shared experiential learning about

drug development and clinical trials through the SPARK program (<http://biodesign.stanford.edu/bdn/index.jsp>) are also available.

One of the most important routes to success for fellows is making sure they have a faculty mentor – and ideally someone who is helping with their career development in addition to providing guidance on their research. One's division chief and department chair should be able to facilitate mentoring relationships. In addition, the increasingly robust online CAP (Community Academic Profiles) system (<http://med.stanford.edu/profiles/>) allows connection of faculty and students with similar interest areas and is another great tool. Shortly CAP will be further enriched to foster social networking within the Stanford community and will offer novel ways of creating a learning, collaborating and mentoring community.

For the pediatric community, Dr. Christy Sandborg, Chief-of-Staff at LPCH and Professor of Pediatrics, has developed a successful and greatly appreciated Pediatric Mentoring Program (<http://spectrumchildhealth.stanford.edu/>). Mentorship and collaborative research efforts can also be extended from postdoctoral fellows to residents and medical students through the Stanford Society for Physician Scholars (see <http://ssps.stanford.edu/>). In addition, numerous leadership training opportunities are available through LPCH as well as through the School of Medicine's Office of Diversity and Leadership (see <http://med.stanford.edu/diversity/>) led by Dr. Hannah Valantine, Senior Associate Dean and Professor of Medicine.

Another important network exists through our Stanford Institutes of Medicine (<http://med.stanford.edu/institutes/>) and Centers (<http://med.stanford.edu/programs/>), many of which provide learning and research communities across the basic and clinical sciences, nearly always with extensions across the university. Fellows should seek ways to join these communities, virtually all of which offer seed grants designed to bring novel investigative groups or teams together. Importantly, these seed grants (which extend across the university, including BioX [see: <http://biox.stanford.edu/>]) have an enormous leveraging impact and often provide a path to sponsored research funding. Special opportunities for research funding in pediatrics are available through the recently established Child Health Research Institute (CHRI). Under the leadership of Dr. Hugh O'Brodovich, Arlene and Pete Harman Professor and Chair of the Department of Pediatrics, CHRI offers a number of fellowships to physician scientists in training (<http://spectrumchildhealth.stanford.edu/chri-awardsandgrants.html>).

Postdoctoral training and clinical fellowships offer unique opportunities to probe deeply into a clinical discipline or research project. However, they can also be somewhat isolating and can, on occasion, lead fellows to lose sight of the much larger web of opportunities and resources at an institution like Stanford. The ICCR creates a new learning and collaborative community – but it is important that it be complemented with other supports and services. A faculty member who serves as mentor and career advisor is certainly central to one's personal success – but there are many other opportunities, some noted in this brief review, that are available at Stanford and that can make a difference in one's career pathway.

Some Great News from the NIH

One of the concerns about constrained funding is that agencies become more conservative in their awards, taking fewer chances on high-risk proposals. This is unfortunate since it stifles the most creative research and runs the risk of fostering narrower thinking. That is why the NIH Pioneer Awards and the Director's Awards for New Innovators and for Transformative Research Projects are so important – to investigators and to science more broadly.

On September 20th the NIH announced the 79 recipients of the NIH Directors Awards, including 13 Pioneer Awards, 49 New Innovator Awards and 17 Transformative Research Project Awards (see: <http://www.nih.gov/news/health/sep2011/od-20.htm>). Five Stanford University faculty are among this year's recipients, four of whom are in the School of Medicine (including Bioengineering). This year's Stanford recipients include:

NIH Pioneer Award

- *Dr. David Schneider*, Associate Professor, Department of Microbiology & Immunology

New Innovator Award

- *Dr. C. Jason Wang*, Acting Associate Professor, Department of Pediatrics

Transformative Research Project Award

- *Dr. Kwabena Boahen*, Associate Professor, Department of Bioengineering
- *Dr. Jody Puglisi*, Professor and Chair, Department of Structural Biology

Since the inception of these awards in 2004 Stanford faculty have competed extremely for them – and have been awarded quite a disproportionate share of the total. This is further testimony to the creativity and innovative spirit of our faculty – one of Stanford's greatest treasures.

Berry Postdoctoral Fellowship in Children's Health Selects its 2011 Recipients

I am pleased to announce that the Office of Postdoctoral Affairs has selected three postdoctoral scholars to be the 2011 recipients of the prestigious Berry Postdoctoral Fellowship. This fellowship program has been made possible through the generosity of Walter and Idun Berry. The Berrys' legacy has been continued through the commitment and dedication of their closest friends and the Berry Foundation Board of Trustees, whose support of the program provides \$55,000 in annual stipend and \$5,000 research allowance to three new fellows per year for up to three years of support. Dr. Mark Kay, Dennis Farrey Family Professor in Pediatrics and Professor of Genetics, has served as the chair of the selection committee, and we are indebted to him and his colleagues for their efforts on behalf of the Berry Foundation.

The 2011 Berry Postdoctoral Fellowship winners are

- **Xuecai Ge** (PhD, Harvard Medical School, 2009). Project Title: *"A New Approach to Inhibiting Pediatric Tumor Growth: Control of Hedgehog Signal Transduction by Neuropilins"*. Faculty Mentor: Dr. Matt Scott, Professor, Department of Developmental Biology.
- **Roozbeh Kaini** (PhD, University of Washington School of Medicine, 2009 and MD Shaheed Beheshti University School of Medicine, Iran, 2002). Project Title: *"Choice Certainty as a Window Into Autism"*. Faculty Mentor: William Newsome, Professor, Department of Neurobiology.
- **Nan Yang** (PhD Stanford University School of Medicine, 2011). Project Title: *"Direct Reprogramming of Fibroblasts into Oligodendroglial Cells."* Faculty Mentor: Marius Wernig, Assistant Professor, Department of Pathology.

Congratulations to Drs. Ge, Kaini and Yang.

Awards and Honors

- **Palo Alto University**, with whom our Department of Psychiatry and Behavioral Sciences offers the Psy.D. degree in a consortium arrangement, has been awarded the American Psychological Association's Board of Educational Affairs Award for Innovative Practices in Graduate Education in Psychology. They are receiving this award based on the revision of their PhD curriculum to include an emphasis on diversity and community mental health. *Congratulations to our Palo Alto University colleagues.*
- **Dr. Michael Fredericson**, Professor of Orthopaedic Surgery, will receive the 2011 Physiatrix Association of Spine, Sports, and Occupational Rehabilitation Legacy and Lectureship Award, one of the highest honors of the American Academy of Physical Medicine and Rehabilitation, is given to an individual who has advanced the field of musculoskeletal physiatry through clinical care, education, service and scholarship. *Congratulations to Dr. Fredericson.*
- **Jenna Caldwell**, a first year graduate student in the Department of Biochemistry, has been selected as the newest Donald E. and Delia B. Baxter Foundation Graduate Fellow. She joins Tony Tsai, MD, as the two graduate fellows generously supported by the foundation. *Congratulations to Jenna Caldwell.*
- **Dr. James Chang**, Professor and Chief of Plastic & Reconstructive Surgery, was recently awarded the 2011 Andrew J. Weiland Medal for Outstanding Research Achievement at the annual American Society for Surgery of the Hand meeting. The award honors a mid-career surgeon-scientist for a body of work that advances the field of hand surgery. *Congratulations to Dr. Chang.*

Appointments and Promotions

Meredith Barad has been promoted to Clinical Assistant Professor of Anesthesia and of Neurology & Neurological Sciences, effective 10/1/2011.

Linda K. Barman has been reappointed to Clinical Assistant Professor (Affiliated) of Medicine, effective 6/1/2011.

Colleen Caleshu has been appointed to Clinical Assistant Professor (Affiliated) of Pediatrics, effective 8/1/2011.

Howard Chang has been promoted to Professor of Dermatology, effective 9/1/2011.

Cheryl Cho-Phan has been reappointed to Clinical Assistant Professor of Medicine, effective 5/1/2011.

Nicolette M. Chun has been appointed to Clinical Assistant Professor (Affiliated) of Pediatrics, effective 8/1/2011.

Tara Cornaby has been promoted to Clinical Associate Professor of Anesthesia, effective 10/1/2011.

Heather T. Cousins has been appointed to Clinical Assistant Professor (Affiliated) of Medicine, effective 7/1/2011.

Shirit Einav has been appointed to Assistant Professor of Medicine and of Microbiology and Immunology, effective 9/1/2011.

Louise K. Furukawa has been promoted to Clinical Associate Professor of Anesthesia, effective 10/1/2011.

Alan Glaseroff has been appointed to Clinical Professor of Medicine, effective 11/1/2011.

Alpana R. Gowda has been promoted to Clinical Assistant Professor of Anesthesia, effective 10/1/2011.

Jonay N. Hill has been reappointed to Clinical Assistant Professor of Anesthesia, effective 9/1/2011.

Anita Honkanen has been promoted to Clinical Professor of Anesthesia, effective 10/1/2011.

Komal Kamra has been promoted to Clinical Associate Professor of Anesthesia, effective 10/1/2011.

Calvin C. Kuan has been promoted to Clinical Associate Professor of Anesthesia, effective 10/1/2011.

Calvin Kuo has been promoted to Professor of Medicine, effective 9/1/2011.

Diana G. McGregor has been promoted to Clinical Professor of Anesthesia, effective 10/1/2011.

Anh T. Nguyen has been reappointed to Clinical Assistant Professor (Affiliated) of Obstetrics and Gynecology, effective 9/1/2011.

Giles Plant has been appointed to Associate Professor of Neurosurgery, effective 9/1/2011.

Martha E. Rode has been promoted to Clinical Associate Professor of Obstetrics and Gynecology, effective 10/1/2011.

Jeanne L. Rosner has been reappointed to Clinical Assistant Professor of Anesthesia, effective 9/1/2011.

Anjali B. Saxena has been reappointed to Clinical Assistant Professor (Affiliated) of Medicine, effective 2/16/2011.

Clifford A. Schmiesing has been reappointed to Clinical Associate Professor of Anesthesia, effective 9/1/2011.