

CHAIR OF MEDICINE'S NEW YEAR'S LETTER: 2013

As I write this, my 6th New Year's Letter to the Department on the afternoon of December 31st, *the* fiscal cliff is about to be averted by Congress to make way for a future *series* of fiscal cliffs. It is an apt metaphor for the state of academic medicine today. And in reality, the turbulent unpredictability of the future of every facet of our profession is inextricably embedded in our nation's socioeconomic predicament. My translation is: whatever form it may ultimately take, increasingly profound changes in the organization of academic medicine are inevitable and imminent. But I think we are well positioned and well prepared.

It is human nature that individuals vary widely in their responsiveness or resistance to change. It is no less true for our Department of Medicine faculty and others throughout the country. Here, as elsewhere, there are some who can only bemoan the loss of those halcyon days of academic medicine when individual faculty enjoyed virtually complete independence and freedom to engage in whatever mission they wished, without the need for accountability, when there were practically no bureaucratic obstacles or regulatory imperatives to impede their work, and when worries about funding for research didn't exist, as long as we were reasonably productive, and in fact institutional or departmental fiscal health to enable their success in the academic mission was the concern of administrators, not they themselves. I am not sure when that "golden era" was; probably really never. But ultimately, as I have said many times before, what all of us must do is to maintain laser focus on the core values and goals for the outcomes of our work in academic medicine, including: unparalleled excellence in patient care and state-of-the-art expertise in the practice of medicine, cutting edge research that seamlessly spans the passage from bench to bedside, and vice versa, altruistic community service, and creating the future leaders of medicine through innovations in medical education. *These* are the things that really matter, I believe. *They* are the things that should be our immutable goals. But *how* we achieve them in the future is what will require individual willingness to make changes, more than ever. However dislocating those changes may have to be and however much they may require some sacrifice of time-honored organizational structures, it will be our most challenging task in the years ahead, both individually and collectively. The kind of pragmatic consequentialism I am describing, however, can be and must be constantly governed by uncompromising moral and ethical codes of conduct. In these respects we should take pride in the substantive cultural reformation this department has accomplished in recent years. Many of you may not recognize it on a day-to-day basis, but the metamorphosis is well under way. And I believe it will prepare us very well for what's to come.

Three years ago, a comprehensive strategic planning process was completed by the Department of Medicine, with participation of a large segment of our faculty. I am pleased to report that, once again this past year, we have made remarkable progress in all of the major recommendations that were made, and we have done so on schedule and despite some unanticipated limitations in resources:

1. The Department of Medicine's clinical enterprise must become more cohesive, innovative and efficient in responding to the needs of our patients and providers;
2. The Department of Medicine should lead efforts, jointly supported by NYPH and the PO, to expand access and capacity for high-quality patient care;
3. The Department of Medicine should recruit outstanding junior and mid-career biomedical research faculty and create the facilitating infrastructure required to elevate its stature to one of the country's elite research-intensive departments;
4. The Department of Medicine should be an innovator in developing new models of undergraduate and graduate medical education that overcome the challenges posed by increased regulatory restrictions, financial constraints, and changing models of health care delivery;
5. The Department of Medicine should enhance faculty development to promote innovation, productivity, and career satisfaction; and
6. The Department of Medicine should foster the strengthening of ties with its affiliates and partners outside New York City.

As before, I will shortly provide you with a detailed "report card" dashboard of the status of each specific recommendation that was made under those six headings. However, I wish to touch on a few of them here.

Our clinical enterprise has shown remarkable and sustained growth. There has been a greater than 10 percent increase in clinical activity for each of the last four years. Within a remarkably short period of time, the department has essentially transformed the way we care for hospitalized patients; this is largely attributable to Art Evans's development of a large, vibrant, high-quality hospitalist program. Under David Nanus, novel outpatient access initiatives are under way. Under Brendan Reilly's leadership, and co-chaired by Jennifer Lee and Bob Kim, the Department of Medicine has internally funded numerous Quality Improvement and Patient Safety pilot research projects, many of which have been completed and 16 of which (involving every Division of the department) were presented at our first annual Quality Improvement and Patient Safety Committee (QIPS) Poster Session in November. Continuation of this program should not only deliver numerous implementable quality improvements in our practices but should also engage a large number of our clinician-educator faculty and trainees in the clinical research enterprise for the first time and foster major growth in federally-funded outcomes and

comparative effectiveness research. The ultimate goal is to immerse the entire Department of Medicine faculty in a new culture of inquiry, and to enable all who are so motivated to engage in *meaningful* collaborative clinical research.

Under the leadership of John Leonard, the clinical research infrastructure of the Department of Medicine has undergone transformative improvement. As we had hoped, much of this has served as a template for major institutional transformation. It has facilitated the creation of a joint NYPH-WCMC clinical trials support program, and John has assumed decanal leadership for clinical research in the College. The virtual absence of any new or even renovated laboratory research space for the Department of Medicine over the past six years has, unfortunately, immensely limited our basic research growth. New recruitments have had to be made extremely judiciously and have been largely shoehorned into existing space. However, every recruited laboratory investigator has succeeded. And now we have the phenomenal opportunity to make a quantum leap in basic and translational research growth with the much anticipated opening of the Belfer Research Building. As recommended by our Strategic Plan, this past year we successfully implemented a pilot research project program under the leadership of our vice chairs for research, David Christini and John Leonard. The goal of the program is to competitively fund highly innovative, even bold, “high impact but high risk” new research directions and new interdisciplinary collaborations by our faculty principal investigators, regardless of seniority. These are not intended to be “bridge” grants for ongoing projects. They are intended to spawn entirely new, federally funded research programs that are at this point too immature for competitive funding from the NIH. We have now awarded three such departmental pilot grants of \$50,000 each for initial one year periods.

Under the leadership of Lia Logio, our residency program was recently notified of its receipt of a 10 year accreditation cycle. Lia has instituted novel training program initiatives, some of which are already being emulated by programs at peer institutions. With over 80 percent of our graduating residents seeking subspecialty fellowship positions each year, we have been very fortunate to be able to match them at the country’s leading programs. Aggressively promoting the future careers of our residents has been one of my personally most enjoyable roles as chair of the department. Our new elective rotations for residents and Weill Cornell medical students at the Cayuga Medical Center in rural upstate New York have been spectacularly successful.

The implementation of a multifaceted, intensive approach to faculty development and mentoring two years ago under Art Evans’s leadership has already produced gratifying results. We recently presented detailed data of an extensive faculty survey that was conducted at “baseline” in the spring of 2010 and then repeated last fall (2012), with overall participation rates of 70 percent of all full-time Department of Medicine faculty on both occasions. Mean scores declined over this interval for none of over 80 specific items that queried different

dimensions of faculty satisfaction. And many showed strikingly significant interval improvements in areas like perceptions of departmental support for career advancement, diversity and gender equity, support of women in achieving leadership positions, and investment in faculty success and professional development. We understand that there is more we can do. For example, this past year, under Lia Logio's leadership, the department has initiated a Leadership in Academic Medicine (LAMP) program for junior faculty that is already receiving very positive feedback. And we are proud that Barbara Hempstead has been appointed Associate Dean for Faculty Development at WCMC.

Finally, I wish to say again what a privilege it has been to serve as Chair of this outstanding Department of Medicine. In the months ahead, I am committed to doing whatever I can to facilitating a smooth transition in leadership and ensuring unbroken momentum. May I wish you and your loved ones a healthy and very happy New Year!

A handwritten signature in blue ink that reads "Andy". The signature is written in a cursive, flowing style.

Andrew Schafer, M.D.