Department of Medicine Grand Rounds

State of the Department
"A Time for Renewal"
Robert C. Aber, M.D., MACP
Professor and Chair, Department of Medicine
November 9, 2010

Good morning and welcome to Medical Grand Rounds. My name is Bob Aber and I currently serve as Chair of the Department of Medicine. This will be my eighth annual State of the Department address, and I've subtitled it "A Time for Renewal".

My Sincere Thanks To:

Ted Bollard Linda Duncan **Carol Freer Judy Himes Susan Hassenbein** Mathea Jacobs **Stephanie Johnson** Deb Lutz **Philip Masters Brian Reeves Naveed Sheikh** Glenda Shoop **Bob Stager Amanda Steel Debbie Stevens David Towery Cynthia Whitener Eileen Wiley**

Division Leads

First, I'd like to thank the many individuals who helped pull together the data and information I'll be sharing with you this morning - my personal thanks to each of you. And a

special thanks to Amanda Steel, Sue Hassenbein, and David Towery for coordinating the data collection and producing the slides, and to Mathea Jacobs for producing the video clips. I'd also like to say what an honor and privilege it has been for me to serve as your Chair for yet another year. I continue to take great pride in our collective accomplishments.

Each year since 2003, I have tried to incorporate a message into this State of the Department update. The central theme of my presentation today is that, in my view, this is a time for renewal in the Department of Medicine, and I'll try to help you understand why I feel this way.

Renewal

The ability of an individual, organization or society to adapt successfully to a changing world.

In thinking about the concept of renewal, or the ability of an individual, organization, or society to adapt successfully to a changing world, I reread John Gardner's book entitled, "Self Renewal" (WW Norton & Company, New York, 1995) in which he explores the factors which may explain why individuals, organizations, or even civilizations have successfully renewed, or lapsed into deterioration and decay. John Gardner was educated at Stanford and UC Berkley in psychology, served in the US Marines, taught in 3 colleges, was president of the Carnegie Foundation for the Advancement of Teaching, served as Secretary of HEW in Lyndon Johnson's administration, and founded Common Cause and Independent Sector.

His argument goes something like this- as individuals, organizations or societies mature, flexibility decreases and rigidity increases as beliefs, values, rules, laws, policies and procedures develop. He makes the analogy between human development from infancy to old age, and organizational development from formation to senility. He asserts that "By their mid-thirties most [people] will have stopped acquiring new skills or new attitudes in any central aspect of their lives" and "As we mature we progressively narrow the scope and variety of our lives," and goes on to provide examples.

This transition from flexibility to rigidity then results in reduced ability or motivation on the part of individuals or organizations to adapt successfully to a changing world, and unless these same individuals, organizations, and societies understand this natural history of maturation and make deliberate efforts to maintain the necessary flexibility to adaptively respond to a changing world, they risk deterioration, decay, and extinction.

I might make the analogy to the genetic variability or flexibility which allows a species to adapt to a particular environment, or become extinct.

Factors Critical to Renewal (Gardner)

- Motivation
- Tough-minded optimism
- Staying power
- Values and beliefs
 - Liberty
 - •Pluralism
 - •Regard for worth of the individual

Gardner goes on to identify factors he believes are critical to self renewal whether it be at the individual or organizational level- motivation, tough-minded optimism, staying power, and certain values and beliefs, which include liberty, pluralism, and regard for the worth of the individual.

He believes that the ultimate goal of an educational system is to shift to the individual the burden of pursuing his/her own education, and that education for renewal is to a considerable degree education for versatility in the face of an accelerating rate of change in the world around us. Individuals with such versatility will make the organization and society flexible, adaptive, and innovative.

Obstacles to Renewal (Gardner)

- Habits
- Attitudes
- Beliefs
- Vested interests

Gardner goes on to describe what he believes are obstacles to renewal which, in his opinion "are to be found in the mind rather than in external arrangement." These include habits, attitudes, and belief systems hardwired into the "crusty rigidity and stubborn complacency of the status quo." This is why it often takes a crisis to produce significant regeneration or renewal. He asserts "In the final stage of organizational senility there is a rule or precedent for everything." He argues that "One consequence of the proliferation of rules, customs and procedures is the bottling up of energy, or more accurately, the channeling of energy into all the tiny rivulets of conformity."

Another obstacle to renewal in Gardner's opinion lies in vested interests — a preoccupation with conserving what we have — possessions, obligations, commitments, and reputation or status. "As individuals develop vested interests, the organization itself rigidifies", and hence, is less adaptable.

So, given this background information, how do we as individuals or as a department organize for renewal? Certainly, we must be mindful of the natural history of organizational development as described by Gardner. We must also strive to maintain sufficient flexibility and versatility to be able to adapt to a rapidly changing world. We, as individuals, need to develop an openness to reconsider the hardening of our beliefs and attitudes, and resist the notion of our vested interests in considering the common good. But most of all, we need a collective motivation to renew, and a dogged tough-minded optimism about our future. Absent these critical factors, we, too, will risk deterioration and decay. At the end of the day "Individuals create organizations and make them vital; and individuals bring them to moldering ruin" according to Gardner, so it is up to each of us to share in our future fate.

We, as a department of medicine, have a tremendous opportunity to re-energize and renew ourselves as a vital and necessary part of the college, medical center, university, and

central PA community through the internal self-study currently underway, and the subsequent external review of the department being conducted in January, and as a consequence of two half-day strategic planning retreats held in September.

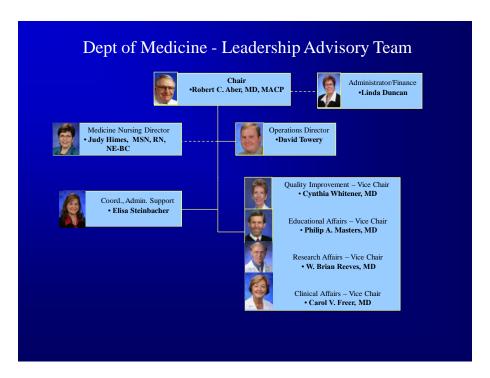
My dowry as chair is about gone, primarily through commitments to Division Chiefs to recruit and, in some instances, retain faculty, <u>so</u> continued growth and prosperity of the department will be dependent on securing additional resources for the next 3-5 years. My focus on building endowments in the department is one such means to secure financial resources, but other means will also be necessary.

From my personal perspective, I do not know whether the Dean will decide it is time for a change in leadership of the department, but I believe such change will occur within the next 5 years or so, and it will be good for the department and good for me. I certainly do not wish to be an impediment to the future success of this department, and hope I have the wisdom to know when it's time to change leadership if the Dean does not make that decision first.

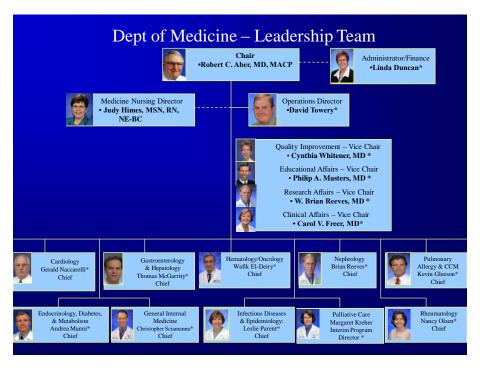
I've decided to take a slightly different approach to organizing this presentation this year. The big picture sub- sections will remain about the same - Leadership and Administration; People; Space; Finances; Education; Research; Clinical Affairs; and Quality Improvement— but within most sub-sections, I'm going to present my views of some of the important accomplishments during the past 5-6 years; some data from the past year or two; a review of external forces which may, or in some cases, will cause change; and review the priority areas for future development which came out of the 2 half day planning retreats we had during this past September. I've included some brief videos again this year, and as always I solicit and will appreciate any feedback you might have as to how to make this presentation more helpful to you.

Leadership and Administration

I think the major accomplishments in this area during the past 5-6 years have been: (1) the appointment and renewal of vice chairs for each mission (Clinical Affairs, Educational Affairs, Research Affairs) and for Quality Improvement;



(2) the development of the Leadership Advisory Team consisting of the vice chairs, hospital administrator, operations director, and administrative coordinator which meets every Monday morning for 1- 1.5 hours to review operational issues and think strategically about our department. The director of nursing medical services, Judy Himes, joins us monthly to discuss issues which are of mutual interest or concern;



(3) the development of a Department Leadership Team consisting of the members of the Leadership Advisory Team plus the division/program chiefs which meets twice monthly for $1\,\%$

hours to share information, discuss issues of importance or concern to the department, and think strategically about future directions of the department; and (4) increasing the focus on quality improvement across our missions as well as appointing a Vice Chair for Quality Improvement-I believe we were the first department here to do so.

The reasons I believe these are major accomplishments are as follows; (1) the size and complexity of the department has increased substantially during the past 6 years; (2) establishing and maintaining alignment within and outside of the department is an ongoing, but very important, challenge; (3) communication within and among the various groups and work units is so very important to the success of the organization; and (4) distributing responsibility, accountability and resources throughout the department, provides opportunities for leadership development and succession planning. I do believe we are struggling some with our identity as a department, and am concerned we are becoming less flexible with too many vested interests to be able to adapt to a rapidly changing world.

During this past year, 3 new division chiefs were appointed. Chronologically, Wafik El-Deiry, M.D., joined us in March as Chief of the Division of Hematology/Oncology, Professor of Medicine, and holder of the Rose Dunlap Division Chair in Hematology/Oncology. He is an internationally known physician-scientist, and holds an American Cancer Society Research Professor award. Dr. El-Deiry joined us from the University of Pennsylvania. Please join me in welcoming him.

Nancy J. Olsen, M.D., joined us in June as Chief of the Division of Rheumatology, Professor of Medicine, and holder of the H. Thomas and Dorothy Willets Hallowell Chair in Rheumatology. She is nationally and internationally known for her work on gene expression and the diagnosis of autoimmune diseases, and received the Clinical Scholar Award from the American College of Rheumatology among other recognitions. She joined us from the University of Texas Southwestern Medical School in Dallas. Please join me in welcoming her to our department.

Last, but certainly not least, Kevin Gleeson, M.D., was appointed Chief, Division of Pulmonary Allergy, and Critical Care Medicine in October. He completed his Pulmonary Medicine fellowship here and joined the faculty in 1987. He was promoted to Associate Professor and awarded tenure in 1994, and to Professor in 2002. His research has focused on the control of breathing during sleep and the pathogenesis of obstructive sleep apnea. He also serves as Director of the Human Subjects Protection Office and Executive Chair of the Institutional Review Board. Please join me in welcoming him to this new leadership position.

Three of our faculty joined the Dean's Office this past year - Paul Haidet, MD, MPH, Professor of Medicine as Director of Medical Education Research; Eileen Moser, MD, Associate Professor of Medicine and Associate Dean for Clinical Education; and Ann Ouyang, MD, Professor of Medicine became Associate Dean for Faculty and Professional Development.

Barbara Ostrov, MD, participated in the prestigious Executive Leadership in Academic Medicine Program for Women this past year. Ann Ouyang previously completed this program.

Dennis Johnson, MD, received a Fullbright Fellowship to study palliative medicine and end of life care in Romania. I believe this is a first for faculty in the department.

Michael Katzman, MD, is president-elect of the Faculty Organization and will serve 2 years as president.

Thomas McGarrity, MD, and Michael Green, MD, were elected to membership in Alpha Omega Alpha Honor Medical Society.

Paul Haidet, MD, MPH, is president-elect of the American Academy on Communication in Healthcare.

Colleen M. Rafferty, MD, Assistant Professor, received the Steven and Sharon Baron Leadership Award in the faculty category for having demonstrated exceptional professional achievement, collaboration and teamwork in our organization.

John Zurlo, MD, is chair of the Infectious Diseases Society of America Fellowship Directors Committee.

Marc Kaufman, PhD, is Chairperson of the Hypertension and Microcirculation Study Section of NIH this year.

Tom McGarrity, MD, recently participated in a Train the Trainers program sponsored by the World Gastroenterology Organization – which got him a paid vacation to where, Tom?

Joe Gascho's photographs keep appearing in various places, including on the cover of the January 5, 2010 issue of *Annals of Internal Medicine*.

The Departments' Reward and Recognition Committee recognized 4 more Employees of the Quarter this past year:

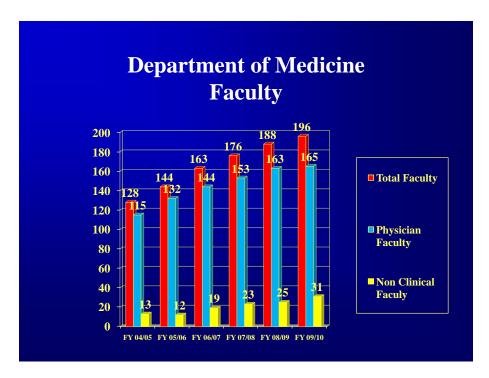


 Lisa Doster, Donna Griffiths, Jennifer Poger, and Mary Maiolo. Congratulations to each for a job well done!

Renee Morton was Hershey Medical Center's Employee of the Month in July, and will be a candidate for Employee of the Year. Congratulations, Renee!

Faculty/Staff

Major accomplishments in this area during the past 6-7 years include: (1) increasing our faculty complement by more than 50% from 128 to 196; (2) appointment of 7 division chiefs – Drs. Manni, McGarrity, Sciamanna, Parent, El-Deiry, Olsen, and Gleeson; (3) faculty attrition of only 3-5% per year against a national benchmark (AAMC) of 8-9% per year; (4) implementing a junior faculty mentoring program; and (5) implementing the very successful Rewards and Recognition program we have just heard about.



We now have 196 faculty, including 165 physicians and 31 non-clinical faculty primarily engaged in research. During the past 6 years, we have added nearly 35 physician-scientists, scientists, and physician-investigators to our faculty, and now have more scientists in the department than several of our basic sciences departments.

Peg Wojnar, M.D., was promoted to Professor of Medicine; Kevin Monahan, Ph.D., and Jian Cui, Ph.D., were promoted to Associate Professor; and Wafik El-Deiry, MD, PhD, Chris Sciamanna, MD, MPH, William Kovacs, MD, and Nancy Olsen, MD, were awarded tenure.

Our representation on the College of Medicine's Promotion and Tenure Committee remains strong – 5 of 11 – including James O. Ballard, Kevin Gleeson, Leslie Parent, Chet Ray, and Brian Reeves. Chet Ray currently serves as its' Chair.

The Department's P&T Committee added Ted Bollard and Nancy Olsen this past year.

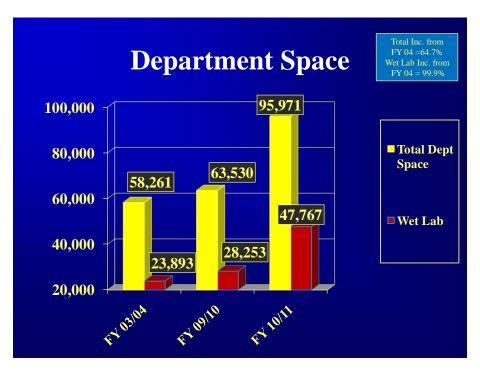
Thirty-two new faculty members have joined the department since my State of the Department address last October. Please raise a hand or stand as I call your name so we can recognize you— Jeffrey Allerton (State College), Bob Aronoff (welcome back), Maria Baker, Sandralee Blosser (welcome back), Shana Bomberger (Chief Resident to Assistant Professor), Carolina Candotti, Avisnata Das, Wafik El-Deiry, Mohamed Elmongy, Matt Evans (Chief Resident), Umar Farooq, Niklas Finnberg, Guofeng Gao, Osama Ismael, David Jenkins, Bill Kovacs, Latoya Linton-Frazier, Yvette Liu, Meghan Maclean, Abdul Majeed (State College), Wajahath Mohsini, Eileen Moser, Nancy Olsen, Nicole Osevala (welcome back), Ariana Pichardo-Lowden, Efren Rael, Ryan Ridenour (State College), John Showalter, Madhavi Singh (State College), Joshua Skibba, Jason Stepp (Chief Resident) and Nate Yeasted (Chief Resident). Please join me in welcoming these colleagues to the Department.

Nine faculty completed the Junior Faculty Development Program and I had the pleasure of hearing most of their project presentations at the end of the year. Congratulations to each and well done.

Seven faculty served as mentors to participants in that program. Our thanks to each of you for doing so.

Three faculty are currently enrolled in the Junior Faculty Program this year, and eight faculty are or will be serving as mentors to junior faculty in the program this year.

Space



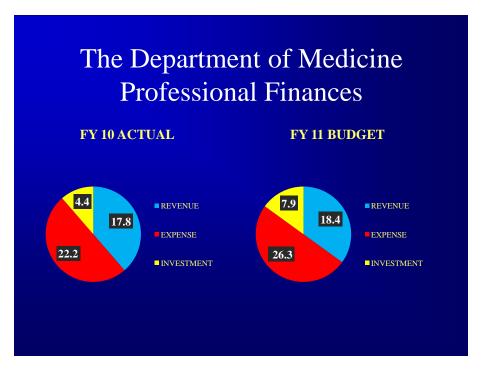
Space continues to be a huge challenge for the department as it is for the entire organization. The increase in departmental space this past year is largely attributable to the opening of the Penn State Hershey Cancer Institute building since many department faculty moved in to that building.

Space is such a serious issue for the organization that Dean Paz will be convening a facilities master planning group which I will be part of and which will be charged with developing a 10 year master plan for facilities development in order for us to continue to grow in each of our missions.

Finances

Turning to department finances, I believe the major accomplishments in this area during the past 5-6 years include: (1) favorably exceeding the budgeted margin for our professional practice 5 of the 6 years; (2) growth of our endowments, including endowed professorships, by

25%; and (3) strategic use of our AEF reserves for faculty recruitment and bridging, and leveraging to increase endowments.

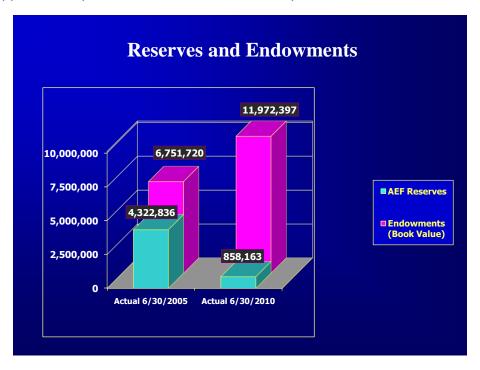


The high level financial picture for the Department for FY10 is compared with the FY11 budget. Revenues and expenses have both increased, and there continues to be an additional investment in the Department. This investment is larger than I reported to you in past years because faculty and staff benefits, physician turnover, and additional clinic overhead allocation have all been added to our professional budget for the past 1 ½ years. Nonetheless, I believe we are viewed as good stewards of this investment in terms of the services we provide in many areas for which there is little or no direct revenue in return.

As in the past, approximately 80% of our expenses are for faculty, staff, and housestaff salaries and benefits, and HMC is funding our residency and fellowship programs in the amount of \$6 million dollars. However, the Department is now being charged \$725K each year from our AEF reserves to support fellows according to a formula approved by the Clinical Chairs Council in order to freeze the support from HMC. This is not sustainable in my view because it exceeds the annual replenishment to our reserves from the 3.5 to 4.0% Chairs tax on our net revenues.



We continue to make clinical incentive payments to our physicians each year and have budgeted approximately \$1 million dollars for such this year.



Our AEF reserves have been dramatically impacted during the past 2 years primarily because of commitments to new faculty, retention or bridging of existing faculty, and the added expense of fellow support. As my dowry continues to dwindle, it will be very important to secure additional financial commitments from the College and HMC so we can continue to grow and prosper.

On a brighter note, the net book value of our endowments continues to grow, and I am pleased to announce that an endowment in the name of Dr. Richard Santen and his family is well underway. Dr. Santen was Chief of the Division of Endocrinology, Diabetes, and Metabolism here until 1993. There are also other prospects for endowments which we are working on toward the goal of having at least one endowed chair or professorship in each Division.



Wafik El-Deiry now holds the Rose Dunlap Division Chair in Hematology/Oncology, and Nancy Olsen holds the H. Thomas and Dorothy Willets Hallowell Chair in Rheumatology.

Education

Turning to the education mission, I believe the major accomplishments with respect to residency and fellowship education include: (1) assembly of a strong and committed leadership team under the direction of Ted Bollard; (2) an increase in our PGY2 in-training exam scores from the 5th to the 65th percentile nationally which predicts success on the ABIM certifying exam; (3) an increase in the ABIM exam pass rate for first time takers from a 78% 3-year rolling average to 91% with 100% passing this past year; and (4) all programs are ACGME/RRC accredited- some with commendation and 5 year cycles.

With respect to undergraduate medical education, the major accomplishments have included; (1) assembly of an equally committed team led by Phil Masters to oversee the core clerkship and elective courses for medical students; (2) a major redesign and implementation of the third year clerkship due to the leadership and efforts of Phil Masters, Kristy Le, and Sue Glod; (3) faculty serving as course directors or co-directors in Year 2 core courses and Year 3 island courses; and (4) the implementation of several new Year 4 electives, such as, palliative care.

Finally, among our major accomplishments, nine faculty have been selected as College of Medicine Distinguished Educators, and are members of the Academy of Distinguished Educators.

Mike Beck, MD, received the 2010 Woodward Junior Faculty Teaching Award sponsored by the Academy of Distinguished Educators.

Six faculty received the Dean's Award for Excellence in Teaching this past year- J.O. Ballard, Mike Beck, Cynthia Chuang, Sue Glod, Michael Katzman, and Colleen Rafferty. Congratulations to each for a job well done!

I am pleased to inform you that the Year 3 core clerkship in medicine is being evaluated very favorably again by our students following a few rough years after we overhauled the clerkship 2 ½ years ago, and have worked diligently to improve the consistency and quality of student experiences across Divisions. Thanks to each of you for helping with this effort.

We continue to have strong representation in the Clinical Skills Program with 12 faculty participating this year- Carolina Candotti, Nasrollah Ghahramani, Sue Glod, Eileen Hennrikus, Stacy Hess, Michael Katzman, Maggie Kreher, Nake Pooran, Colleen Rafferty, Devi Rampertab, Lisa Sherwood, and Bob Vender. These faculty serve as teachers, coaches, and advisors to small groups of first and second year medical students.



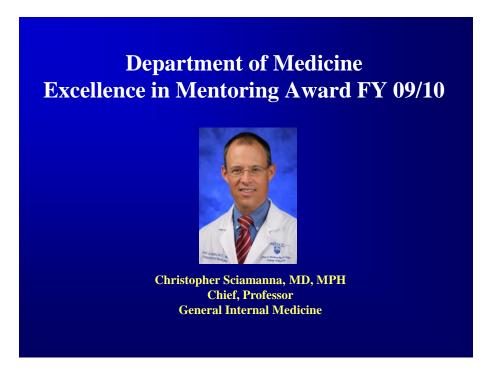
Sue Glod received the Department's Distinguished Teaching Award for Excellence in Housestaff Teaching this past year- congratulations to Sue!



Three faculty- Cynthia Chuang, Michael Katzman and Ron Miller received the Department's Education Recognition Award, based on feedback and evaluations from medical students, residents and fellows.



Colleen Rafferty received our Special Recognition award for Education, Leadership and Service Award,



and Chris Sciamanna received our Excellence in Mentoring Award this past year-congratulations to each.

Resident and fellow presentations at regional and national meetings continue to be strong totaling 65 this past year thanks to the efforts of many faculty, including our Chief Residents. We've started collecting information on fellow presentations this year as well.

Some of the external forces which I believe will impact our education mission during the next five years include: (1) ACGME/RRC recommendations (shoulds) and requirements (musts), particularly around work and duty hours; (2) increasing focus on interdisciplinary and multidisciplinary education; (3) changes in the National Resident Matching Program timetable, particularly around fellowships; and most importantly (4) recommendations promulgated in the new Flexner report entitled Educating Physicians: A Call for Reform of Medical School and Residency by Molly Cooke, David Irby, and Bridget O'Brien sponsored by the Carnegie Foundation for the Advancement of Teaching which calls for focus in 4 areas: (1) standardization and individualization; (2) integration; (3) habits of inquiry and improvement; and (4) professional formation. I urge each of you to take the time to read it.

Our recent department leadership retreat identified 4 priority areas we need to focus on with respect to the education mission: (1) restore balance between education and our other missions; (2) develop a more transparent process regarding support for teaching and education; (3) improve the administrative infrastructure to optimally support the education mission; and (4) define clearly the educational goals and develop measurable, objective outcomes for all learners in the department.

The group also proposed 3 action steps: (1) designate a working group consisting of departmental medical educators and faculty from each division which will meet monthly for at

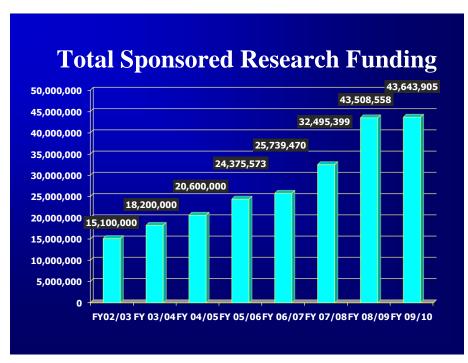
least 6 months, (2) inventory all medical education programs across the department, the curricula associated with each activity, implementation of curricula, and the measurement of outcomes; and (3) assess the existing administrative support and resources available for each activity.

The proposed deliverables at 6 months would be: (1) a medical education mission statement to provide overarching goals; (2) a gap analysis related to the state of existing medical education resources, and (3) a strategic plan addressing the necessary administrative structure, the essential (ideal) educational process and curricular elements, expected outcomes for learners in each core educational activity and specific metrics for these expected outcomes, and needs for additional resources related to the medical education mission, such as web and e-learning resources.

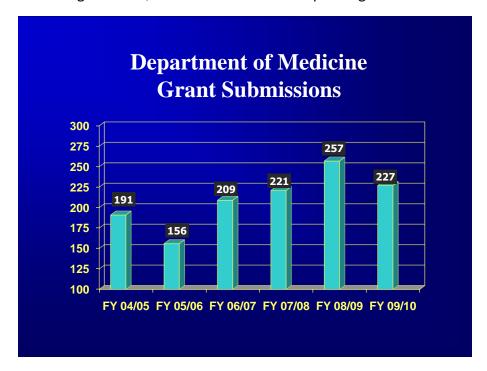
This is an ambitious, but important agenda we will begin to work on immediately, but if you have additional thoughts or priorities for the education mission, please get them to Phil Masters or me.

Research

Turning to the research mission, I think the major accomplishments over the past 5-6 years include: (1) recruitment of 34 physician-scientists, scientists, and physician-investigators who are in various stages of career development; (2) near tripling of our total sponsored research funding from \$15.1 M to \$43.6 M; (3) development of a diversified research portfolio and funding program, including increased NIH sponsored projects; and (4) a steep increase in resident/fellow abstracts and presentations at scientific meetings. Faculty in the department have also made major contributions to the NIH CTSA and NIH Comprehensive Cancer Center applications which we are awaiting decisions on.



Total sponsored research did flatten out this past year at \$43 million dollars, but we have proposals totaling another \$45 million which are still pending.



We submitted fewer proposals this past year, but requested \$17 million more for a 10.7% increase compared with FY 09. So far this academic year we are 9 proposals and \$3.8 million ahead of last year, and have received 17 more awards and \$2.0 million more than last year at this time.

The climate for getting grants, especially NIH grants, is still very challenging but, despite this, we have 16 faculty with 2 or more NIH grants —Chandra Belani, John Boehmer, Wafik El-Deiry, Elaine Eyster, Bob Gabbay, Ed Gunther, Urs Leuenberger, Kevin Monahan, Marc Kaufman, Thomas Loughran, Jianhua Li, Brian Reeves, Leslie Parent, Chris Sciamanna, Larry Sinoway, and Jill Smith. This compares very favorably with the 2 we had at the time of my first State of the Department address in 2003.

Twelve faculty brought new NIH awards to the Department during FY 10– John Boehmer, Hua Cheng, Wafik El-Deiry, Bob Gabbay, Ed Gunther, John Hustad, Marc Kaufman, Urs Leuenberger, Jianhua Li, Nancy Olsen, Lakshman Sandirasegarane, and Larry Sinoway; and 11 more have gotten new awards so far this year (FY 11) – Chandra Belani, Nas Ghahramani, Susan Hafenstein, Marc Kaufman, Jianhua Li, Abraham Mathew, Kevin Monahan, Ganesan Ramesh, Brian Reeves, Shaoyong Yu, and John Zurlo.

Five faculty currently have active NIH K awards – Cynthia Chuang, Nasrollah Ghahramani, Susan Hafenstein, Paul Haidet, and Kevin Monahan.

Larry Sinoway's group received a competitive renewal of a program project award addressing muscle reflex control of the circulatory system. Congratulations to all our NIH supported investigators!

Seven faculty had new Foundation or Association awards last year – Jarol Boan, Tim Craig, Ed Gunther, Stacy Hess, Kebin Hu, Uche Ofoma, and Nancy Olsen, and ten have awards this year - Jian Cui, Elliot Epner, Gisoo Ghaffari, Paul Haidet, Jianhua Li, Allan Lipton, Afsana Momen, Ganesan Ramesh, Lakshman Sandirasegarane, and Jill Smith.

Thirty-one faculty had 178 clinical trials or industry sponsored awards totaling \$20.4 million this past year. Of note, we have 4 faculty who are Pl's on 10 more such awards – Chandra Belani, Timothy Craig, Ian Gilchrest, and Allan Lipton.

Five faculty received Dean's Feasibility Awards last year — Ed Gunther, Jennifer Kraschnewski, Leslie Parent, Liza Rovniak, and Larry Sinoway; and Brian Reeves has one this year.

We had two faculty who received Tobacco Settlement Awards last year—Leslie Parent and Liza Rovniak - and six who have awards this year — Leah Cream, Bob Gabbay, Ed Gunther, Philippe Haouzi, Leslie Parent and Brian Reeves.

Jill Smith received a Grace Woodward Collaborative Engineering/Medicine Research Award.

Ganesan Ramesh received the Department's Junior Faculty Excellence in Research Award this year, and Kamal Abbi received the Housestaff Excellence in Research Award.

Two faculty are participating in the Penn State BIRCWH Scholars program, an NIH K-12 award led by Carol Weisman in Public Health Sciences – Jennifer McCall-Hosenfeld and Ping Du.

Uchenna Ofama finished the Clinical Research Training Program last year, and six are currently enrolled.

External forces likely to impact our research mission include: (1) flat budgets of funding agencies, including NIH, consequent to the overall economy; (2) formation of collaborations and large collaboratives to expedite translational research, such as the CTSA program of NIH; and (3) continued movement toward personalized medicine and genomics.

The recent leadership retreat identified five priority initiatives within the research mission, including: (1) develop an infrastructure to support pre/post awards, including better use of web resources; (2) development of pilot grants within the department; (3) focused fundraising/development for research; (4) engage in planning new research facilities; and (5) improve the culture of research within the department.

The group then focused on the need for additional administrative infrastructure by identifying current gaps specifying the needs in the form of duties and responsibilities for such

support persons, and a plan to gather additional information from investigators within the department.

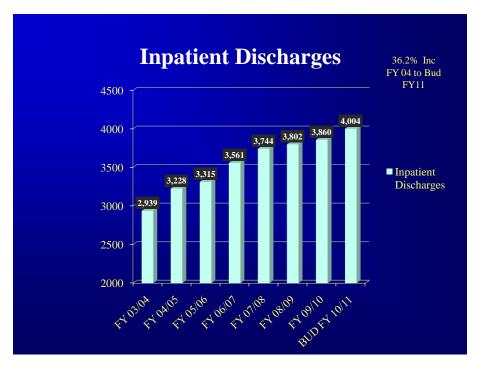
This slide pulls it all together with a time line and Brian Reeves and others are already working to move forward with implementation.

Finally, the group identified the metrics we will use to track and document the impact of providing additional infrastructure.

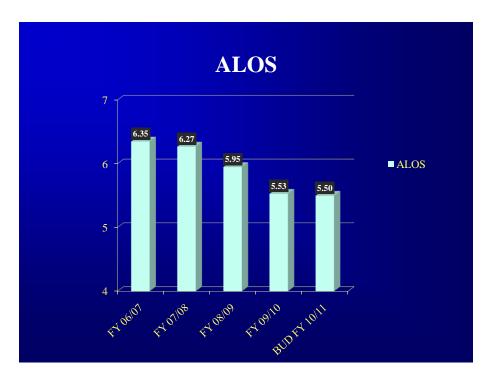
This again is an ambitious, but important, agenda for the department during the next 3-5 years, but is vital to our continued growth and success in the research mission.

Clinical Affairs

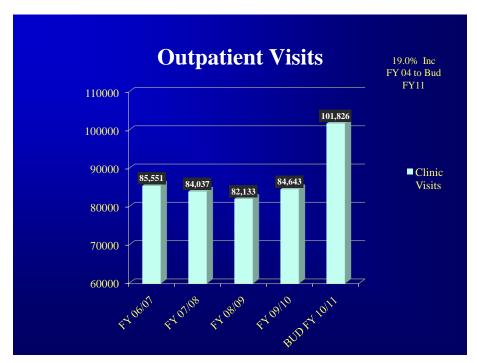
In thinking about the clinical mission, I believe the major accomplishments during the past 5-6 years include: (1) recruitment and retention of excellent clinical faculty, physicians assistants, certified nurse practitioners, and staff committed to patient care; (2) focused programmatic growth in diabetes care, support of transplantation programs, sleep, interventional bronchoscopy and endoscopy, palliative care, and our hospitalist programs here and at Mt. Nittany Medical Center in State College, all of which have been associated with; (3) an increase in inpatient admissions by 36%; (4) a decrease in average length of stay by 0.85 days or 13%; and (5) an increase in outpatient visits by 19%.



Inpatient discharges increased again this past year, and are expected to exceed 4,000 this year excluding cardiology and hematology/oncology discharges which are tabulated in their respective institutes.



Average length of stay continues to fall, and favorably exceeded budget during FY 09/10 by 0.6 days. My personal thanks to all who have contributed to this outstanding accomplishment during very busy times.



We've had difficulty sustaining our growth in the outpatient arena, and fell short of budget by 3,570 visits last year, or 4%. We are also behind again this year by 3,689 visits or 15%, and this is now on the radar screen of the Medical Group Board of Governors and Dean Paz. David Towery and I have met with each Division Chief to get a better understanding as to

the reasons we are so far behind. There may well be ways we can improve the budgeting process, but I need the help of each physician and provider to take personal responsibility for knowing and meeting your targets each week and each month. I will be meeting regularly with practice site medical directors and managers, and with Division Chiefs to review our progress and develop more realistic targets for our next budget cycle: If you do not know your targets in the clinic, please meet with your Division Chief immediately to learn them. When you cancel clinic sessions, please arrange to make them up. Encourage staff to fill your template and keep you busy. Thank you for being attentive to these matters.

I am pleased to report that the hospitalist service at Mt. Nittany Medical Center is growing very quickly and now averages 25-30 patients per day. Likewise, our co-management service with Orthopaedics is very busy and very successful in getting patients with active medical co-morbidities in and out of the hospital more efficiently. Let's hear more about our internal medicine/orthopaedics collaboration.

Renovation of the 6th floor patient care areas and work rooms is nearly complete, and certainly represents an improvement for all of us.

In terms of delivering care, fourteen providers were in the 99th percentile for patient satisfaction nationally in the Press Ganey surveys, and another 11 were between the 95th and 99th percentile. Congratulations to our many top providers again this year!

STAR Practice Sites

IO Silver Cardiovascular Specialties Clinic Internal Medicine, Hope Drive Internal Medicine, West Campus

Highest Scoring Adult Inpatient Units

Heart and Vascular Observation Unit
Heart and Vascular ICU
Heart and Vascular Intermediate Care Unit
Heart and Vascular Acute Care
Medical Intermediate Care Unit (MIMCU)

Three of our outpatient practice sites achieved STAR status – Internal Medicine at Hope Drive (formerly Cherry Drive), Internal Medicine West Campus, and IO Silver Cardiovascular Specialties.

The highest scoring adult inpatient units included Heart and Vascular Observation Unit, Heart and Vascular ICU, Heart and Vascular Intermediate Care Unit, Heart and Vascular Acute Care, Medical Intermediate Care Unit (MIMCU).



Our new lineup of Medical Directors of our outpatient sites includes – Sharon Banks, Deb Bethards, Ted Bollard, Tim Craig, Chris Fan, Becky Masters and Leon Sweer, although Ted is in the process of transitioning his role to Stacey Hess at the Hope Drive practice.

We continue to expand our outreach activities in patient care each year, and have requests to do so in Lancaster, Carlisle, Reading, and State College.

The external forces likely to impact our clinical mission include: (1) healthcare and insurance reform through the Patient Protection and Affordable Care Act which may cause profound changes in the ways healthcare is delivered and funded; (2) the demographic changes in age, obesity, diabetes, bone and joint ailments, and diseases reflective of major societal changes; (3) greater focus on behavior, wellness and preventive medicine; and (4) greater focus on personalized medicine and genomics.

Although the changes produced by these forces are likely to be quite profound and enduring, I believe this organization is better positioned than many, if not most, academic health centers to succeed in adapting to such changes in that we have a structure- employed providers; single governance of medical group, hospital, and college; single organization bottom line, etc., - which should give us an advantage if we're smart enough, flexible enough, and motivated enough to succeed.

The leadership retreat identified 5 priority areas related to the clinical mission including: (1) integrating care across divisions, departments and outpatient venues; (2) aligning the clinical

mission with a focus on wellness and maintaining health; (3) developing processes and metrics to recognize value and high quality care; (4) increasing revenue through charge capture for work being done and billing improvements; and (5) developing new programs in targeted areas – such as telemonitoring and consultation, sleep monitoring, and corporate wellness.

The group went on to flesh out some of the next steps for achieving the first 2 priorities and are continuing to work through these steps. We will provide periodic updates as to progress and accomplishments with these ambitious initiatives.

Quality Improvement

Major accomplishments in this area during the past 5 years include: (1) inventorying each division's quality projects and agenda; (2) supporting faculty participation and leadership in departmental and organization quality goals; (3) designating a Vice Chair for quality improvement (and the first clinical department to do so); (4) scheduling division, department, and organization quality improvement updates regularly during faculty meetings; and (5) relentlessing reminding faculty, resident, and staff during this annual State of the Department address that demonstrating value and measurable quality outcomes is and will continue to be vital to the success of the department. It will be equally important to focus on quality improvement in each of our missions, not just in patient care.

Faculty in the department have continued to be leaders and champions in many of the organization's quality initiative as mentioned last year- central line- associated bacteremia, urinary tract infection, and venous thromboembolism. During this past year, Carol Freer has worked with the communication and handoff team, Carol and John Showalter have worked with the sepsis improvement project team, and Eileen Hennrikus, Nicole Osevala, and Carolina Candotti will be working as members of Project BOOST and the discharge planning bundle team.

Cindy Whitener is in the process of reviewing cases of community-acquired pneumonia taken care of by our faculty and housestaff to determine where we might have opportunities to improve care (eg. initial antibiotic selection), length of stay, cost per case, and outcomes.

She is also in the process of surveying faculty and residents both within and outside of the department to determine how we might improve in terms of access, consultative medicine, and responsiveness to needs. Cindy did this a couple of years ago so we have baseline data to determine whether or not we have improved.

There are many external organizations and forces gaining momentum in the quality improvement area, but most are focused on the clinical mission and have to do with processes of care, patient safety, and measurable outcomes. But in my view, the real forces for improving quality in each of our missions should come from within. Each of us should have a quality improvement agenda in which we invest time and energy every day, and we must be participants in the agendas set at the division, department, and organization level.

The leadership retreat identified 8 priorities for improving quality and quality services in the department including: (1) achieve ambitious, nationally recognized, clinically relevant, measurable, clinical outcomes; (2) achieve excellence in Quality research; (3) create an effective education program in QI/Patient Safety; (4) achieve a culture of quality and patient safety; (5) create a quality program that emphasizes continuum of care; (6) ensure effective communication about quality issues; (7) create a data-driven prioritization of quality projects; and (8) ensure that all regulatory and accreditation requirements are met. The group then took on the task of conducting a gap analysis and recommendations to address precisely how we might work to achieve a culture of quality and patient safety in the department. We will begin to tackle these recommendations this year, and will work to flesh out the action steps needed for the other priorities, such that, we will have an agenda and time lines for addressing our priorities during the next 3-5 years.

I am grateful to have your continuing support, and for the many contributions each of you has made or will make in order to make this Department a vital and successful part of the College, Medical Center, University, and Central Pennsylvania community.



Thank you for your attention and I'd be happy to entertain comments or questions during the next few minutes.

References

- 1. Gardner J.W. Self-Renewal: the Individual and the Innovative Society. W.W. Norton and Company, New York, 1995.
- 2. Cooke, M., Irby D., and O'Brien B. Educating Physicians A Call for Reform of Medical School and Residency. Jossey-Bass, Stanford, CA, 2010.