

CHAIR OF MEDICINE'S NEW YEAR'S LETTER

As we enter the second decade of the 21st century, it is a good time for us to reflect on our Department of Medicine's accomplishments of the past year and to look forward to the future. I am personally grateful for the commitment you make every day to advance our missions. Without doubt, we are facing enormous challenges to the organization and financing of academic medicine. The uncertainties about when and how the economy will recover and the financial impact of overdue health care reform will create an increasingly dislocating environment. At the same time, I am certain that we are far better prepared for the challenges that lie ahead than most other major academic medical centers. We are blessed with a fundamentally strong partnership between the medical college and the hospital, visionary leadership at the highest levels of New York-Presbyterian Hospital, Weill Cornell Medical College and Cornell University, and the extraordinary intellectual firepower of our faculty and trainees. This is why I came here two-and-a-half years ago.

Clinical Services

Much happened in 2009. After successfully completing full conversion to outpatient electronic medical records (EPIC) and leading the way in the Hospital's drive to do likewise for all inpatient care (Eclipsys) in 2008, we now tackled the formidable task of reorganizing our inpatient medical services. This was necessitated by regulatory reform in graduate medical education and the realities of effective health care delivery today. Inpatient services covered by the house staff were reorganized to create a single Attending physician for each team, while accommodating a limited number of patients under the care of other faculty who agreed to adhere to the stringent requirements for education of our trainees. Thirteen outstanding academic hospitalists were recruited and a new Division of Hospital Medicine was created under the leadership of Dr. Arthur Evans who we were able to attract from a major position in Chicago. Along with the hiring of a very strong team of Physician Assistants, this enabled us to develop effective non-teaching inpatient services. The inpatient redesign initiative has been largely successful in its first six months. I attribute this success to strong communication with the faculty throughout the process and the opportunity to learn from constructive dialog among full-time and voluntary faculty who were united in their ultimate goal of providing exceptional patient care and training.

Yet the job is not finished. We are now faced with unanticipated, significant growth in inpatient activity and increased inpatient turnover on the medical services during 2009 (especially during the second half of the year), requiring further expansion of high-quality non-teaching services. We must continue to be vigilant that the different models of inpatient care uniformly provide the highest standards of patient care. We must also find a creative way, given the constraints of residents' duty hours and the busy schedules of our clinicians, to expose residents and students to our great master clinicians and renowned specialists as irreplaceable role models, something that is unfortunately disappearing elsewhere.

Medical Education

Due to a large number of regulatory violations, the Residency Review Committee (RRC) for Internal Medicine made 3 site visits to evaluate our medicine residency program since my arrival in May, 2007.

Despite the implementation of much of a residency redesign plan that was activated in the summer of 2007, the decision of the RRC was to summarily disaccredit the program in April 2009. Upon appeal, this decision was modified to probationary status. With extraordinary efforts on the part of our program directors, faculty and house staff, and with tremendous support from the leadership of NYPH, a repeat site visit in August 2009 resulted in restoration of full accreditation status. Last month we learned that accreditation was granted without any citations and with commendation. What I learned during this difficult period is that the mission of and charge to the RRC of the Accreditation Council for Graduate Medical Education (ACGME) is not to judge programs primarily on their general quality of training, which has never been in question here, but rather on their adherence to current regulations, including those related to duty hour reform. It has been a sobering lesson that educational excellence must be built on a foundation of regulatory compliance.

Despite this adversity, we enjoyed an enormously successful internship match last year. With the graduation of the last cohort of residents, Dr. Mark Pecker stepped down as the Residency Program Director after 13 memorable years of outstanding leadership. I assumed the Interim Program Directorship while we undertook a national search for Mark's successor. As I write this letter, we are in the final stage of recruiting the search committee's enthusiastic first choice for the position of Vice Chair of Education and Program Director.

While our department's pioneering involvement in international medical education and global health continues to thrive, during 2009 we addressed a void in our training programs, namely rural health. To address this, we have formed a strong partnership with the Cayuga Medical Center (CMC) in Ithaca, an exceptionally high quality community hospital which has been in the NYPH network. The CMC provides health care to a large population in upstate New York, much of which is underserved and indigent. Working with Dr. Adam Law, who has been Chief of Medicine and Chief of Staff there, and his administrative colleagues at CMC, we have created an unsurpassed opportunity for training not only our residents but also Weill Cornell medical students in rural health. The initial feedback since implementation in August 2009 has been nothing less than enthusiastic. The long-term vision is that the CMC partnership will also provide a clinical nidus for greatly enhanced research interactions between Cornell University and its medical school.

Clinical Research

The future of medical discovery is transdisciplinary "team research" that largely supersedes research traditionally conducted by individuals in segregated departmental silos. Nevertheless, the Department of Medicine must assume a central role in spearheading major growth in cutting edge research in the College. Therefore, particularly given current limitations in laboratory research space on our campus, during 2009 the department undertook a coordinated strategic plan to create the infrastructure needed to facilitate world-class clinical and patient-oriented investigation. It is something to which virtually all academic medical centers aspire but very few really achieve. This major initiative is under the leadership of Dr. John Leonard, the department's new Director of Clinical Research, and Deborah Lafer Scher, who was brought on this year as Strategic Adviser to the Chairman. The goal is to invest in high-impact, investigator-initiated and well-funded clinical investigation that will lead to a quantum leap in the quantity and quality of our clinical research portfolio within the next five years. We have the full support of the College in this undertaking and we are working closely with NYPH leadership to attain this goal.

At the same time, we eagerly look forward to the opening of the College's biomedical research building, which will provide the much needed space for a major expansion in peer-review funded laboratory research.

Faculty Development

I do not believe that any of our ambitious goals for national leadership in clinical service, research and education can be realized without a robust and vibrant environment to promote the professional development of our faculty, something which is currently largely lacking both here and elsewhere. It will be vital for our ability to recruit and retain the future stars of academic medicine. To this end, I have appointed Dr. Arthur Evans as Vice Chair for Faculty Development in the Department of Medicine. Working with Dr. Linda Pololi, Senior Scientist at Brandeis University, Director of the National Institute on Gender, Culture and Leadership in Medicine, and a highly respected authority of medical education and faculty development, we are beginning this transformative initiative by establishing a model mentoring program for all faculty (not only junior faculty) in the Department of Medicine.

In particular, the revitalization of physician-scientist careers must be addressed nationally and can be led locally at our institution. With the emergence of women in equal numbers as men among medical school graduates, and major generational changes in the attitudes of the next generation of physicians regarding work-life balance and controllable lifestyles, the traditionally rigid binary ("up-or-out") system of promotion and tenure, much like the traditional corporate ladder that was designed for earlier generations and family structures, is becoming anachronistic. Those departments and academic medical centers that can make a substantive commitment to recognizing and embracing individualized, customized and personalized career paths will quickly find themselves at a distinct competitive advantage in recruiting and retaining the best physician-scientist minds. I believe our Department of Medicine can assume a high-profile leadership role in this inevitable transformation of the academic medical workforce.

Leadership Appointments and Communications

In addition to those noted above, in 2009 I appointed Dr. Brendan Reilly, formerly Chairman of the Department of Medicine at Cook County Hospital, as Executive Vice Chair for Clinical Affairs. Dr. Reilly has brought to this position vast experience in academic medicine and has been my enormously creative, thoughtful and energetic partner in clinical operations and strategy. Dr. Roy (Trip) Gulick was appointed in 2009 as Chief of the Division of Infectious Diseases, which also includes the Center for Global Health. An internationally recognized leader and pioneer in HIV clinical research, Dr. Gulick has succeeded Dr. Warren Johnson in this position, and is already hard at work on recruiting new faculty in basic and clinical research and hospital epidemiology. A new Division of Clinical Epidemiology and Evaluative Sciences Research was formed under the leadership of Dr. Mary Charlson. National searches are underway for two important Division Chief positions: General Medicine and Endocrinology.

In order to more completely recognize the achievements of the past year and articulate our future plans, I will initiate an annual series of "State of the Department" lectures to the entire faculty next spring. These will complement our other new communications vehicles, such as the interactive general staff meetings,

the clinical advisory council to the Chair, and our annual report. In addition, with the close of the current academic year I intend to launch a comprehensive and dynamic strategic planning process for the department. But more than ever, planning for the future cannot be done in isolation as a department: our strategic directions must be well aligned with the priorities of our partner departments, the Medical College and the Hospital. I look forward to working closely with many of you in this somewhat new approach to strategic planning.

As this decade draws to a close, I want to thank each of you for your invaluable contributions. I am extremely proud of your dedication to innovation and your commitment to delivering the highest quality of patient care. Together we will build an even stronger Department of Medicine, Medical College and Hospital. I would like to take this opportunity to wish you and your family a wonderful Holiday Season and a Happy New Year!

Andy Schafer