

Stony Brook School of Medicine  
Faculty Senate Meeting  
March 28th, 2006

Dr. Cedric Priebe (Presiding)  
Dr. Scott Johnson (Recording)  
Attendance: Please see attendance roster.

Dr. Priebe called the meeting to order at 5:05 pm. Dr. Priebe commented that Dean Fine was still recuperating and doing well.

**I. Review of Minutes of Meeting of January 31<sup>st</sup> 2006:**

**Dr. Johnson**

- Minutes of the January 31<sup>st</sup> meeting were accepted as written. Dr. Priebe asked that if anyone had any questions or concerns regarding the previous minutes to address them with him or S.Johnson.

**II. Report from the Dean's Office**

**Dr. Biancaniello**

- Dr. Biancaniello, the Vice Dean of Clinical Affairs for the SOM and Chief Medical Officer of Stony Brook University Hospital, gave a report on the progress of implementing an electronic medical record (EMR), as well as the progress of searching for a new CEO.
- Given that a major upgrade to the EMR became available recently, the initial implementation of practioners order entry has been delayed and should occur this spring. This will allow for testing of the system prior to implementation.
- The outpatient EMR, which had been scheduled for a later implementation, has been expedited and pushed to the forefront because the Family Medicine Department has been mandated to use the EMR. The hospital, which reports to the Dean's office, is presently in negotiations with the CPMP to implement the outpatient EMR. \$2.5 million has been contributed by the hospital for EMR. Negotiations between CPMP and the hospital involve maintenance fees and how much support will come from the hospital and how much will come from CPMP.
- Cerner/Powerchart will be the platform for EMR. With this platform, there will be no need to utilize interfaces. In fact any attempt to add an interface sets the whole process backwards and will cost more money in the end. Interfaces do not provide the same abilities and functions as the main platform upgrades. The Allscripts program used by Family Medicine will not be compatible with the Cerner platform.
- The timeline for the other clinical departments to implement the Ambulatory EMR is approximately 2 years. The Medicine, Pediatrics, and Emergency Medicine departments will be the first responders to use the system.
- Richard Mann and Dr. Biancaniello are working on the process of finding a new CEO. A search firm has been hired and President Kenny will appoint members to a search committee.

**III. SOM Research Development Plan**

**Dr. Bahou**

- Dr. Bahou, Vice Dean for Research/ Office of Scientific Affairs, gave a report on the research development plan.
- He stated that a Planning Grant, which addresses the first phase of the research development plan, was just submitted by Dr. Gelato et. al.

- There is an ongoing search for a new Chair of Neurobiology and a new Director for Computational Neurosciences, which when completed, will be the impetus for change in these 2 areas of research.
- The Clinical Trials Office will be expanded. Dr. Sharon Nachman has been appointed as the new director of the Clinical Trials Office, starting July 1<sup>st</sup>, 2006. She will be responsible for overseeing the research and interactions between faculty and pharmaceutical companies.
- We are working to increase biostatistical support, especially important for the junior faculty.
- There has been a considerable enhancement in the Clinical Trials website which has resulted in a more robust and user-friendly website. There is now an extensive listing of pharmaceutical research studies and a database for faculty research studies, describing faculty research interests and areas of focus.
- Dr. Bahou has spoken with Dr. Aloia (Chief Academic Officer) at Winthrop University Hospital (WUH) who will integrate WUH's research database with SB.
- Dr. Bahou described the existing Faculty Research Database as being limited in that the faculty member is personally responsible for entering data into the database. This is a nuisance and results in data not being entered in a timely fashion. He would like to develop a new database that would be easily searchable and be linked to grant information, area of expertise, etc. This new database should be linked to the OSA website and be public domain.
- Dr. Bahou described Targeted Research Opportunities (TROs) that allow the development of specific initiatives. It requires integration between the basic scientists and clinicians.
  - Bioengineering applied for a \$2.5 million grant to expand the BME program.
  - Some are restricted to specific diseases such as \$250,000 for the Carol Baldwin Fund for breast cancer and \$60-90,000 for the Walk of Beauty earmarked for prostate and breast cancer. It is clear that translational research grants will be rolled into the TRO program.
  - The limitation of TROs is that they exclude many other areas of disease.
  - Two areas that he would like to focus on are vascular disease and endocrine disorders, particularly diabetes mellitus.
- This year he would like to prioritize an initiative to foster relationships between the basic science and clinical departments, which will be critical to integrated research efforts.
- He would like to see more K grants/clinical scholars (K23, K08) on campus that will help fund the CTSA.
- Progress has been made in some of the ongoing projects and now is an exciting time for Stony Brook and translational research endeavors.
- It was asked whether there have been any plans to retain basic scientists who are leaving Stony Brook. Dr. Bahou responded that retention is sometimes difficult at Stony Brook and that offering competitive compensation must be a priority. He plans on addressing this at future meetings.

#### **IV. Incorporation of GCRC into CTSA**

**Dr. Gelato**

- Dr. Gelato gave a PowerPoint presentation describing the Clinical Translational Science Award (CTSA) program.
- She began by stating that during the course of the next year there will be much discussion regarding research at the SOM. We need to take an inventory of what we have and embellish projects that are mature, as well as to develop new research initiatives.

- The CTSA is a new NIH initiative that will replace all existing clinical research programs (GCRC, Training Programs)
- It is a new program to transform and advance clinical/translational science (human subject/bench to bedside) as a distinct discipline. Our institutional goal is to obtain a CTSA.
- The intent of the CTSA is to create a “home” comprising a dedicated faculty and staff who share a **transformative** vision, mission and strategy for clinical/translational research.
- Goals of the CTSA will be to:
  - Train Clinical Investigators with degree granting (PhD, MS, MPH)
    - Enhance and speed clinical/translational research
      - Deliverables
      - New guidelines for patient care.
      - Commercialization
- The CTSA program is important to Stony Brook in that if we are not competitive, all clinical research and associated educational programs, i.e., everything we have (GCRC, K30) will **cease!!!**
- Our ability to do clinical/translational research will be greatly jeopardized for the foreseeable future.
- Stony Brook is well-suited for the CTSA program because of:
  - Existing resources – GCRC with BNL
  - Strong Institutional commitment
  - Biotechnology Center/Incubator/large number of patents
  - Outstanding Research Centers/Institutes
  - Multiple Schools within the HSC – it will need to be interdisciplinary and all schools and institutions on campus must participate. This is a University-wide venture, not just the School of Medicine.
- SOM departments will benefit by:
  - Salary offset for faculty
  - Organizational framework to support faculty
  - Allow faculty to be part of a research team
  - Research Core for project development and implementation
  - Provide more resources- we need to look at what we have and consolidate resources. We need to work with VAMC-Northport and WUH.
- The planning process for the CTSA diagram is attached to the minutes. This process will take about 12-18 months to complete.
- Dr. Gelato stated that a CTSA Planning Grant has just been submitted.
- Dr. Steigbigel commented that the SWOT analysis would be a key part of this process, as awards will be given based on certain areas of excellence. The SOM administration will need to identify specific areas in which we are excellent (i.e. World-class expertise). Perhaps we need to identify 3 or 4 such areas of excellence.
- Dr. Gelato responded that a thoughtful SWOT analysis would delineate our strengths and weaknesses and what we will need to do to strengthen what we already have. Dialogue and discussion amongst the faculty needs to take place, and we will need to have a commitment from the Dean and University President to lead the change.
- Someone commented that when a project gets brought to the table, it is honed and improved, and then NIH funds are used to implement the project. Then you must look to other sources of funding to perpetuate the project.
- Dr. Gelato commented that we need to have some flexibility regarding areas of expertise; perhaps concentrating on only 3 or 4 areas results in “boxing ourselves

in.” The NIH wants broad based and multidisciplinary research. New areas may be added, depending on evolving expertise.

- Dr. Simon commented that many of the SOM chairs are now or will shortly be vacant. This interdisciplinary approach and vision requires certain types of candidates for those chair positions. We need strong leadership from the SOM to realize these goals, and we cannot recruit with the old philosophy.
- Dr. Gelato agreed with Dr. Simon and commented that that is why the SWOT analysis will be so crucial, as recruitments will need to be targeted. A new paradigm regarding promotion and tenure will be created.
- Dr. Gelato will be updating the faculty for their input during this process. She agrees with Dr. Bahou in that it is an exciting time but to succeed the process will need to be highly orchestrated.
- Dr. Priebe commended Dr. Bahou and Dr. Gelato for all of their work in this process.

#### **V. Quality Management and Improvement Status**

**Dr. Greene**

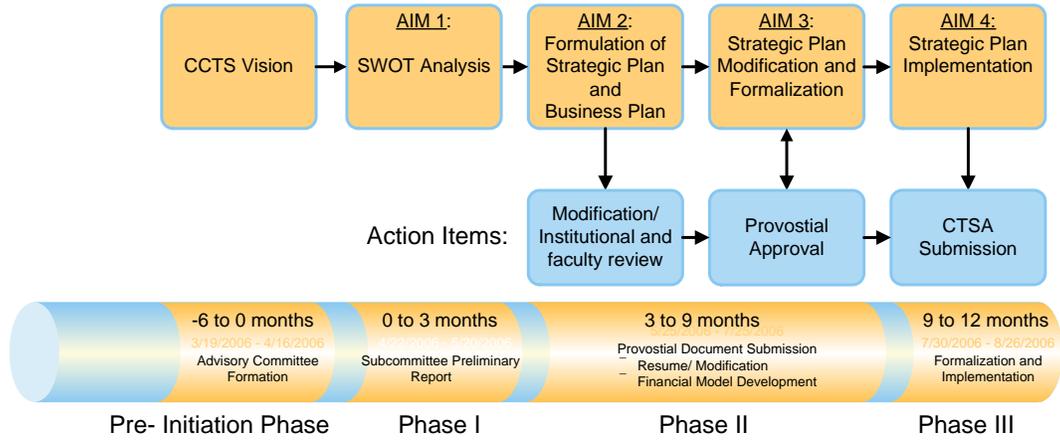
- Dr. Greene was unable to attend the meeting this afternoon. His report will be tabled to the next Faculty Senate meeting.

#### **VI. New Business**

**Dr. Priebe**

- No new business discussed.
- The next Faculty Senate meeting will be on **Tuesday, April 25<sup>th</sup> at 5pm.**
- The meeting was adjourned at 5:50 pm.

Planning Process for CTSA



\*From Dr. Gelato's PowerPoint presentation