

STATE UNIVERSITY OF NEW YORK – STONY BROOK
SCHOOL OF MEDICINE
STRATEGIC PLAN – 2001

Submitted by the
Resource Allocation and Academic Planning Committee
Commissioned by the
Executive Committee of the Faculty Senate

EXECUTIVE SUMMARY

The RAAP committee was granted unrestricted access to a broad spectrum of materials describing the current status of the School of Medicine, its faculty, finances, space allocation, physical plant, teaching and education plans, research development, etc. The committee met with key leaders of basic and clinical Departments, Operation and Financial Officers, appropriate Dean's office personnel directing education and research missions, and the Dean himself. The following specific recommendations are rendered.

I. Education Mission

The SOM mission is to train MD generalist/specialist practitioners, as well as academic physicians (MD/PhD or equivalent). Recent teaching efforts have been characterized by poor attendance, and inappropriate clinical faculty support and teaching methods.

- a. Develop and implement a "Professional Code of Conduct".
- b. "Curriculum Special Task Force" – to develop new programs and implement electronic technologies.
- c. "Teaching Faculty Special Task Force" – to develop new programs, training, and support structures for teaching faculty.

II. Academic Mission

Clinical faculty turnover has been inordinate, compromising both clinical and basic departments. Faculty recruitment and retention has been costly, and has not focused upon academic teaching and research missions, but primarily upon clinical revenue generation. No apparent accountability is recognized. Cross-departmental integrated missions through Institutes/Centers have been poorly implemented.

- a. Dean to prioritize and fund recruitment of academic clinicians.
- b. Clinical Chairs to prioritize and fund clinical academic development.
- c. Establishment of criteria to evaluate departmental academic development.
- d. External Departmental Review – every 3-5 years.
- e. Discipline and /or dismissal of Chairs not meeting criteria for 'c' and 'd'.
- f. Designation of "clinical research faculty".
- g. Develop a formal review process within SOM for formation and monitoring of new structural initiatives, such as Centers, Institutes, Product Lines, etc.

III. Clinical Faculty Practice Plan

The faculty have brought forward serious concerns regarding the operation of CPMP, managed care contracting, credentialing, billing, collections, practice development, taxation, organizational structure, and cost.

- a. Re-organize from the independent PC to a single PC or MSO structure.
- b. Re-structure CPMP to a single business authority (e.g. CEO) with single signature authority.
- c. Initiate a strategic planning process to emphasize recruitment/retention, compensation, incentives, etc.
- d. Reorganize MSO business functions and enhance information systems to reduce clinical taxation.
- e. Solidify a practice plan mission and vision partner with University Hospital.
- f. Re-emphasize academic mission and support for clinical faculty; reduce clinical taxation.

EXECUTIVE SUMMARY (cont'd)

IV. Re-organizational Structures

The academic and clinical environments at university medical centers in this millennium are undergoing a significant paradigm shift. The classical academic departmental structure under a single chairmanship is giving way to the development of prioritized strategic missions with multi-disciplinary, inter-departmental approaches. Inter-departmental and translational programmatic approaches facilitate integration of basic science disciplines within the clinical arena, and optimize teaching, research, and clinical outcomes for disease specific problem sets. The template for implementation within the SOM has not been clearly defined at present.

- a. Formulate a “Center of Excellence” or “Institute” mechanism for key clinical/academic initiatives.
- b. Define a matrix management reporting mechanism for leaders identified to pursue key initiatives.
- c. Identify and allocate funding mechanisms for centers/institutes.
- d. Appoint academic faculty to lead key initiatives.
- e. Commit to allocation of space, faculty, and resources for key initiatives.
- f. Define scope, size, support and extent of program development at outset.
- g. Define and organize interaction of clinical arm with local private practice community, to incentivize “inclusion”, and “best practice” behaviors.
- h. Define intramural and extramural review processes, as for departments, toward performance of centers/institutes in academic and clinical missions.

V. Key Strategic Initiatives

An advisory committee to the Dean should be established to recommend key strategic initiatives that incentivize collaboration among basic and clinical disciplines, and that optimize the opportunities of the center/institute approach. Fulfillment of academic, teaching, clinical and financial missions should be considered.

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