

The State of the Department of Public Health 2013

Reflections, Values, and Metrics

Alvin I Mushlin, MD, ScM

Welcome to all of you, and thank you for attending. I have been chair of this department for 14 1/2 years. This is a landmark time and a time of transition both for me and for the Department. Such milestones are times for taking stock of where we are and how far we have come, for adding up our accomplishments and for looking carefully at who we are as an academic entity and as a group. I plan to do some of this today, but want to also look back in two other ways. I think it's appropriate at this time to offer a reflective view of the vision we formulated 15 years ago and some of the elements that were added along the way.

Also, I would like to recognize and restate some of the values or principles that we have come to hold as a group. As with other reflections, these are seen via the eye of the beholder.....and in this case I am the one looking into the mirror.....so you may not agree with everything that I see.

I will do the "reflection" part of this talk first and then get to taking stock of what we have accomplished later in the hour.

First, the vision was for this department to focus on and fill the space at the interface between public health and medicine, believing that the public health disciplines had a lot to offer to the research and teaching missions of this medical center.....and, in fact, to academic medicine writ large.

The central premise was that while the biomedical (lab) sciences were the "main stay" of the mast of the academic "ship," the population and social sciences are critically needed to supplement and complement their discoveries. Biomedical research alone is not enough. Discovering the "magic bullet" to cure diseases like cancer would not be enough. Even in the happy event of such a monumental and truly significant discovery healthcare would still need what we have to offer.....to better understand the effectiveness of it, to quantify the balance

between untoward and unintended effects and beneficial ones, to measure its cost, to understand in whom and how to use it, and finally to re-engineer the systems to deliver it in such a way as to do the

Our Focus



Our Mission

- To improve healthcare and strengthen medical education by bringing the public health disciplines into the Medical College and NYPH research, patient care, and teaching agenda.
- Strategy:
 - Develop a "critical mass" that can provide expertise in the public health and social sciences
 - Initiate and collaborate

most good. In these ways, we help make healthcare and medicine better instruments for the public's health. That is one reason I felt comfortable with the name of this department.

Without us, the academic medicine and public health agendas are incomplete, and the "cure" will not do as much good as it could and should do. We represent what's needed and can help provide the "missing link" in the success of academic medicine. We do so, in our research, yes, but also in our teaching and our program and service missions.

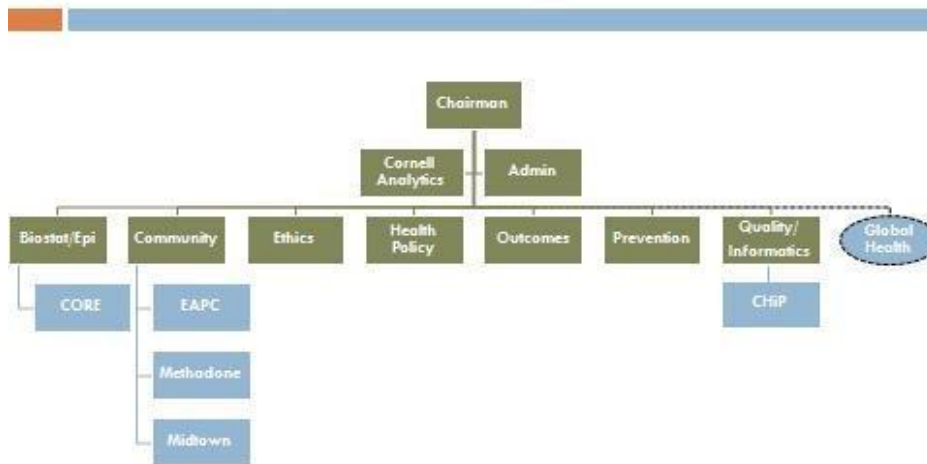
A partnership between medicine and public health is critically needed. Important functions are shared by the two disciplines. The public health problems today are largely chronic illnesses.....not the infectious diseases of the past that were conquered largely through sanitation and environmental controls. The lessening of the burden attributable to these chronic conditions will not be possible by either medicine or public health acting alone. Yes, lifestyle and environmental changes are necessary but so are screening, early diagnosis, and treatments.....things that are done through medical care. Public Health and Medicine must work together.

It's not only our department that has grown to recognize this. Most schools of public health now concentrate more on the kinds of issues we are interested in and the entities within them that are like our department are now much more prominent. But we are not a school of public health. We are a department in a medical school and teaching hospital. We have a proximity to the medical domain that many schools of public health do not have.....a closeness that enables us to partner with medicine in more perceptive and meaningful ways. This closeness gives us a "competitive advantage" that we can exploit to gain greater insights about how public health and medicine should partner to improve the public's health.

This advantage is not trivial. If the health of our population is to be improved, American health care needs to understand better how to do it. Units within academia.....whether they are centers, institutes or departments like ours, are needed to work on this agenda. We are positioned to do it best.

But let's look in a more granular way at what filling this space at the interface requires. First, we had to identify what disciplines actually are at the interface between public health and medicine and then "bring them into the picture."

Department Organization



We did that by deciding together on the seven divisions that were to become the department: biostatistics and epidemiology, health policy, quality and medical informatics, medical ethics, outcomes and effectiveness research, prevention and health behavior, and community and public health programs. These are the disciplines that we identified as essential at that interface, and the ones needed to address the health problems of our day. I say we did this together, because defining this department and establishing our divisions were much more of an evolution than something that was written in stone 15 years ago.

Out of this grew a statement about how we fit into and how our expertise and focus should strengthen the academic enterprise here.....a strategy for the pursuit of translational research:

Strategies for *translational* research

- Establish *multidisciplinary groups* around themes, topics and diseases of critical importance to the health of the American people: *heart disease, stroke, cancer, degenerative neurological diseases, emerging infectious diseases*
- Make *outcomes, health services, and comparative effectiveness* research within each of these areas high priorities
- Make sure that the strategy is truly multidisciplinary across the full spectrum of relevant expertise, not just basic science and clinical researchers: it must *include public health researchers, biostatisticians, and social scientists*
- Fully *incorporate and involve* partners needed to be successful in translational research including our *hospital, practices, clinics, and our clinical databases*

Next, I would like to say a few things about the values or principles that have been guiding lights in the evolution of this department. Some of these values relate to us as a group and some are the values we hold as individuals.

The first is one of these group values and is really a statement about the need for organizations. We value what I call “a community of scholars”. The underlying premise is that faculty members need an academic home where their growth can be fostered and their careers can find fulfillment. This requires a critical mass of like-minded individuals working in some sort of proximity who can interact and learn from each other. Additionally, there need to be conferences, seminars, hallway discussions, and post-docs and students.

This premise suggests an organizational strategy not only for us, but for the medical college as a whole. A critical mass of expertise in the public health sciences and disciplines should exist as a resource for the benefit of the rest of the medical college. This certainly implies that we can consult and collaborate with others of like minds and interests who live in other departments, institutes, and centers. However, it also means that we can and should help to establish and support other groups who want to pursue a similar academic agenda within their clinical area. We value and want to increase the number of research projects, courses, and programs in public health, health services research, behavioral sciences, etc. in each and every department. Through doing so we hope a larger and interacting network of scholars will be created to pursue this agenda.

So our organizational strategy has been to establish a department representing our discipline, not with a franchise or exclusive right to a specific academic agenda. On the contrary, we value and want to help support individuals and entities doing this kind of work scattered throughout the institution.

However, we want to lead this agenda *by example* through initiating scholarship ourselves.....and we value doing so. Therefore, we have had two complementary goals: To define and pursue our own scholarship.....and then to be a collaborative resource for like-minded colleagues anywhere and everywhere in the institution.

It is somewhat repetitive with what I have already said, but it may be worth repeating, in a somewhat different context, that we value public health and the social sciences. We’re comfortable with being a different “brand” of scientist because it’s what we want to do and do best, and because we know it’s important. We realize the vital role our work plays in the total picture.

The other reason we value our discipline and the work we do, comes from a recognition that the health care system and the professionals working within it deserve and need to be helped by the kind of insights and information our research provides. Improving the care of patients and the delivery of health services requires more than the biological sciences.

I want to finish this part of my reflections by mentioning a few of the personal values, I think we share. I think we all value and want camaraderie, support, recognition, and trust..... and we want to have fun doing what we do. Everyone makes choices and sacrifices to work in academia. You don’t make as much money as you could working elsewhere; there are a lot of challenges, etc. It is likely that all of us could have chosen an easier career. These downsides should be balanced by the intellectual pleasures and the sense of accomplishment that should come from an academic life. Whether you are principally a researcher, a teacher or a clinician there should also be joy that comes from living in a community of scholars.

Now that I have said a few things about our focus, mission, and values as they have evolved over the past almost 15 years.....let's look at some of our accomplishments and the metrics we have used to measure them:

Resources added to WCMC and NYPH:

New expertise and service roles

- Faculty serve as key resources for and leaders in clinical transformation, quality improvement, patient safety, and clinical resource utilization initiatives at NYPH and the Weill Cornell PO.
- Through CHiP, the department collaborates with WCMC and NYPH on innovative information technologies and methods for healthcare delivery and research, and serves as link to Tech Campus.
- Department faculty physicians are members of Weill Cornell Internal Medicine Associates, hospitalist, hep C, ethics and substance abuse/EAP services.
- Department (with link to Ithaca) is a partner in the hospital's disease/disaster preparedness and efficiency initiatives.
- Public Health faculty are faculty leaders for the student-run Weill Cornell Community Clinic for uninsured New Yorkers.

New Research Infrastructure, Support and Consulting

- Biostatistics and Epidemiology
 - **Research Design and Biostatistics Core** provides biostatistics for design and analysis of studies within the CTSC and to WCMC investigators
- Medical Ethics
 - **Research Ethics Consultation Service** (CTSC) helps clinical researchers design and implement studies ethically
 - The Division of Medical Ethics supports a **Research Subject Advocacy Program** in the CTSC
- Cornell Analytics
 - epidemiologic, biostatistical, health economic, and health policy consulting and education programs outside WCMC
- HSS research support and collaboration
- WCMC Radiology and Urology research partnerships
- Scientific Infrastructure Center for FDA's MDEpiNet, member of FDA's Mini-Sentinel Network, leader of NYS/DOH HITEC

New Graduate Educational Programs

- New components and strengthening of all Medical Student courses
- WC Graduate School of Medical Sciences
 - Master's Degree Program in Clinical & Translational Investigation (CTSC)
 - Core courses: Foundations of Clinical Research, Biostatistics, Ethics and 9 elective courses, including 3 focusing on comparative effectiveness research
 - Master's Degree and Certificate Programs in Health Informatics
 - Courses in healthcare IT and health services
 - WC Master's in Health Sciences for Physician Assistants Program
 - 3 courses plus clinical supervision
- Qatar/HMC
 - Methods for Clinical Researchers
- Master's in Public Health Program in Haiti
 - Health services research and cost-effectiveness analysis
- Department Conferences and Seminars
 - Public Health Grand Rounds, Seminar Series Sponsored By Each Division (some jointly; some with CTSC)
- Postdoctoral Scholars
- Fellowship Programs
 - Public Health Research, Health Care Quality and Medical Informatics, Healthcare Leadership
- Attending and House Staff
 - Research Methods/Biostatistics/Epidemiology , Medical Ethics, Healthcare Systems
- Medical College Courses and Premedical Program In Qatar
- Office Of Global Health Education
 - Medical student curriculum
 - Visiting/international student rotations
 - Research and educational opportunities aboard

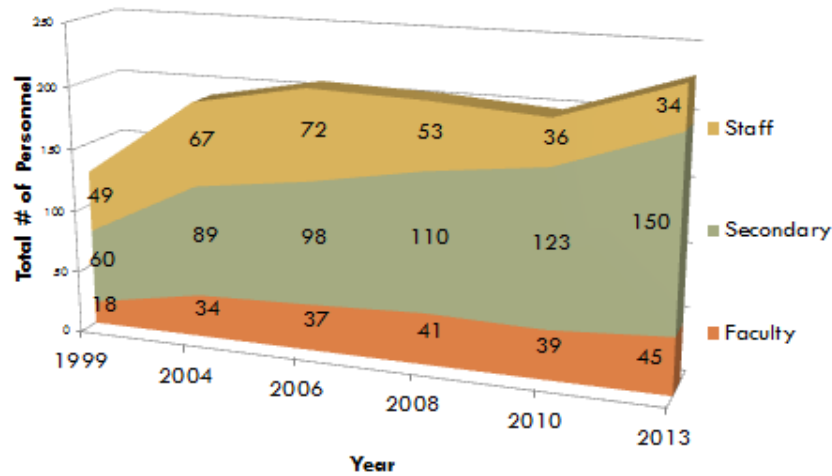
New Clinical Programs

- Midtown Center for Treatment and Research
 - Services for combat veterans with PTSD, in partnership with The Headstrong Project
 - Suboxone treatment for opioid addiction
 - Expansion of other MTC clinical programs
- Transformation of methadone clinics to Vincent Dole Institute

New Philanthropy

- Nanette Laitman Distinguished Professorship
- Jeanette and Jeffrey Lasdon Professorship
- Livingston Farrand Fund
 - Professorship
 - Endowment
- Nanette Laitman Clinical Scholars (4)
- Walsh McDermott Scholar
- Public Health Endowment
- Lorraine And Ralph Lubin Distinguished Visiting Professorship

Department of Public Health Faculty and Staff Increases



FINANCIAL SUMMARY: FY 2013

FUNDING SOURCE

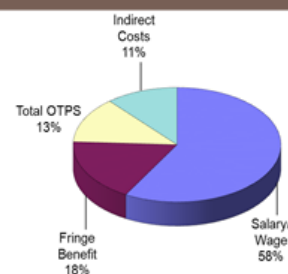
Grants/Contracts	\$8,181,828
Clinical/Program	\$2,375,814
Institutional	\$2,956,187
Gifts/Endowments	\$574,904
Total Funding	14,088,733

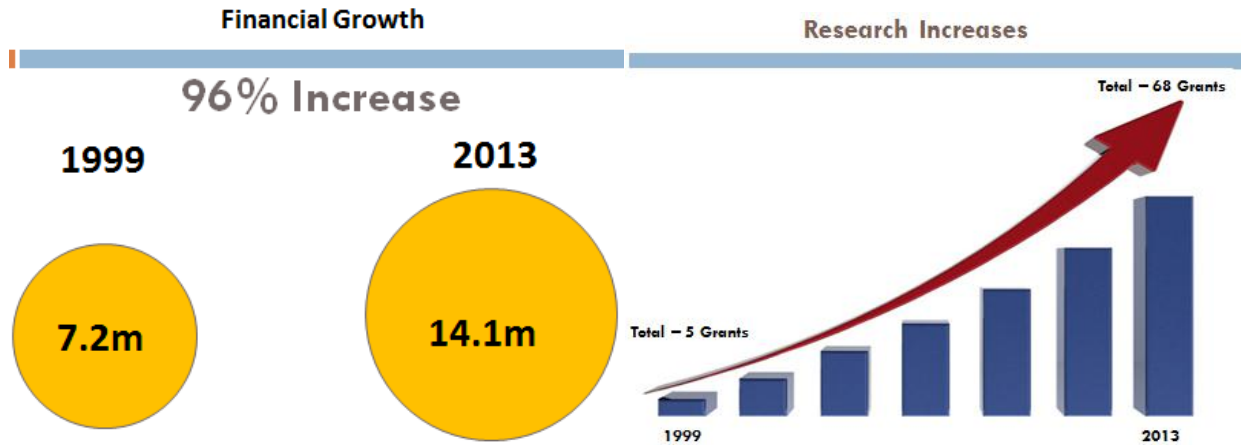


FINANCIAL SUMMARY : FY 2013

FUNDING USE

Salary/wage	\$8,198,275
Fringe Benefit	\$2,483,361
Total OTPS	\$1,821,787
Indirect Costs	\$1,585,310
Total Expenses	\$14,088,733

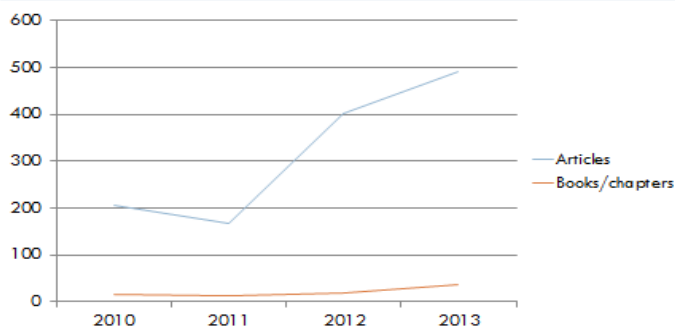




Research Accomplishments

- Quality of Care Initiatives
 - Improving process and outcomes
 - Quality incentives (P4P)
- Effectiveness, Costs, and CER of Devices, Diagnostic Tests & Treatments
 - Orthopedic devices, radiologic tests, cardiac meds
 - HIV treatments and interventions
 - Treatments for Hep C and substance abuse
- Organization and Delivery of medical care
- Implementation and value of EMRs and Electronic Data Exchange
- Methods and Resources for Clinical Research
- Ethical Considerations for Policy & Clinical Care
- Disease and Disaster Preparedness
- Insights into unhealthy Behaviors and their applicability to Prevention and Chronic Illnesses
- Global Health

Recent Research Contributions*



* As tabulated in annual department letter report

Accomplishments of The Department of Public Health: 2013 Update

Grants & Contracts Awarded or Begun 2013

- Federal: 17
- Foundation: 6
- CTSC & Technion/Cornell Tech (seed): 1
- NYPH: 2
- HSS: 1
- Qatar (QNRF): 5

New Institutional Leadership Appointments 2013

- **Bishop**, Chair of Medicine QA Committee and Research Mission Director for Division of General Internal Medicine/WCIMA
- **Casalino**, co-Director of Healthcare Leadership Fellows
- **Kaushal**, Chair of Cornell Tech Campus Liaison Committee
- **Mamtani**, Associate Dean for Outreach and Admissions, WCMC/Q
- **Richardson**, Assistant Director of Clinical Services, WCMC Library

New External Appointments & Elections 2013

- **Ancker**, Editorial Board of *Medical Decision Making*
- **Bishop**, Member of NYS Dept. of Health Quality and Patient Safety External Advisory Committee
- **Bishop**, Member review committee for MCIC
- **Finkel**, Editor for Praeger Press book series on public health
- **Fins**, Member of Dana Alliance for Brain Initiatives
- **Hupert**, Chief Editor for *Emerging Health Threats* journal

- **Hupert and Muckstadt**, founding partner of Complexity Science for Health Systems
- **Mazumdar**, Fellow of the American Statistical Association
- **Mushlin**, Chair of PCORI Advisory Panel on Assessment of Prevention, Diagnosis, and Treatment Options
- **Press**, “Interactive Editor” for *Health Care: The Journal of Delivery Science and Innovation*
- **Ryan**, Editorial Board for *BMC Health Services Research*

Teaching Awards 2013

- **Ancker**, Excellence in Teaching/Public Health Clerkship
- **Mahfoud**, Excellence in Education/Medicine, Patients & Society 1/Qatar
- **Rodriguez del Pozo**, Senior List/Qatar

Promotions 2013

Faculty Promotions (*primary appointments*)

- **Yuhua Bao, PhD**, Associate Professor
- **Thomas Campion, PhD**, Assistant Professor
- **Lawrence Casalino, MD, PhD**, Professor
- **Inmaculada de Melo Martín, PhD, MS**, Professor
- **Michael Pesko, PhD**, Assistant Professor
- **Joshua Richardson, PhD, MLIS**, Assistant Professor
- **Andrew Ryan, PhD, MA**, Associate Professor
- **Bruce Schackman, PhD**, Professor
- **Xi Kathy Zhou, PhD**, Associate Professor

Faculty Promotions (*joint/secondary appointments*)

- **David Artz, MD**, Associate Professor
- **Marshall Glesby, MD, PhD**, Professor
- **C. Ronald MacKenzie, MD**, Professor
- **Franklin Miller, PhD**, Professor
- **Jamie Ostroff, PhD**, Professor
- **Andrew Vickers, PhD**, Professor

Staff Promotions

- **Lucas Romero, MPA**, Research Coordinator

Special Recognition 2013

- **Abramson, Kaushal, Cheriff, Cole, Malhotra**, others, article selected for IMIA's Yearbook of Medical Informatics
- **Abu-Raddad** and **Infectious Disease Epidemiology Group**, named Best Research Team of the Year 2013 by QNRF
- **Beeder**, named Jeanette and Jeffrey Lasdon Associate Professor of Clinical Public Health and Psychiatry
- **Bishop**, paper received professionalism article prize from American Board of Internal Medicine
- **Campion**, Homer R. Warner Award for paper chosen at AMIA Annual Symposium
- **Fein**, David R. Calkins Award in Health Policy Advocacy from SGIM
- **Fins**, Nancy Emerson Lecture, Duke University and others
- **Hupert**, Director's Recognition Award from National Center for Emerging and Zoonotic Infectious Diseases for analysis of H7N9 strategies
- **Memtsoudis, Mazumdar**, et al Best Abstract at American Society of Regional Anesthesia and Pain Management

New Faculty 2013 (*primary*)

- **Hye-Young (Arian) Jung, PhD**, Assistant Professor, QMI
- **Joshua Richardson, PhD, MLIS**, Assistant Professor, QMI (now primary in PH)
- **Matthew Simon, MD, MS**, Assistant Professor, HP

New Faculty 2013 (*Ithaca*)

- **Deborah Estrin, PhD**, Professor, QMI (Computer Science)
- **Giles Hooker, PhD**, Associate Professor, BIO/EPI, CHiP (Biological Statistics)

New Faculty 2013 (*joint/secondary*)

- **Satchit Balsari, MD, MPH**, Assistant Professor, BIO/EPI (Emergency Medicine)
- **Francesca Gany, MD, MS**, Professor (MSKCC)
- **Natalia Ivascu, MD**, Assistant Professor, ME (Anesthesiology)
- **Jessica Jalbert, PhD**, Assistant Professor, OUT (Courtesy/LA-SER Analytica)
- **Kevin Kelly, MD, MA**, Professor (Psychiatry)
- **Helen Lee, MD, MPH**, Assistant Professor (Medicine)
- **Maria Master, MD, JD**, Instructor, ME (Psychiatry)
- **Kim Overby, MD, MBE**, Associate Professor, ME
- **Richard Pasternak, MD**, Clinical Professor (WCMC Faculty Industry Council)
- **Vimla Patel, PhD, DSc, FRSC**, Adjunct Professor, QMI (NYAM)
- **Subroto Paul, MD, MPH**, Associate Professor, OUT (CT Surgery)
- **Timothy Peng, PhD**, Assistant Professor, OUT (VNSNY)
- **William E. Rhodes, III, MS**, Clinical Instructor, HP (WCMC Faculty Industry Council)

- **Arleen Salles, PhD**, Adjunct Assistant Professor, ME (St. John's University)
- **Edward H. Shortliffe, MD, PhD, MACP, FACMI**, Adjunct Professor, QMI (NYAM)
- **Meredith Stark, PhD, MS**, Adjunct Assistant Professor, ME
- **Bruce Vladeck, PhD**, Professor, OUT (Courtesy/Nexera Incorporated)

New Fellows/Residents/Post-docs 2013

- **Flávio Cesar de Sá, MD, PhD**, Visiting Fellow (ME)
- **Neal Emery**, Global Health Fellow
- **Bart Ferket, MD, PhD**, Postdoctoral Associate (BIO/EPI)
- **Ashley Giambrone, PhD**, Postdoctoral Associate (BIO/EPI)
- **Patrick Kierkegaard, MSc**, Visiting Graduate (QMI)
- **Ryuki Omori, PhD**, Postdoctoral Associate (IDEG/Qatar)
- **Umut Ozbek, PhD**, Postdoctoral Associate (BIO/EPI)
- **Jashvant Poeran, MD, PhD**, Postdoctoral Associate (BIO/EPI)
- **James Robinson, PhD, MPH**, Visiting Fellow (OUT)
- **Xi Emily Zheng, MD, PhD**, General Preventive Medicine Resident

New Staff 2013

- **Abby Isaacs, MS**, Research Coordinator, OUT
- **Thomas Lorio, LCSW**, Counselor, EAP

I want to conclude by thanking all of you again for your contributions and support over the past 14 ½ years. It has been a great privilege and pleasure to lead this vital and evolving Department and to work with so many gifted, forward-thinking, and truly motivated individuals. Your work reflects a clear commitment both to improving the health of the public and to advancing our field and the missions of the medical college and hospital in the areas of research, teaching, and clinical care.

I am looking forward to the transition and to the future of this department with great enthusiasm and optimism. I think we have built a base.....a platform upon which to build to achieve heights not yet present in any other medical college, I know of. I know that Deans Glimcher and Koretzky as well as Steve Corwin, and the leadership of the hospital, share my enthusiasm for the future of the Department.