

Renaissance School of Medicine at Stony Brook University

Department of Medicine

STRATEGIC PLAN

IMPROVE HEALTHCARE BY ADVANCING THE EDUCATION, SCIENCE, AND PRACTICE OF INTERNAL MEDICINE

EDUCATION

Develop the next generation of physicians to have the knowledge, skills, and personal attributes in providing outstanding patient care.

- Attract high-quality candidates to training programs.
- Recruit outstanding faculty to teach.
- Develop effective faculty educators.
- Value faculty contribution to education.
- Develop an educational RVU (eRVU) system.

RESEARCH

Advance medical knowledge by conducting innovative and collaborative research.

- Define and incentivize faculty scholarly activity.
- Promote research infrastructure to support and foster scholarly activity.
- Recruit faculty who are motivated in a research career supported by extramural funding.
- Develop collaborative relationships across divisions, departments, schools and VA medical center.

CLINICAL

Provide the right care, in the right place, at the right time and cost, that is patient-centered.

- Improve patient access to care.
- Enhance practice building.
- Improve patient visit efficiency.
- Improve hospital throughput of Medicine inpatients.
- Enhance physician communication and patient/staff experience.
- Develop safe and effective transition-of-care models.

ORGANIZATIONAL VITALITY

Promote the advancement and development of faculty and staff with an emphasis on communication, engagement, wellness, excellence, and leadership potential.

- Improve communication, networking, collaboration and outreach.
- Improve recruitment, development, mentoring, and retention of faculty and staff.
- Develop future leaders.
- Improve faculty and staff engagement and wellness.



Renaissance School of Medicine at Stony Brook University

Department of Medicine

2020-2024 Strategic Plan

Vision

Our vision is for the Department of Medicine at Renaissance School of Medicine at Stony Brook University to become a leading academic entity in delivering comprehensive, innovative, and high quality patient care and advancing the educational and research missions of Internal Medicine in New York State.

Mission

Our mission is to improve healthcare by advancing the education, science, and practice of Internal Medicine.

EDUCATION

Vision

The Department of Medicine is dedicated to developing the next generation of physicians who have the knowledge, skills, and personal attributes to provide outstanding patient care and demonstrate leadership in an evolving health care system.

Mission

The Department of Medicine supports and guides our trainees, including medical students, residents, and fellows, as they develop and refine their professional identity. The department supports all aspect of professional identity formation including acquiring knowledge and skills, promoting attitudes of humanism and compassion, fostering habits for wellbeing, providing mentorship and feedback, and cultivating a practice of reflection. Stony Brook Internal Medicine trainees will:

- Provide care that is compassionate, high-value, and patient-centered.
- Possess skills for life-long learning and have an attitude of inquiry and discovery.
- Aspire to be resilient leaders and role models in the medical community.
- Possess skills necessary to focus on harm prevention and strategies to mitigate medical errors.
- Practice self-care in order to maintain and foster wellbeing.
- Embrace diversity and honor the diverse needs of patients, families, staff, colleagues, and learners.

Goals and Plans

- **Attract high quality candidates to the medical school and residency and fellowship programs.**
 - Highlight the educational scholarship and national recognition of our clinician educators (e.g., Grand Rounds announcements, social media, local awards, research seminar).
- **Recruit outstanding faculty who teach and mentor our students, residents, and fellows.**
- **Develop effective faculty educators.**
 - Define a core group of educators representing each division with defined expectations for teaching, assessment, and scholarly activities.
 - Ensure that faculty have opportunities for continuous improvement of their teaching and mentoring skills.
 - Develop an ongoing faculty development program dedicated to enhancing faculty's teaching skills.

- Value faculty for their contributions to education at the UGME, GME, and CME levels.
 - Develop an educational relative value unit (eRVU) system to reward trackable educational efforts by faculty (requires staffing resources to establish system and track data).
 - Increase CME or indirect cost allotment to enable faculty to develop educational skills, such as attending national educational and professional development conferences for educators.
- Recognize the important contributions of Medicine faculty, residents and fellows to the educational enterprise of Stony Brook School of Medicine and University Hospital.
 - Enhance faculty's ability to conduct and disseminate educational scholarship, including a funding mechanism such as the department's pilot project grant program.
- Retain senior clinicians with outstanding bedside and diagnostic skills to teach students, residents, and fellows.

RESEARCH

Vision

Advance medical knowledge and patient care by conducting innovative and collaborative basic, clinical, and translational research.

Mission

Develop scholarly activities and extramural funding portfolios in every division in the Department of Medicine.

Goals

- Define and incentivize scholarly activity for faculty member in the department.
- Promote the research infrastructure to support and foster scholarly activity in the DOM.
- Recruit faculty that are motivated to build a career in research with extramural funding.
- Develop collaborative research relationships across divisions, departments (clinical and basic science), and Veterans Affairs.

Plans

- **Define and incentivize scholarly activity for faculty member in the department.**
 - a. Define criteria (rRVU) to incentivize abstracts/publications/grants.
 - b. Utilize the Faculty Development Lecture Series or other venues to define expectations for individual tracks on a divisional basis.
 - c. Involvement of DOM members that serve on the APT committee.
 - d. Synchronize scholarly activity expectations between DOM and SOM.
 - e. Potential sources of funding this incentive may include revenue from clinical practice, clinical trials, indirect cost return or salary offset to the department.
- **Promote the research infrastructure to support and foster scholarly activity in the DOM.**
 - a. Promote the available infrastructure to support research for clinical and translational research in the department.
 - i. Pre-award management.
 - ii. Grants and post-award management.
 - iii. Coordination of research equipment and personnel.
 - iv. Biostatistical support.
 - v. Support for clinical trials.

- b. Coordinate effort for electronic medical record data retrieval – get assistance from the hospital to coordinate this effort.
- c. Expand the currently active weekly DOM research seminar series to include monthly Grant Developmental Workshop Series.
- d. Identify venues for sharing information about research infrastructure:
 - i. DOM website.
 - ii. DOM Newsletter.
 - iii. DOM Research Conference series.
 - iv. Faculty Development Seminar.
- **Recruit faculty that are motivated to build a career in research with extramural funding.**
 - a. Support the recruitment of research-focused faculty (with and without visa waiver requirements).
 - b. Cultivate a pipeline from Medicine residency and fellowship recruitment.
 - c. Apply for training grants (e.g. ECRIP/T32).
 - d. Identify trainees with potential for a research career and protected their time for a defined period to secure career development award.
- **Develop collaborative research relationships across divisions, departments (clinical and basic science), schools, and Veterans Affairs.**
 - a. Expand DOM research seminar series and the annual research retreat to include faculty outside the department.
 - b. Advertise the Research Foundation PIVOT program to identify collaborators.
 - c. Chair and Division Chiefs to meet with basic science leadership to develop collaborative opportunities.
 - d. Division Chiefs to coordinate cross-divisional collaborations.

CLINICAL

Vision

To position Stony Brook Internal Medicine as the premier academic and tertiary care center in our region. The Department of Medicine will provide the right care, in the right place, at the right time and cost, and with an emphasis on patient-centered care.

Mission

We aim to provide our patients with the highest quality care by enhancing access to care and elevating the patient experience of both the inpatient and outpatient practices.

Goals and Plans for Inpatient Service

- **Improve hospital throughput of Internal Medicine inpatients.**
 - a. Timely completion of consults requested by primary Hospitalist service, including initiation of an electronic consult request system.
 - b. Promote direct communication of attending physicians between primary and subspecialty services.
 - c. Standardize policy for the transfer of patients from outside the hospital.
 - d. Request the hospital to increase the number of MICR beds to allow optimal MICU throughput.
- **Enhance physician communication, patient and staff experience.**
- **Develop and implement safe and effective transition-of-care models.**
 - a. Transfer of patients from ED to Medicine floors.
 - b. Transfer of patients from other services to Medicine.
 - c. Transition of discharged patients to community or facilities.
- **Form a committee within Department of Medicine to focus the identified areas of opportunities above.**

Goals and Plans for Ambulatory Service

- **Improve patient access to care.**
 - a. Increase capacity.
 - i. Hire additional faculty physicians, mid-level providers, and clinical staff with the goal of ‘right-sizing’ the practice.
 - ii. Ensure providers’ actual clinical efforts are commensurate with their clinical FTEs (cFTEs).
 - iii. Increase the proportion of new patient visits (NPVs) relative to total patient visits in specialty practices.
 - iv. Better utilize physician extenders to allow faculty to see more new patients.
 - v. Develop specialty-specific metrics to determine when patients followed by specialists can be returned to their primary care provider
 - b. Innovative scheduling.
 - i. Weekend, early morning and evening hours.
 - ii. Stagger start and end times of ambulatory clinics for physicians and staff to reduce patient wait times due to limitations in staff rooming capabilities.
 - iii. Office appointment scheduling by internet, smartphone, and new apps.
 - iv. Appointment reminders, practices messaging and patient updates provided via these new ways of contacting patients.
 - c. Call Center optimization.
 - i. Have individual divisions perform “mystery shopper” assessment of phone services for their specific division.
 - ii. Encourage use of patient portal for messaging when possible to reduce call volume.
 - iii. Ease appointment scheduling through improved appointment availability, rescheduling of bumped appointments and longer lead time in provider and fellow scheduling.
 - iv. Develop guidelines for practitioners to complete messages to reduce repeat call volume.
- **Enhance practice building.**
 - a. Increase marketing of faculty physicians within the institution.
 - i. Highlight-faculty physicians at grand rounds.
 - ii. Provide social events for faculty physicians within DOM.
 - iii. Increase faculty physicians’ presence on social media.
 - iv. Establish DOM newsletter to highlight new and existing physicians, services, procedures and other innovations.
 - b. Improve physician education on billing and coding.
 - i. Schedule annual division-specific meetings with compliance officer.
 - ii. Develop on-line updates for faculty.
 - iii. Improve IT, data sharing and timeline for MIPS/MACRA/ACO reporting.
 - c. Maximize and improve the existing payer mix.
 - i. Establish evening and weekend hours.
 - ii. Strategic geographical marketing.
 - iii. Improve quick access to appointments which has been shown to improve payer mix.
- **Improve patient visit efficiency.**
 - a. Educate physicians on improving utilization of electronic health record.
 - b. Increase utilization of scribes to reduce documentation burden and improve patient throughput and satisfaction.
 - c. Optimizing pre-visit planning.
 - d. Investigate and integrate the use of telehealth into the clinical practice.

ORGANIZATIONAL VITALITY

Vision

Enhance the vigor of the department's organizational structure by focusing on human resources.

Mission

Promote the advancement and development of faculty and staff with an emphasis on communication, engagement, wellness, excellence, and leadership potential.

Goals and Plans

- **Improve communication, networking, collaboration and outreach within and outside the department.**
 - a. Improve interaction between DOM and basic science departments (e.g. engage PhD students to participate in clinical research); increase interaction with VA and better utilize DOM and VA resources for veterans population.
 - b. Publish a monthly or quarterly DOM newsletter to introduce new faculty, highlight research, publications, etc.; would require divisional input on content and/or a publication committee or editorial board.
 - c. Increase DOM's social media presence (e.g. web content, search capability, public relations, social media sites, etc.)
 - d. Develop DOM's ability to market its program to other departments (e.g. chair or faculty leaders to reach out to other clinical or basic science departments in SOM or in West campus).
- **Improve recruitment, development, mentoring, and retention of faculty.**
 - a. Enhance functions and visibility of current Faculty Development Committee.
 - b. Establish meeting fora to generate ideas, plans and interest.
 - c. Develop research skills for clinical faculty (e.g. grants development series for generating hypothesis or questions, manuscript writing series, seminars on how to apply for grants, support for pre- and post-awards, etc.)
 - d. Establish a mandatory new faculty orientation program.
 - e. Improve communications among faculty with different research and clinical interest (e.g. organize retreats to highlight research or clinical achievements, present findings from Pilot Project Grants program, etc.)
 - f. Establish mentoring programs focusing on issues related to scholarship/education/clinical skills/promotion.
 - g. Consider mandatory or group mentoring program.
- **Develop junior faculty into future leaders.**
 - a. Nominate key faculty to attend leadership development programs by professional societies or those administered by SOM, will require protected time in attending the programs.
 - b. Faculty Development Committee to identify and broadcast availability of such programs.
 - c. Engage CPMP and/or Hospital leadership in developing leadership programs that would benefit the clinical mission of the institution.
- **Improve faculty and staff engagement and wellness.**
 - a. Emphasize the importance of common goals and willingness to serve as a measure of engagement.
 - b. Improve communication across the organization and encourage participation to infuse sense of purpose.
 - c. Provide opportunities for interaction among faculty and staff (e.g. regular retreat, wellness programs, etc.)
 - d. Establish Faculty and Staff Wellness committee to address wellness issues.