

# Mount Sinai School of Medicine

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SCHOOL OF  
MEDICINE

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DENNIS S. CHARNEY, M.D.

Dean

September 20, 2011

## Best Doctors in NY

- 124 FPA Doctors in 46 specialties  
Total 209 in 48 specialties (includes voluntaries, affiliates and non-FPA)

## US News & World Report Rankings

- Medical School 2011 #18
- Hospital 2011 “*Honor Roll*” #16  
Top 20 in 7 Specialties (unchanged from 2010)  
Top 50 in 12 Specialties (13 in 2010)  
(out of 4,825 hospitals analyzed)
- One of 12 integrated Medical School/Hospital Academic Medical Centers which are both ranked in top 20

## NIH Funding Rank

- Highest level in Sinai’s history at >\$250M

## AAMC Rank

- U.S. Medical Schools (AAMC) 2010 #3 Research Dollars/Principal Investigator  
(unchanged from 2009)  
#1 Research Density  
(up from #2 in 2009)

**“A” on AMSA Pharmafree Scorecard on COI policies (1 of only 12 in country)**

# Major Recruitments/Appointments

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Dean	Global Health	Philip Landrigan, MD, MScs
Associate Dean	Global Health	Jagat Narula, MD, PhD
Associate Dean	Scientific Computing	Patricia Kovatch
Assoc Dean/CMO	Clinical Excellence/ FPA & MSH/	Mark Callahan, MD
Vice President	Technology & Business Development	Teri Willey
Chair	Pathology	Carlos Cordon-Cardo, MD, PhD
Chair	Department of Genetics & Genomics	Eric Schadt, PhD
& Director	Institute for Genomics and Multiscale Biology	
Director	Sequencing Core	Milind Mahajan

# Other Senior Recruitments

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Vice-Chair	Genetics & Genomics	Andrew Kasarkis, PhD
Professor/Chief	Pediatric Oncology	Robert Maki, MD
Professor/Chief	Medicine/Pulmonary	Charles Powell, MD
Professor	Neuroscience & Dev. Biology	Andrew Chess, MD
Professor/Chief	Psychiatry/Psychiatric Genomics	Pamela Sklar, MD, PhD

# Tripartite Missions of MSSM

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1. Education
2. Research
3. Clinical

# Education: Quality – Matriculating Class of 2011



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## MD Students

- Number of Complete Applications: 4,894
- Number of Interviews (excl EA/MSTP) 796
- Size of Class 140
- MD/PhD 12
- Humanities and Medicine 40
- NY State Residents 32%
- Women 47%
- URM 19%
- Average MCAT 35.6
- Average GPA 3.74
- Number of Undergraduate Schools 54

(Brown=16, Harvard=7, Penn=7, Columbia=6, NYU=6, Wash U=6, Williams=6, Yale=6)

# Education: Quality – Matriculating Class of 2011



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## PhD Students

- Number of Complete Applications: 572
- Size of Class 38
- NY State Residents 24%
- Women 50%
- URM 5%
- Average GRE 1,370
- Median GPA 3.59
- Number of Undergraduate Schools 33

Represented Institutions Barnard, Brown, Columbia, Duke, Johns Hopkins, NYU, Oberlin, Tufts, UC-Berkeley, UC-San Diego, UCLA)

# of PhD applicants increased 31% (from 2010)

This follows a 20% increase from 2009 to 2010.

# Education: Quality – Matriculating Class of 2011

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## MD/PhD Students

- Number of Complete Applications: 265
- Size of class: 12
- NYS State Residents: 41.6%
- Women: 25%
- URM: 25
- Average MCAT 36
- Median GPA 3.87
- Number of Undergraduate Schools: 12

(U. of Minnesota, Brigham Young, NYU, U. of Delaware, Swarthmore, Boston College, Rutgers, U. of Pennsylvania, Wesleyan, Princeton, Yale, Columbia)

# of MD/PhD applicants increased 3.7% (from 2010)



# Medical Education Notable Accomplishments

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- LCME Reaccreditation – Site Visit October 23-26
- PORTAL(MD/MSCR dual degree) recruited its second cohort of MD/MSCR students
- Very Successful Match
  - 61% got their first choice; 80% got either their first or second choice.
  - 50% plan to pursue career as full-time university faculty (nat'l mean 36%)
  - 33% plan to practice in underserved areas; 83% of those in inner city (nat'l mean 58%)
- Inter-clerkship Ambulatory Care Track (InterACT) - supported by a \$500,000 grant from the Josiah Macy Foundation  
*(credit to Valerie Parkas, Rainier Soriano, Yasmin Meah, Nel Naderi, Ali Gault)*
- Global Health Training Center awarded a second \$1,000,000 grant from the Mulago Foundation
- Newly appointed Director of Educational Technology – Rainier Soriano, MD, Department of Geriatrics and Palliative Care

# Medical Education Initiatives

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## Strategic Plan – Uncompromising Excellence

Goal- a top 10 U.S. medical school

- Launch SciMed program
- Upgrade technology
  - New Learning Management System
  - Upgraded video capture and podcast of lectures
- Recruit new IME Director and enhance faculty educator development, scholarship, and support
- Launch initiatives to raise funds for scholarship (merit and need based) and loan forgiveness for those choosing to serve in underserved populations
  - Directed fundraising for dual degree tracks in Primary Care, Global Health and Translational Science
  - Parents' Council Scholarship
  - Multiple Alumni-focused fundraising initiatives by Development Office

# Graduate School Notable Accomplishments

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- Revamped the Core Curriculum to offer new advanced courses for PhD students that reinforce basic science as a critically important component of successful translational research
- Strengthened capacity to cover the entire translational continuum by:
  - enhancing clinically oriented MS programs
  - Increasing exposure to disease by adding a clinical component to courses for Basic Science PhD students
  - Commencing research phase for first cohort of clinical research PhD trainees
  - Introducing Biostatistics track in MPH program

# Graduate School Initiatives

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- Strengthen linkage between PhD MTA's and the Institutes
  - Develop new PhD track in Genomics in concert with the newly launched Institute for Genomics and Multiscale Biology
- Increase exposure of MD/PhD students to clinical experiences in their PhD years
- Expand size and scope of MS programs
- Establish transparent metrics to assess success of individual MTA's as well as PhD program as a whole.

# Global Health Initiative

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## Goals:

- Become a top 10 leader among academic global health programs in the United States
- Improve the health of people around the world with particular emphasis on the world's most underserved populations

## Achievements to-date:

- Education-
  - Undergraduate courses and electives,
  - Global health track in MPH program,
  - Global health residency options in several major clinical departments,
  - Fogarty international training programs & post-residency fellowship programs.
- Communication & Field
  - Designated the editorial office for the official Journal of the World Heart Federation, GLOBAL HEART- under the leadership of Dr. Jagat Narula, Associate Dean for Global Health
- Established formal partnership with prestigious research institutes and academic health centers overseas
- Over 60 Mount Sinai faculty, 40 students, 60 residents and 25 other professionals have worked to improve the health of underserved populations in over 20 countries
- Designated a Collaboration Centre of the World Health Organization

# Research – 2011 highlights

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- MSSM maintained #18 in NIH Funding with ~\$275M in grants
- ARRA Funding will end in 2011 (\$90M over 2 years)
  - And will pose significant challenge in an era of flat or reduced NIH funding
- The efficiency of space utilization has increased significantly:
  - In 2009, the average institutional research density was \$750/sf
  - In 2010, the average institutional research density was \$875/sf
- This increase has enabled us to make major recruitments within our existing space

# Direct Expenditures per Principal Investigator

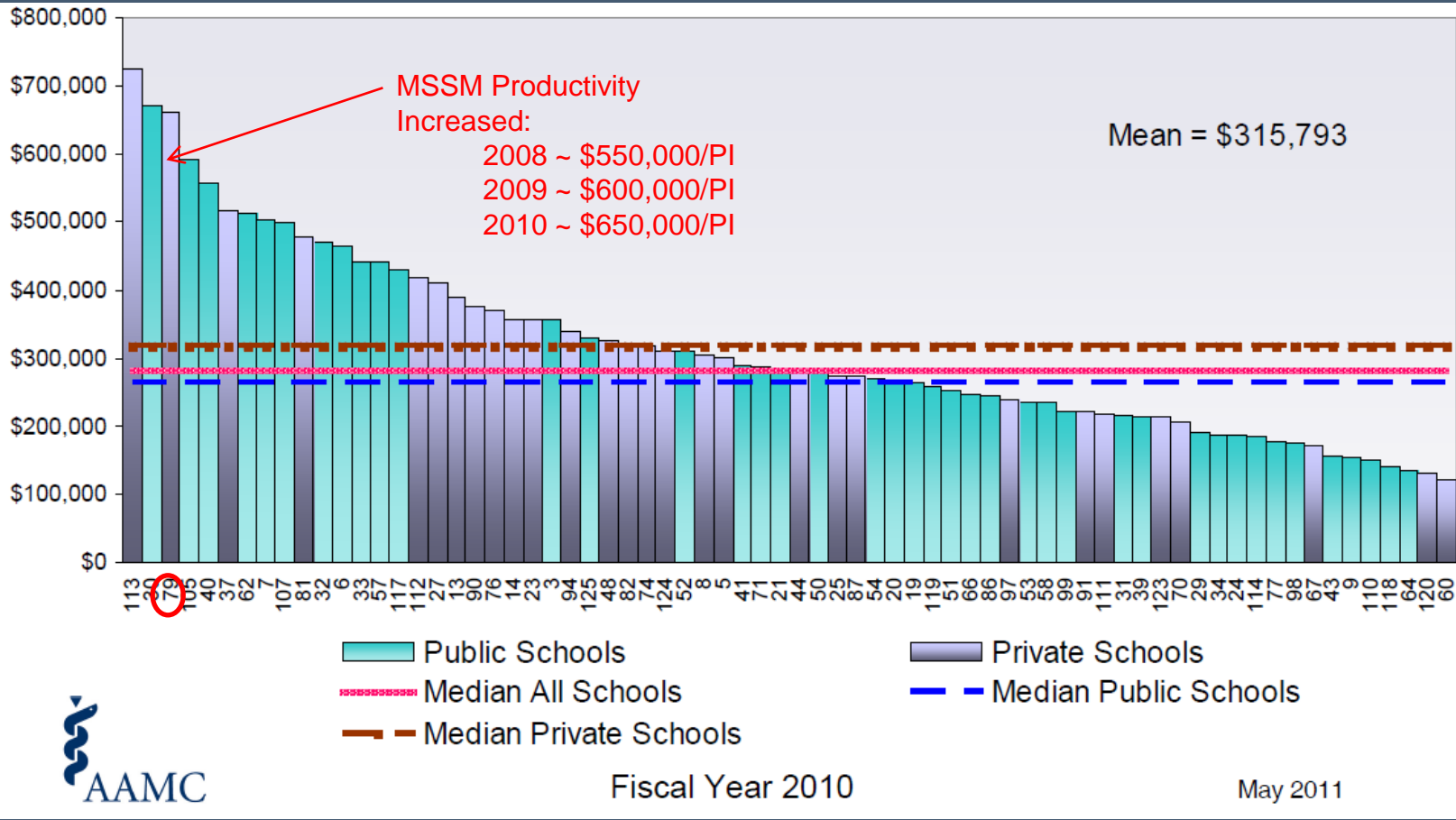


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Purpose: Assesses research productivity of faculty engaged in research

Higher Number is Favorable

Formula: Direct Expenditures / Number of PIs



# Grant \$s per Net Assignable Square Foot (NASF)

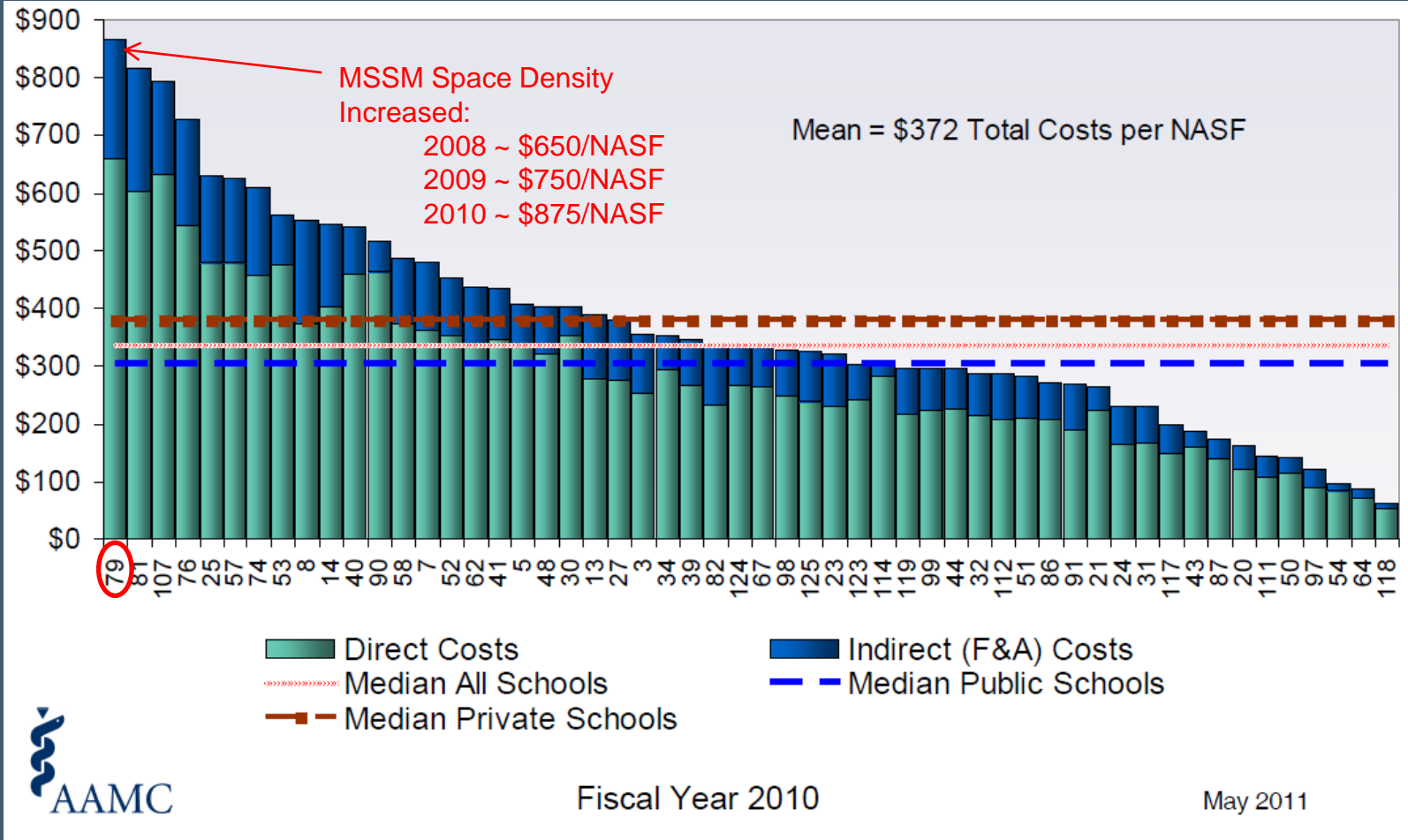


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Purpose: Reflects productivity of research space

Higher Number is Favorable

Formula: Total Grant \$s / NASF





# Faculty Practice Accomplishments

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- Visits increased 10% over 2010
- Clinical revenue increased 8% over 2010
- Mount Sinai Faculty 5<sup>th</sup> nationally in clinical productivity
- Key personnel recruitments:
  - Chief Operating Officer – Michael Schaffer
  - Director of Ambulatory Services – Johanna Epstein
  - Director of FPA IT Systems – Denise Mullin

# Faculty Practice –In Top 5 in Revenue/Faculty



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School	Receipts	Clinical MDs	Receipts/MD
Northwestern U Feinberg SOM	441,280,637	681	647,989
Cornell U Weill Med Coll	444,303,191	733	606,144
Washington U in St Louis SOM	593,556,599	1169	507,747
Wake Forest University SOM	327,982,565	665	493,207
<b>Mount Sinai School of Medicine</b>	<b>417,093,000</b>	<b>911</b>	<b>457,841</b>
U Rochester SOM & Dentistry	310,603,605	711	436,855
Emory University Sch of Med	467,258,238	1139	410,236
U Wisconsin Medical School	497,724,948	1228	405,313
Columbia U Coll of P & S	475,843,460	1248	381,285
Duke University Sch of Med	413,284,029	1115	370,658
Johns Hopkins University SOM	389,551,725	1266	307,703
Yale University Sch of Med	307,813,800	1009	305,068
U of Texas Southwestern MC & SOM	380,519,740	1269	299,858
University of Virginia SOM	221,610,443	781	283,752
UC San Francisco SOM	341,717,792	1400	244,084
Oregon Health & Science U	221,183,617	931	237,576
University of Florida COM	198,528,201	897	221,325
University of Michigan Medical School	342,451,809	1625	210,740
UC Davis SOM	165,611,045	800	207,014
University of Maryland SOM	174,153,200	883	197,229
UNC Chapel Hill SOM	197,090,787	1026	192,096
Massachusetts General Hospital	524,126,460	2925	179,189
Baylor College of Medicine	222,586,453	1277	174,304
UC San Diego SOM	144,740,931	843	171,697
U of Chicago Pritzker SOM	130,720,474	780	167,590
University of Washington SOM	204,775,888	1334	153,505
University of Colorado SOM	257,792,820	1816	141,956

# Faculty Practice Goals 2012

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- Growth
  - 7% growth in volume and revenue
- Patient experience
  - #1 AMC in region in patient satisfaction (Press Ganey)
- Access
  - Achieve industry standards for best practices for phones
    - $\leq 5\%$  dropped calls
    - $\geq 80\%$  calls answered in  $\leq 1$  minute
  - E-scheduling

# Faculty Practice Goals 2012

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- Initiatives
  - Expanded FPA primary care
    - 10 primary care physicians by end of 2012
    - New location in CSM Tower base in 2012
    - Routine appointment in <2 weeks
    - “Provider of choice” for MSMC faculty & staff
  - Multispecialty satellites
    - Columbus Avenue (including Urgent Care & specialty care) site opens mid 2012
    - Expanded Chinatown practice (opened 2011)

# Achieving the Faculty Practice Goals

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- Enhancing Information Technology
  - E-scheduling in Spring 2012
  - Epic MyChart (patient portal): 2000 active users; goal is to triple number of active users in 2012
  - Meaningful Use and e-Prescribing: All eligible physicians enrolled in 2012
  - Population Management: New toolsets go live 3rdQ 2012
  - Utilization Management: Integrate into Physician Dashboard 2012
  - Advanced Decision Support : New tools 2012 for radiology support, formulary management

# Achieving the Faculty Practice Goals

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- Changing Incentives
  - New compensation models
  - Tied to quality, patient experience, resource utilization, productivity
  - New models for population management
- Moving to Integrated Central Services
  - Centralized Billing Office
  - Customer Service Teams and Training
  - Practice Improvement Teams
  - Common Protocols

# Financial Results



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The School has met its overall financial goals since the Strategic Plan was approved (000's)

## Financial Operating Results:

	<u>Results</u>
2011 (Budget)	\$ -
2010	\$ 286
2009	\$ 71
2008	\$ (2,880)*
2007	\$ 236
2006	\$ 852

\*Loss resulted from market downturn

Fund raising for the \$1 billion Capital Campaign, exceeding \$761 million, has been sufficient to support the Strategic Plan spending

Research and FPA growth major contributors to School's financial success

# Financial Challenges to Continued Success

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- Both Clinical and Research Programs face heightened financial challenges
  - Clinical reimbursement constraints from health care reform
  - Increased competition for research grants resulting from Federal Budget issues
- Research spending growth has slowed in 2011
- The ARRA stimulus grants that provided \$90 million in research grant funding over the past two years have ended
- The CSM Building will be open in the 4<sup>th</sup> Quarter of 2012



# Action Plan to Meet Financial Challenges

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- Continue successful Financial Goals
  - School's Financial Goals:
    - Positive financial operating results using only the 5% endowment spending rate investment income
    - Philanthropy supports the gap between Strategic Plan revenues and spending on growth initiatives
  - Department's Financial Goals:
    - Departments must consistently achieve positive financial results
    - Research and Clinical performance guided by metrics

# Action Plan to Meet Financial Challenges

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- Departmental Incentive Plans to Encourage Financial Performance:
  - Clinical Revenue Growth Incentive Policy
  - Clinical Operating Margin Incentive Policy
- Continued Focus on Faculty Productivity
  - Investigator Incentive Policy
  - Performance goals for each physician
  - Compensation models tying 100% of compensation to performance
- Compensation must be covered by Teaching, Research, and Clinical Revenue

# Action Plan to Meet Financial Challenges

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- More Space for Growth
  - Administrative services moved off campus
  - CSM provides additional space to support education, research and clinical operations
- Clinical and Research Growth from:
  - New recruits,
  - Faculty productivity, and
  - Efficient, cost effective operations
- Philanthropy support according to campaign goals
- Medical Center initiative to reduce Administrative Costs by 10% over 3 years
- FINANCIAL DISCIPLINE IS IMPERATIVE
  - Business Plans
  - Return on Investment

# CSM & Tower-rendering



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Achieving and Maintaining  
Greatness

Strategic Growth &  
Groundbreaking Innovation

# CSM & Tower- under construction



Achieving and Maintaining  
Greatness

Strategic Growth &  
Groundbreaking Innovation

# CSM – Preliminary Schedule

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## Schedule

- Closing of building exterior
- Interior work
- Hi voltage electric service
- Building inspections
- Occupy Clinical Floors
- Occupy Research Floors

## Tower/CSM Dates

CSM July 2011, Tower September 2011  
In Progress  
Go live November 2011  
On-Going  
October 2012 – November 2012  
December 2012 – February 2013

## Relocations will be staged

- Minimize disruption to patients, physicians and researchers
- Working with Support Service Departments for building systems takeover
- Constructing/installing Hi Performance Computing data center
- Tunnel under 101<sup>st</sup> Street is complete

# Center for Science & Medicine



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The new building will foster interdisciplinary translational research that will help Mount Sinai serve our communities better by encouraging research that results in new therapeutic discoveries



Lobby



Typical laboratory floor

# Tower



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The Tower has 4 clinical floors that connect to CSM by bridge  
– 2 floors devoted to cancer, 1 floor Primary Care and 1 floor Medical Sub-Specialties



Entrance to clinical floors in Tower



Typical reception on clinical floor



*Strategic Growth  
&  
Groundbreaking Innovation  
in the age of Uncertainty*

# External Challenges to Clinical Enterprise

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## Academic Medical Centers and Sinai will be impacted by:

- Health care reform
- AMC's markets become more competitive with pressures to keep care in the local communities
- New York City landscape is filled with hospitals under economic pressure

# 2011- 2012 Clinical Strategic Planning Process

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## Mandate:

- Develop a growth plan for The Mount Sinai Medical Center clinical enterprise by 12% (4,000 incremental discharges) by year 3-5
- Reengineer Mount Sinai clinical enterprise to be successful in the future of Health Care Reform
- Develop a plan to reduce cost base across the institution by 10% over 3-5 years

# 2011- 2012 Clinical Strategic Planning Process

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## Workgroups Developing Growth Plans:

Workgroups established for development of growth plan for:

- **Cancers:** Head and Neck (14%), Surgical Oncology (12%), Liver Cancer (16%), Thoracic Cancer (29%), Bone Marrow Transplant (15%), Leukemia (25%) and Brain Cancer (27%)
- **Heart:** Cardiac Surgery (7%), Valvular Surgery (10%), Implant Heart Devices (9%)
- **Transplant:** Liver and Kidney (16% each)
- **Brain:** Neurosurgery (35%)
- **Surgical Subspecialties:** Vascular (23%), Complex General Surgery (14%), Spine (6%), Orthopedics (20%)

Review of all programs for optimal size and scope underway

# 2011- 2012 Clinical Strategic Planning Process

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## Workgroups to Reengineer Mount Sinai to Meet Future of Health Care Reforms:

- **Network Development:** to meet the mission of providing care in the communities and enhance flow of complex care to Mount Sinai
- **Inpatient Care Model:** to optimize the delivery of inpatient care at higher quality and lower cost
- **Ambulatory Care:** to optimize ambulatory services in the School and Hospital, eliminate inefficiencies, and enhance care
- **Quality:** to position Mount Sinai to excel in Quality measures
- **Population Management:** to position Mount Sinai for the future changes in reimbursement and ensure success in management of populations

# 2011- 2012 Clinical Strategic Planning Process

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## Workgroups to Reduce Baseline Costs of Mount Sinai Medical Center:

- ***Hospital Efficiencies***: identify and address operational and system inefficiencies
- ***Clinical Resource Management***: optimize the use of clinical resources in patient care: imaging, pharmacy, labs, etc...
- ***Supply Chain***: identify areas of opportunities in supply chain; product standardization, cost reduction, delivery systems, etc...
- ***Corporate Support Services***: reduce baseline operating cost of support services in the Medical Center to align with future revenue trends; information technologies, human resource management, compliance, administrative services, etc...

# 2011- 2012 Clinical Strategic Planning Process



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## Strategic Planning Time:

Sept '11	Oct '11	Nov '11	Dec '11	Jan '12	Feb '12	March '12	April '12	May '12	June '12
Status report on Strategic Plan	Thoracic Orthopedics	Surgery: - Vascular - Surg Onc - General	2012 Targets for cost reduction	Cardiac Brain	Network Ambulatory Care Platform	Inpatient Care Model Clinical Support Services	Quality and Efficiency Population Management	1st quarter measures against cost targets and 3 - year targets	Financial Plan Capital Plan
Cost Analysis	assessment of: - Psychiatry - Rehab	assessment and vision for: - OB	BMT/Lymphoma/Leukemia Cancer and CSM	Assessment: - Pediatrics - other niche programs	<i>Interim space and capital report</i>		Alignment of Incentives		
Head and Neck Transplant	<i>Interim report on Network</i>	<i>Interim Report on Inpatient care model</i>	Assessment: - Pediatrics  <i>Interim report on population management</i>						

# External Challenges to Research Enterprise

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Flat NIH Budget & End of ARRA grants  
Awards competitive

Tighter R&D budgets in Private Industry  
Explore other growth opportunities

Recession, Federal Debt & Stock Market Volatility  
Low returns impacts Philanthropy, Foundation awards

Academic Medical Centers impacted due to their unique tripartite role that include unfunded mandates that would be previously bridged by government or private sources

Historically, this funding gap bridged by government or private sources



# FDA approved drugs

## *based on Publicly-funded research*



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High correlation between disease priorities and NIH Institutes' budgets

However, these priorities are not the same as those of Pharma. Research supported by NIH and other public entities has had a more immediate effect in improving public health than other funding mechanisms.

**Table 1. Number of Drug Products Approved by the Food and Drug Administration and Originating from Public-Sector Research, According to Therapeutic Area, 1970–2009.**

Therapeutic Area	Number
Total	153
Hematology or oncology	40
Infectious disease	36
Cardiology	12
Metabolic disease	12
Central nervous system	12
Dermatology	7
Renal disease	7
Ophthalmology	6
Immunology	6
Gastroenterology	4
Women's health	3
Allergy	2
Pulmonary disease	2
Urology	2
Anesthesiology	1
Dental disorders	1

•In the past 40 years, 153 FDA approved drugs were discovered by institutions

•FDA approved 1,541 new drug applications

•46.2% of publicly funded new drug applications received priority review vs 20% for private-sector

•Publicly funded research has contributed 9.3%-21.2% of all new drugs involved in new drug applications

*Source:*

*NEJM, Feb 10, 2011*

# Shifting Landscape-1

## Trend in Drug Discovery & FDA Approvals



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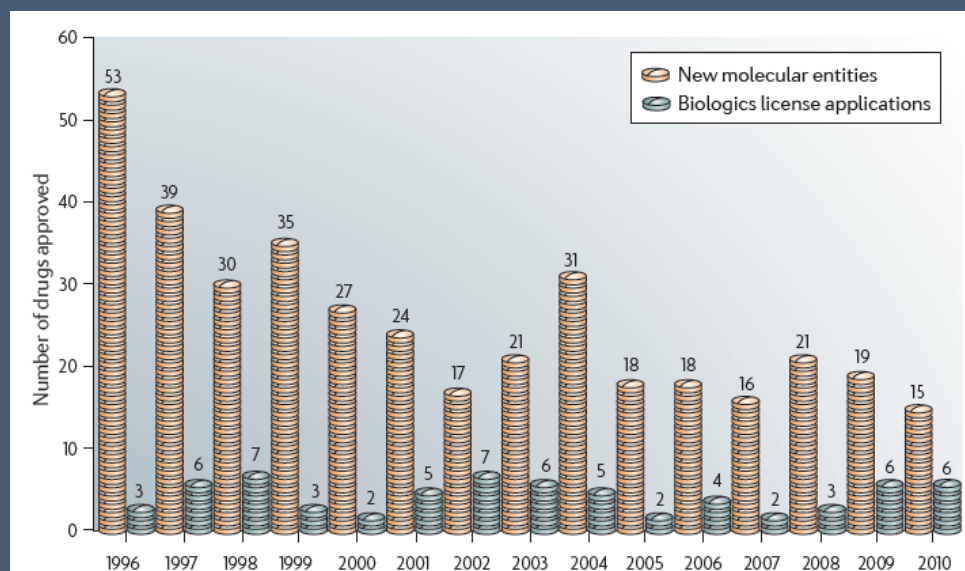


Figure 1 | FDA drug approvals since 1996. New molecular entities and biologics license applications approved by the US Food and Drug Administration's (FDA's) Center for Drug Evaluation and Research, by year.

Shift from primary care to specialty care continues

Payer dissatisfaction with high prices for incremental innovations for same diseases

Need to be accountable to payers is shaping discovery & development programs at drug firms

Preference to tackle expensive treatments for chronic conditions

Source: Nature 2011

# Shifting Landscape-2

Drug Companies reducing R&D and “out-sourcing” basic research



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## Susan Desmond-Hellmann

In 2009, Susan Desmond-Hellmann left Genentech, after 5 years as President of Product Development, to become Chancellor at the University of California, San Francisco (UCSF). **Since rejoining academia, she has overseen the creation of numerous UCSF–industry alliances,** including recent deals with Pfizer, Sanofi–Aventis and Bayer. Similar partnerships, of varying forms, are appearing around the world, as pharmaceutical and biotechnology companies seek new sources of innovation to shore up faltering pipelines. Speaking with **Asher Mullard**, Desmond-Hellmann discusses the increasing interest in industry–academia collaborations and looks back on the lessons she has learned since leaving Genentech. *Nature, March 2011*

### PHARMACEUTICALS

## Pfizer’s Shakeup Means Less Money for Research

The pharmaceutical giant Pfizer has announced **it will lay off thousands** of workers and **cut its research and development budget by between \$1.5 billion and \$2 billion in 2012.** That drastic decrease, industry observers say, reflects uncertainties facing many large drug companies about what role they should play—or even want to play—in basic drug research. **Increasingly, they shop for the science they need, when they need it.**

1100 jobs at its Groton, Connecticut, office and transfer 450 jobs from there to an office in Cambridge, Massachusetts.

Pfizer is not alone in emphasizing areas such as neuroscience, where scientists have made progress recently in understanding disease mechanisms, and deemphasizing broad categories such as internal medicine, says Jeffrey Elton, a former executive at Novartis and now CEO of Kew Group, a personalized

*Science, February 11, 2011*

Basic Science research is expensive but that is where academia excels

Drug Companies reducing their R&D budgets and Basic Science research

Pharma leveraging the high quality of science and depth of knowledge at academia to increase their understanding of drug interactions

Collaborations between academia and Pharma on the rise

Goal is to improve the predictability of outcomes of new drugs .

# Research Initiatives in response to challenges

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Strategic investments in targeted areas of strength where we can be competitive

## New Initiatives in:

- Institute for Genomics & Multi-Scale Biology
- Center for Discovery & Innovation
- Center for Surgical Innovation
- Global Health

## New Initiatives in Existing Programs

- Black Family Stem Cell Institute
- Tisch Cancer Institute
- Friedman Brain Institute
- Cardiovascular Institute
- Immunology Institute

Research infrastructure also strengthened to ensure that faculty have adequate resources

- Shared Research Cores
- Biostatistics
- OTBD

# Genomics & Multi-Scale Biology

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A new model for transformative research and care delivery that directs our understanding of the pathophysiology of disease and treatment, reducing the overall disease burden through faster, safer, more effective and more affordable care

Some points to highlight:

- We aim to become a hub node connected to all of the disease focused institutes to enhance the interpretation of their data to get at more predictive models of disease
- Use a systems approach to understanding disease
- Primary goal will be aiding in the development of novel therapeutics and biomarkers

Technology in addition to “information wizards” will be key;

- State of the art next generation sequencing technology
- Lead the third generation sequencing revolution by bringing in new technologies
- Advanced prototype equipment to observe single molecule biomolecular machines as they carry out their function, to elucidate mechanisms
- State of the art proteomics



## Creation of Center for Discovery & Innovation

*To illuminate new disease targets and the molecules that treat those targets.*

*This discovery group will identify the most promising research within all of Mount Sinai's disease-focused institutes.*

5 Collaborative Core facilities provide the advanced technologies needed to speed translation of discovery to their therapeutic targets:

## Small Molecule Discovery

Investigates and develops drugs based on small molecules, an approach that results in better designed drugs with fewer side effects

## Monoclonal Antibodies

Taps into the drug development potential of antibodies made by our own immune system

## High Content Screening/RNAi

Analyzes thousands of different drug compounds, identifying the most promising treatments with a speed and accuracy unimaginable just a few years back

## Induced Pluripotent Stem Cell (iPSC)

Reprograms a skin cell taken from an adult's arm into a brain cell and might transform the shape of medicine

## Systems Pharmacology and Network Analysis

Uses state of the art computers to forecast likely results before clinical trials commence, saving crucial time

## Goals:

Establish multi-specialty surgical translational research and innovation program

Leverage current strengths and build upon work done by innovators in surgical departments at Sinai:

David Adams – Cardio-Thoracic Surgery

Eric Genden – Minimally-Invasive Head and Neck Cancer Surgery

Michael Marin – Vascular Surgery

Integrate surgeons, researchers and machining facilities to develop new instruments/devices and advanced technologies that improve patient care

Develop the ability to go from lab to operating room and measure and report patient outcomes.

Serve as a national surgical translational research model

Attract and retain the brightest surgical faculty



In anticipation of an increase in commercialization and IP as MSSM's new translational research strategy is implemented

- OTBD being revitalized under a new leadership team
  - With hands-on commercial and academic experience
    - Redefining business processes and enhancing resources to enable them to better serve their customers (faculty)
  - Work with faculty with most promising ideas
  - Find partners to commercialize and establish agreements to do so
  - Optimize returns on those agreements to benefit institution
  - Increased staffing



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# *Positioning Mount Sinai*

## *Rebranding*

# The Rebranding of Mount Sinai

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- Create a dramatic new identity to reflect a powerhouse twenty first century academic medical center
- Brand architecture (rename Faculty Practice)
- New visual design system
  - Logo
  - Colors
  - Typography
  - Signage
  - Way-finding
- Train the organization to be Brand Ambassadors
- Powerful Launch Program (1<sup>st</sup> half 2012)

# Digital and Social Media

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Over the last six months, The Mount Sinai School of Medicine has embraced digital and social media to dramatically increase our digital footprint .

- Utilizing platforms like Facebook, Twitter, YouTube, Linked-in and FourSquare we have improved our reach and visibility
- Creating our own social media platform - MyGsocial - for our graduate students with plans for expansion to additional school programs
- August 2011 was a record month with the highest website traffic to the school ever
- Over 20 mobile web applications across the school and FPA services launched
  - Our mobile web apps facilitate everything from simple tasks such as finding the library or cafe to finding doctors or faculty

# Digital and Social Media-2012 Goals

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- Digital advertising initiatives for the school and FPA
- New homepages for the school and FPA
- New and improved Find a Doctor, Find a Person and Find a Faculty websites
- Online scheduling for patients
- Mobile app store for students featuring selected iPad, iPhone and Android apps
- Strategic partnerships to create innovative mobile solutions
- Live stream video recruiting sessions for students
- Social media campaigns for academic initiatives
- Translation of rebranding initiative onto all digital platforms



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# *Mount Sinai Must Embrace a Culture of Innovation*

# Mount Sinai: A Culture of Innovation

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- Leaders need to be disciplined and empirical
- Innovation is a blend of creativity and discipline
- Change is measured and thoughtful
- “FAST WORLD” requiring “FAST DECISIONS” and “FAST ACTION” leads to failure

*GREAT BY CHOICE: Uncertainty Chaos, and Luck –  
Why Some Thrive Despite them All.  
Collins and Hansen, 2011*

# Mount Sinai: A Culture of Innovation

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- LEADERSHIP – Consistently set a vision of innovation, provide the environment, the infrastructure, and the incentives
- INNOVATION CHAMPIONS - promote, encourage, prod, nurture, support, and drive innovation



## DISRUPTIVE INNOVATION

- Associating:
  - Draw Connections between questions, problems, or ideas from unrelated fields
- Questioning:
  - Pose queries that challenge common wisdom
- Experimenting:
  - Constructing interactive experiences and unorthodox responses to see what insights emerge
- Networking:
  - Meet people with different ideas and prospectives

*The Innovators DNA: Mastering the Five Skills of Disruptive Innovators.*  
Dyer, Gregersen, and Christensen, 2011

# Mount Sinai: A Culture of Innovation

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## HOW DO YOU SYSTEMIZE INNOVATION?

- “The system is there is no system”
- “You need process and discipline for efficiency”
- “And you must say no to 1,000 things to make sure you don’t get on the wrong track”
- “But innovation comes from people meeting in the Hallway or calling each other at 10:30 at night with a new idea, or because they realized something that shoots holes in how we have been thinking about a problem. It’s adhoc meetings called by someone who thinks he has figured out the coolest new thing ever and who wants to know what other people think of his idea”

*Steve Jobs*  
*Apple*

# The Bottom Line

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We need to continue to do the BEST work in the history of  
Mount Sinai

We need to be the BEST at what we do!