Department of Medicine 2014

RUTGERS
New Jersey Medical School

State of the Department

Marc Klapholz, MD, FACC
Chair, Department of Medicine
Comparative antiarrhythmic effects of intravenously administered lidocaine and procainamide and orally administered quinidine☆

Mortimer L. Schwartz, MD, FACC, N. Conant Webb, MD, Benjamin G. Covino, MD, PhD, Edward M. Finck, MD, Bunyad Haider, MD

From the Department of Medicine, New Jersey College of Medicine and Dentistry, Newark, N. J. USA

Received 12 September 1969; accepted 16 February 1970.

Abstract

A double-blind control study compared the ventricular antiarrhythmic efficacy of a single dose each of intravenously administered lidocaine and procainamide and orally administered quinidine. A statistically significant reduction in ventricular ectopic contractions occurred immediately and was present 30 minutes and 1 hour after the onset of injection of procainamide. Lidocaine produced a statistically significant reduction in ventricular extrasystoles immediately and for 30 minutes thereafter. No decrease in the incidence of ectopic contractions was observed with either orally administered quinidine or placebo therapy alone. The duration of ventricular antiarrhythmic action of a single injection of procainamide was significantly greater than that of lidocaine. A statistically but probably not clinically significant reduction in systolic blood pressure was observed with procainamide, quinidine and placebo therapy. No change in either systolic or diastolic blood pressure was observed with lidocaine in the dose employed.
Ischemic heart failure: Sustained inotropic response to small doses of L-epinephrine without toxicity☆

Bunyad Haider, MD, FACC, Mohammad I. Khan, MD, William M. Burke, MD, FACC, Timothy J. Regan, MD, FACC

From the Department of Medicine, College of Medicine and Dentistry of New Jersey, New Jersey Medical School, Newark, N. J., USA

Accepted 30 October 1974.

Abstract

As a prelude to a study of severe ischemic heart failure, the therapeutic response of the ischemic ventricle to epinephrine and acetylstrophanthidin in nontoxic doses was determined in 24 intact anesthetized dogs undergoing a first episode of acute regional ischemia. A thrombotic obstruction was produced in the left anterior descending coronary artery, effecting moderate left ventricular dysfunction. The elevation of end-diastolic pressure and reduced stroke volume in control dogs were not significantly altered by administration of strophanthidin. Epinephrine (0.05 μg/kg per min) elicited a significant reduction in end-diastolic pressure and increase in stroke volume. The latter was not attended by an increased incidence of ventricular fibrillation, whereas fibrillation occurred in half of the group given strophanthidin. Thus, the catecholamine was selected to study pump failure.

Severe ischemic heart failure was assessed in two groups with scar from previous infarction for up to 4 hours. By 60 minutes of ischemia, the increase in end-diastolic pressure and volume and decrease in stroke volume and ejection fraction were comparable in both groups. Thereafter, alternate animals received small doses of epinephrine (0.05 to 0.15 μg/kg per min) with graded increments at 60 minute intervals to counter tachyphylaxis and findings were compared with those in control dogs. Over the subsequent 3 hours, there was progressive deterioration of left ventricular function in the untreated group with an increase in end-diastolic pressure from 10 ± 1 to 33 ± 2.4 mm Hg. End-diastolic volume increased by 63 percent; stroke volume and ejection fraction decreased by 48 and 66 percent, respectively. The infusion of epinephrine was attended by a significantly lower end-diastolic pressure of 20 ± 2.5 mm Hg, whereas end-diastolic volume, stroke volume and ejection fraction were restored to control levels after 4 hours of ischemia. Mortality in the untreated group was 62 percent by 4 hours; all seven animals in the treated group survived.
Evidence for Cardiomyopathy in Familial Diabetes Mellitus

TIMOTHY J. REGAN, MICHAEL M. LYONS, S. SULTAN AHMED, GILBERT F. LEVINSON, HENRY A. OLDEWURTEL, MEHMOOD R. AHMAD, and BUNYAD HAIDER, The Departments of Medicine and Pathology, College of Medicine and Dentistry of New Jersey-New Jersey Medical School, and the Maryland Hospital Unit, Newark, New Jersey 07103

ABSTRACT Recent epidemiologic studies have suggested that cardiac disease is common in diabetics and may often have a noncoronary basis. To examine the status of the left ventricle, 17 adult-onset diabetics of familial type without hypertension or obesity underwent hemodynamic study and were compared to 9 controls of similar age.

Of the 17, 12 subjects had no significant occlusive lesions by coronary angiography. From this group eight without heart failure had a modest, but significant, elevation of left ventricular end-diastolic pressure. End-diastolic and stroke volumes were reduced, but ejection fraction and mean rate of fiber shortening were within normal limits. The left ventricular end-diastolic pressure/volume ratio was significantly higher than controls. Afterload increments affected a significant increase of filling pressure compared to normals without a stroke volume response, consistent with a preclinical cardiomyopathy. Four patients with prior heart failure had similar but more extensive abnormalities. None had local dyskinesia by angiography, and lactate production was not observed during pacing-induced tachycardia. Left ventricular biopsy in two patients without ventricular decompensation showed interstitial collagen deposition with relatively normal muscle cells. These findings suggest a myopathic process without ischemia.

Postmortem studies were performed in 11 uncomplicated diabetics. Nine were without significant obstructive disease of the proximal coronary arteries, and the majority succumbed with cardiac failure. On left ventricular sections, none had evident luminal narrowing of the intramural vessels. All nine exhibited periodic acid-Schiff-positive material in the interstitium. Collagen accumulation was present in perivascular loci, between myofibers, or as replacement fibrosis. Multiple samples of left ventricle and septum revealed enhanced triglyceride and cholesterol concentrations, as compared to controls. Thus, a diffuse extracellular abnormality may be a basis for cardiomyopathic features in diabetes.

INTRODUCTION

A relatively high incidence of cardiac deaths in patients with diabetes mellitus has been attributed to coronary atherosclerosis and its complications (1). However, two recent studies of vessel pathology in diabetics failed to support the assumption that all cardiac deaths were related to this process. In a quantitative study of the extent of surface involvement in the coronary vessels, only a modest increase in the quantity of atherosclerotic disease was present in diabetics compared to age- and sex-matched controls (2). In addition, Lecler observed that intramural vessels commonly exhibited accumulation of glycogen but did not show luminal narrowing (3). Thus, the question is raised as to whether a portion of the cardiac diabetic population may have primary myocardial abnormalities as a basis for their symptomatology, independent of ischemia, hypertension, or obesity.

As an initial approach to this problem in a canine model with chronic diabetes, ventricular function and compliance were observed to be abnormal (4), associated with accumulation of periodic acid-Schiff (PAS)-positive glycogen protein in the myocardium as well as increments of triglyceride. In humans, a functional abnormality was also found in noncardiac adult diabetics by the systolic time-interval method (5), similar to the preclinical abnormality of ethanolism (6, 7).

This report is concerned with an examination of left ventricular function and coronary arteriograms after the development of cardiac symptoms in uncomplicated adult diabetics with a familial history, to determine if the development of symptomology is de-
Department of Medicine 2014
Welcoming New Faculty

Hospitalists

Eugene Festa, MD
Phoenix Fung, MD
Department of Medicine 2014
Welcoming New Faculty

Pulmonary and Critical Care

Anne Sutherland, MD
Director ICU

Keith Guevarra, DO
Department of Medicine 2014
Welcoming New Faculty

Hematology & Oncology
Samhita Chakraborty, MD

Hepatology
Vivek Lingiah, MD
Department of Medicine 2014
Welcoming New Faculty

Cardiology

Alfonso Waller, MD
Director, Advanced Cardiovascular Imaging,
Faculty Scholar - HCOE
Associate Professor of Medicine
Neil Kothari, MD

Professor of Medicine
Lisa L. Dever, MD
Department of Medicine 2014
New Leadership

Neil Kothari, MD
Vice Chair, Education, DOM
Assistant Dean, GME, NJMS

Nancy Connell, PhD
Director, Research

Alfred Lardizabel, MD
Executive Director of GTBI

Amee Patrawalla, MD
Medical Director of Lattimore Clinic

Iris Herrera, MD
CMIO, University Hospital

James Maher, MD
Director, Echo Lab
Director (Interim), Cardiac Cath Lab

David Cennimo, MD
Program Director, Med-Peds Residency

Kristin Wong, MD
Associate Director, Med-Peds Residency; DOM Liaison to Observation
NJMS Faculty Organization Faculty of the Year Award (Clinical Science): David Alland, MD

NJMS Faculty Organization Teaching Award (Clinical Science): Lisa L. Dever, MD

NJMS Faculty Organization Distinguished Career Award (Clinical Science): Bunyad Haider, MD

NJMS Graduating Class 2014 Excellence in Teaching Award: Andrew Berman, MD

Arnold P. Gold Foundation Humanism and Excellence in Teaching Award: Ipsit Pandya, MD and Raymond Malapero, MD
Faculty
• Andrew Berman, MD (Class of 2016)
• Ralph Oriscello, MD (Class of 2015)
• David Cennimo, MD (Class of 2014)
• Alla Fayngersh, MD (Class of 2014)
• Lillian Pliner, MD (Subspecialty Faculty)
• Eugene Capitle, MD (Subspecialty Faculty)

Housestaff
• Hayder Hashim, MD (Class of 2014 Cardiology Fellow)
Department of Medicine 2014
Governance: Elected Officers

- **Governing Council (Medical Staff)** University Hospital: Michael Jaker, MD (President), Lisa Dever, MD, Ana Natale-Pereira, MD, & Lillian Pliner, MD

- **NJMS Faculty Organization**: Lisa Dever, MD, Vice President Clinical Sciences

- **NJMS Faculty Council At-Large Representatives**: David Bleich, MD, Robert A. Schwartz, MD, MPH

- **UPA Board**: Ana Natale-Pereira, MD, Neil Kothari, MD, Jim Maher, MD, Michael Jaker, MD, Marc Klapholz, MD (Chair Member)

- **Rutgers Senate**: Robert Schwartz, MD, MPH, Sultan Ahmed, MD
Department of Medicine 2014
Demographics: All Faculty

- **All**: 651
- **Men**: 488
- **Women**: 163
- **Voluntary**: 503
- **FT**: 131
- **PT**: 17
- **Clinical**: 614
- **Non-Clin**: 37
Department of Medicine 2014
Demographics: FT Clinical Faculty: Gender

Rutgers-NJMS (n=71)

<table>
<thead>
<tr>
<th>Years Post Training</th>
<th>Assistant</th>
<th>Associate</th>
<th>Professor</th>
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<tr>
<td>Men</td>
<td>Women</td>
<td>Men</td>
<td>Women</td>
</tr>
<tr>
<td>8.6</td>
<td>6.52</td>
<td>24.60</td>
<td>26.3</td>
</tr>
<tr>
<td>25%</td>
<td>19%</td>
<td>25%</td>
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<tr>
<td>13%</td>
<td>13%</td>
<td>13%</td>
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</tbody>
</table>

NJMS

Assistant Professor

Associate Professor

Professor

Men | Women
---|---
55% | 45%
62% | 68%
13% | 19%
25% | 13%

Department of Medicine, Rutgers - NJMS
Department of Medicine 2014
Demographics: FT Clinical Faculty NJMS
Ethnic and Racial Background (n=71)
Department of Medicine 2014
Demographics: Residents & Fellows (n=174)

<table>
<thead>
<tr>
<th>Gender</th>
<th>2013</th>
<th>2014</th>
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<tbody>
<tr>
<td>Men</td>
<td>55%</td>
<td>57%</td>
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<tr>
<td>Women</td>
<td>45%</td>
<td>43%</td>
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<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>2013</th>
<th>2014</th>
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<tbody>
<tr>
<td>Asian</td>
<td>54%</td>
<td>28%</td>
</tr>
<tr>
<td>Caucasian</td>
<td>27%</td>
<td>28%</td>
</tr>
<tr>
<td>Black</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hispanic</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Middle Eastern</td>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>2013</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Black</td>
<td>9%</td>
<td>10%</td>
</tr>
<tr>
<td>Hispanic</td>
<td>5%</td>
<td>9%</td>
</tr>
<tr>
<td>Middle Eastern</td>
<td>5%</td>
<td>3%</td>
</tr>
</tbody>
</table>
Department of Medicine 2014
Clinical Activity (E&M Visits): FY 14 vs FY13*

*Exclusive of Consults

Outpatient/ACC
- FY13: 99,971
- FY14: 100,763

Inpatient/UH

DOC
Department of Medicine 2014
Clinical Activity ACC

FY12: 47,350
FY13: 47,794
FY14: 49,505

Legend:
- FY2012
- FY2013
- FY2014
Department of Medicine 2014
Clinical Activity DOC

FY13: 19,404
FY14: 21,006
Department of Medicine 2014
Admissions by Service at UH

Total # Admissions UH = 15,468
Department of Medicine 2014
RVUs Reported by UPA/McKesson by Location

**Includes off-site locations**

**Includes UH Outpatient, ACC, ER, and TB Center**

Data provided by the University Physician Associates was used to create the above information.

Please note that the Carrier Information contained in the RVU data is Primary Billed Carrier.
Department of Medicine
FY2014 Length of Stay Index

N= 4818 cases: [Variance = -2,029 Days (excl. outliers); 934 Days incl. outliers]

<table>
<thead>
<tr>
<th>Month</th>
<th>FY13</th>
<th>Jul-13</th>
<th>Aug-13</th>
<th>Sep-13</th>
<th>Oct-13</th>
<th>Nov-13</th>
<th>Dec-13</th>
<th>Jan-14</th>
<th>Feb-14</th>
<th>Mar-14</th>
<th>Apr-14</th>
<th>May-14</th>
<th>Jun-14</th>
<th>FY14</th>
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<tbody>
<tr>
<td></td>
<td>0.91</td>
<td>0.95</td>
<td>0.9</td>
<td>1.01</td>
<td>0.96</td>
<td>0.88</td>
<td>1.03</td>
<td>0.92</td>
<td>0.91</td>
<td>0.93</td>
<td>0.93</td>
<td>0.89</td>
<td>0.91</td>
<td></td>
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Department of Medicine 2013
Clinical Initiatives and Successes

• Increase in Primary Care
• Hepatology and Liver Transplant Service
• Hospitalist Program
• Transitions of Care Clinics:
  – Discharge Clinic
  – Heart Failure (Advanced Certification - JC)
  – DSRIP Program (Delivery System Reform Incentive Payment)
• Occupational Medicine
Department of Medicine 2014

The American Heart Association proudly recognizes

UNIVERSITY HOSPITAL

On this date, January 1, 2014 as a
Get With The Guidelines – Stroke
GOLD PLUS Achievement Award Hospital

Recognition valid from January 2014 to January 2015
Recognition Time of Compliance from January 2012 – December 2013

The American Heart Association and American Stroke Association recognize this hospital for achieving 85% or higher adherence to all Get With The Guidelines® Stroke Achievement indicators for two or more consecutive 12 month intervals and at least 12 consecutive months of 75% or higher compliance with 5 or more Get With The Guidelines® Stroke Quality measures to improve quality of patient care and outcomes.

Nancy Brown
Chief Executive Officer,
American Heart Association

Deepak L. Bhatt, MD
Chairperson, Get With The Guidelines®
Steering Committee

Mariell Jessup, MD
2013-2014 President,
American Heart Association
The American Heart Association proudly recognizes

UNIVERSITY HOSPITAL

On this date, January 1, 2014 as a
Get With The Guidelines – Heart Failure
GOLD PLUS Achievement Award Hospital

Recognition valid from January 2014 to January 2015
Recognition Time of Compliance from January 2012 – December 2013

The American Heart Association recognizes this hospital for achieving 85% or higher adherence to all
Get With The Guidelines® Heart Failure Achievement indicators for two or more consecutive 12 month intervals and at least 12 consecutive months of
75% or higher compliance with 5 or more Get With The Guidelines® Heart Failure Quality measures to improve quality of patient care and outcomes.

Nancy Brown
Chief Executive Officer,
American Heart Association

Deepak L. Bhatt, MD
Chairperson: Get With The Guidelines®
Steering Committee

Mariell Jessup, MD
2013-2014 President,
American Heart Association
Infectious Disease – HIV Program

Proportion of Patients on HAART with HIV VL <400

- 2006: 25%
- 2007: 59%
- 2008: 66%
- 2009: 62%
- 2010: 70%
- 2011: 70%
- 2012: 70%
- 2013: 75%
- 2014: 78%
## Infectious Disease – HIV Program

<table>
<thead>
<tr>
<th>Parameter</th>
<th>2012 (%)</th>
<th>2013 (%)</th>
<th>2014 (July 2013-June 2014) (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hepatitis C Virus Screening</td>
<td>97</td>
<td>98</td>
<td>97</td>
</tr>
<tr>
<td>Lipid Screening</td>
<td>71</td>
<td>71</td>
<td>74</td>
</tr>
<tr>
<td>Substance Abuse Screening</td>
<td>56</td>
<td>80</td>
<td>90</td>
</tr>
<tr>
<td>Mental Health Screening</td>
<td>66</td>
<td>81</td>
<td>92</td>
</tr>
<tr>
<td>Tobacco Cessation Counseling</td>
<td>65</td>
<td>74</td>
<td>79</td>
</tr>
<tr>
<td>Tuberculosis Screening</td>
<td>93</td>
<td>93</td>
<td>93</td>
</tr>
</tbody>
</table>
• Integration of inpatient and outpatient care.
• Improve clinical outcomes and:
  1. Be seen as the providers of choice
  2. Facilitate strategic positioning in ‘new’ health care models i.e. ACO’s
Department of Medicine 2014
DOM Generated Revenue*

FY 13: Total Budget: $34,366,566
FY 14: Total Revenue: $41,013,917

- UH Budget: 32%
- MBF Budget: 7%
- Clinical Practice: 26%
- Directs: 10%
- Indirects: 9%

*Excludes Public Health Research Institute
*Excludes Occupational Medicine
Department of Medicine 2014
Student Educational Programs

Disease Process Prevention and Therapeutics: David Cennimo, MD - Course Director

Advanced Physical Diagnosis: Alex Tentler, MD – Co-Course Director

Third and Fourth Year Medicine Rotations: Alla Fayngersh, MD - Course Director

Clinical Integration Liaison for Pre-clerkship Curriculum: Alex Tentler, MD - Director

Careers in Medicine: Christine Gerula, MD – Director, Assistant Dean. Mentors - Amee Patrawalla, MD Anabella Moharita, MD and David Cennimo, MD
Medical Students

• Clerkship students now receive medical subspecialty inpatient experience

• Improved student didactic curriculum
  – Improvement in NBME Shelf Scores (avg score 78.4, now above the national average)

• 44 NJMS students matched to IM or Med/Peds

• 14 NJMS students matched at NJMS Programs
  – 4 Categorical, 2 Med/Peds,
  – 8 Prelims
### AAMC Medical School Graduation Questionnaire (GQ)
#### Internal Medicine Clerkship (Data 2013-14)

<table>
<thead>
<tr>
<th>Response</th>
<th>Agree/Strongly Agree NJMS</th>
<th>Agree/Strongly Agree All Schools</th>
</tr>
</thead>
<tbody>
<tr>
<td>Faculty provided effective teaching</td>
<td>95.1</td>
<td>92.8</td>
</tr>
<tr>
<td>Residents provided effective teaching</td>
<td>90.1</td>
<td>92.8</td>
</tr>
<tr>
<td>Clear learning objectives</td>
<td>95.8%</td>
<td>93.3%</td>
</tr>
<tr>
<td>Assessed against objectives</td>
<td>92.9%</td>
<td>84.6%</td>
</tr>
<tr>
<td>Variety of patients with different medical conditions</td>
<td>97.9%</td>
<td>95.3%</td>
</tr>
<tr>
<td>Observed: History</td>
<td>85.3%</td>
<td>91.5%</td>
</tr>
<tr>
<td>Observed: Physical exam</td>
<td>91.2%</td>
<td>92.8%</td>
</tr>
</tbody>
</table>
Resident Recruitment: 3,598 applicants (record high)

Residency & Fellowship Programs

• New resident rotation focusing on Community Outreach & Simulation Training (COST)

• ACP Medicine Weekly Curriculum Program

• Outpatient Medicine:
  – New Outpatient Clinic Schedule (8+2)
  – New Ambulatory Medicine Curriculum

• Core IM and subspecialty programs all maintain full ACGME accreditation

• Milestone Based Evaluation: ABIM/ACGME
Regional, National and International Meetings: 116 accepted posters and/or abstracts; 21 papers in peer review journals (all-time program highs).

DOM Research Day: 6 oral presentations delivered, and 84 posters presented
• Oral Presentation: Winner – Atish Mathur, MD, MRCP
• Clinical Case Poster: Winner – Joseph DeRose, DO
• Research Project Poster: Winner – Patrick Buczynski, MD
• People’s Choice Poster: Winner: Reenal Patel, MD
Department of Medicine 2013
Faculty Scholarship

Publications
Presentations
Research Programs
Education Programs
HOT TOPICS UPDATE IN INTERNAL MEDICINE

CME/CE Certified Activity

Saturday, September 27, 2014
7:00 am – 4:00 pm

LOCATION:
Delta Dental Education Conference Center
Rutgers School of Dental Medicine
50 12th Avenue, Newark, NJ 07103

PROVIDED BY:
Rutgers New Jersey Medical School
Department of Medicine
and
Center for Continuing and Outreach Education
at Rutgers Biomedical and Health Sciences

RUTGERS
Department of Medicine 2014
Largest Research Funding by Group

Total DOM: $14,853,655
David Alland, MD

- Award of Clinical Trial Unit
- Award of Tuberculosis Research Unit.
- Award of CETR grant program (Center of Excellence for Translational Research).
- Identified two entirely new drug-resistance mechanisms in M.tb not seen in any bacteria up until now; Developed new biomarkers that predict TB response to treatment; Identified the first cause of high level fluoroquinolone resistance in TB
Nancy Connell, PhD

- DARPA (Defense Advanced Research Projects Agency) award to characterize predatory bacteria as novel therapeutic approach to controlling Gram negative bacterial infections

Padmini Salgame, PhD

- Demonstrated that the absence of matrix metalloproteinase-12 (MMP12) does not affect host resistance against *M. tuberculosis* infection.
- Demonstrated that Toll-like receptor 2 signaling is critical to host resistance against the clinical isolate *M. tuberculosis* HN878.
Shobha Swaminathan, MD

- Designated clinical research site in new NIH-sponsored sexually-transmitted diseases network
- AIDS Clinical Trials Group Network (ACTG)
- Ryan White Integrated Testing and Primary Care of Persons Living with HIV in Newark, NJ
**Hepatology** – Numerous Clinical Trials in:
- Cirrhosis (Including a novel Stem Cell study)
- Portal hypertension
- Hepatic encephalopathy and
- Hepatitis B & C

**Hematology** – Pranela Rameshwar, PhD (19 BS Publications /Editorials on Stem Cell and Breast Cancer Biology)
- Beta blockade protection of bone marrow following injury: A critical link between heart rate and immunomodulation: *J Bone Marrow Res*
• Study of novel therapies for the treatment of ADHF including: Nitrosyl Donors, Ribose based Compounds, Relaxin and new Natriuretic compounds

• Study of novel therapies for the long term treatment of HF including: Dual Metalloproteinase Inhibitors and Myosin Activators

• Novel therapies for the treatment of pulmonary hypertension including novel oral PDE5 Inhibitors and new delivery technology for chronic administration of inhaled NO

• Study of Wireless, Fully Implantable and Continuous Remote Monitoring of Intra Cardiac Pressure for the Chronic Treatment of Heart Failure
• Regional Training and Medical Consultation Center (RTMCC) received competitive 5-year renewal
• US Agency for International Development TB Care II Consortium Member
• GTBI in Zimbabwe, Namibia, and Mozambique
• Collaborating with Chemonics International in 5 years USAID Strengthening TB Control in Ukraine (STbCU) project
• The Ambulatory Care Center for Healthcare Outreach, Prevention and Education: The H.O.P.E. Center – HCFNJ Grant: P.I. Natale-Pereira, MD
• SAVE (Screening Access of Value to Essex Women and Men) Breast Cancer Screening Program: P.I. Natale-Pereira, MD
• Sarcoid Center: Interdepartmental Program for the treatment of Sarcoid. Andy Berman MD – Co-Director
Department of Medicine 2012
Current Challenges

• Clinical Challenges
• Recognize, Study and Incorporate New Practice and Financial Models of Medicine. Nationally and Regionally (RFP)
• Maintain the Cutting Edge of Innovation
• Grow and Create New Programs;
• Recruit and Retain Faculty, Trainees and Students.
• Transition from an Academic Medical Center to an Academic Heath Center - Driven by Population Based Outcomes
• Recognize that Metrics will be Broadly Applied
• We are Uniquely Situated to Respond