10 things I’m proud of about House Organ

BY WAYNE WOOD

This issue is about the future, but, as we’re working to put this issue to bed, the past is on my mind a little, too. House Organ is ceasing publication.

This doesn’t mean I’m going anywhere—I will still be in the office of News and Communications at VUMC, where part of my job is keeping an eye on internal communications.

Even though I hope the spirit of House Organ will go on, this is the final issue as a standalone magazine, and it seems like a good time to thank all the writers, photographers and designers who have contributed their talents to House Organ. And if we were all gathered for a last wave from the stage like at the end of “Saturday Night Live,” I know I speak for all of them when I also thank the readers who have picked up House Organ, found it online on using the iPad app, and who have never hesitated to send me ideas, complaints and, on occasion, compliments.

Here are 10 things I’m proud of about House Organ:

• The Pets of Vanderbilt issue. This began as an offshoot of our annual House Organ Photography Contest, and it has grown to be the most popular issue of the year. People from all over campus enter their dogs and cats, campaign for favorites in the online voting, and sometimes get so enthusiastic that University computing capacity is threatened. Good fun!

• The House Organ Calendar. This began in 1983 and has always featured photography by Vanderbilt staff and faculty. It’s always been

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The Future is All Around Us: A House Organ Special Report

Medical Center leaders survey the decade ahead

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This special issue of House Organ is devoted to the future of VUMC.

A team of writers and reporters from VUMC News and Communications spoke to a selected group of Medical Center leaders about where they think the opportunities and challenges lie in the decade ahead, and the part that all of us play as we move ahead together.

Our strategy was to ask many people the same questions, on the theory that they would think about the question through the lens of their area of expertise, but would also relate that to the institution as a whole.

Some people were also asked questions specific to their areas of responsibility.

Taken as a whole, the thoughts, dreams and plans expressed here provide a snapshot of a great Medical Center planning and working to become even greater.

Nobody has a crystal ball, of course. We all know that national and world events can intervene and change our plans.

But looking over the horizon line ahead also helps us find our bearings now, and the leaders interviewed here take seriously their roles in finding the seeds of what we can become in the present in which we are.

And please note: nobody here predicts that in the future all of us will be taking jet packs to work.
JEFF BA LSER, M.D., Ph.D.
Vice Chancellor for Health Affairs and
Dean of the School of Medicine

What are the major changes that you think will come to Vanderbilt and the Medical Center over the next 10 years?

This is such an exciting time, in my opinion the most exciting time, to be at Vanderbilt. True, we have significant challenges with a national debt crisis driving radical changes in health care reimbursement and challenging times for research funding. But challenging times also create fertile ground for innovation, and I remain relentlessly optimistic. I believe the next few years will be the most innovative and transformative periods in the history of medicine. And I believe Vanderbilt is extraordinarily well positioned to meet the challenge and play a leading role, showing others the way forward.

At Vanderbilt, we are moving rapidly to personalize the delivery of health care. We are expanding the ability to identify fundamental differences between patients that impact their health, and we are increasingly seen as the world leaders in using this information to make the most informed decisions at the bedside. Through a unique and cohesive set of advancements combining innovations in biomedical informatics, genomics, and nearly all of our research disciplines, we are already delivering on the promise of personalized medicine. For example, heart and cancer patients are already benefiting from our ability to prescribe the most effective drug in an optimal dose for them, based on their genome.

Where do you see the seeds of those changes now?

They are already around us. These seeds of change are within our students, who are graduating and assuming leadership roles in medicine and nursing all over the country. The dynamic and energetic leadership enjoyed by the School of Medicine and the School of Nursing continue to assure that our graduates are among the best prepared and most creative thinkers.

These seeds of change are also present within our laboratories and research programs, where, thanks to the work of our talented investigators and their research teams, we continue to be among the nation’s leaders as measured by either the citation impact of our discoveries or peer-review funding. Enough cannot be said about the impact our scientific discoveries and advancements play in our institution’s success, creating knowledge that has both immediate and longer-term impact, while advancing our national and international reputation. As we become even better known, Vanderbilt harkens as that “place you want to be,” allowing us to recruit ever more promising students and faculty.

When I came here as an M.D./Ph.D. student I found a nurturing place to learn and grow. So I see one of my primary responsibilities as helping us recruit the next generation—a group of faculty, staff and students even stronger and more diverse than those of us here now. We were successful in appointing six department chairs this year who will play a huge role in mapping the future of this enterprise through their recruiting. The benefits of focusing on the quality of our people are tremendous, allowing us to learn more from each other and to dream even bigger.

I would also point out that in recent years our School of Medicine has become a national model for diversity in medical education. We should all take great pride in this as it benefits our institution and medicine in myriad ways. As we nurture and grow this new generation of leaders, we are changing the face of medicine and biomedical science, while assuring the legacy of our Medical Center.

And I never tire of pointing out that this year Vanderbilt was the only academic medical center named to both the Thompson Reuters Top Hospitals list, a distinction entirely based on publicly-reported quality measures and clear patient-care outcomes, and the U.S. News & World Report’s Best Hospitals “Honor Roll,” a reputational ranking. This suggests we are getting the nation’s attention through substantive accomplishments and innovations, while keeping our “eye on the ball” when it comes assuring Vanderbilt patients receive the best care anywhere in the world. And our academic reputation continues to soar, with both our schools of Medicine and Nursing ranking in the top 15 nationally by U.S. News & World Report.

Alongside the opening of new space in our Critical Care Tower and the Monroe Carell Jr. Children’s Hospital at Vanderbilt this spring, we are creating the technical advances in information technology and real-time monitoring and decision support to deliver a renaissance in inpatient care. With accompanying advancements in outpatient care delivery, in part driven by the world’s largest and most distinguished Department
of Biomedical Informatics, we are making it possible to care for even more patients safely and cost-effectively. These advances are providing game-changing solutions to the nation’s growing health care workforce crisis.

What is happening now at Vanderbilt that has a chance to have impact all over the world?

There would be many examples, but let me briefly offer you two: The Vanderbilt Kennedy Center is a true crossroads of the University, one of the most interdisciplinary efforts you’ll find at any university anywhere. There are researchers from Peabody College, Medical Center neuroscientists and geneticists, along with faculty and staff from many other schools, including the College of Arts and Science, the School of Law and elsewhere across the entire campus all represented, working together and toward a common goal: understanding and solving the mysteries of human development to help people with disabilities. The Kennedy Center is internationally known for its research into autism. This is but one area of its strength.

Not only does the Kennedy Center reach into nearly every school of the University, but the Center also reaches across the country. We are part of a national network of research centers on intellectual and developmental disabilities created by the Kennedy administration in 1963. Children come from all over the country with their parents to receive our care and participate in clinical trials, through summer camps that engage the broad strengths of the University, such as the Blair School of Music.

Another example is that we have an amazing network of shared core research facilities that are networked and managed better than any other in the world. At Vanderbilt, large-scale resources are truly at our researchers’ fingertips—from the world’s largest mass spectrometry research center with more than 45 instruments, to the nation’s most comprehensive DNA databank-BioVU, to the Vanderbilt Institute for Imaging Sciences, housing the largest array of imaging capabilities and faculty scientists in the country. These amazing resources are available for collaborative efforts for Medical Center faculty as well as faculty from all areas of University Central, including Engineering, Arts & Sciences and Peabody.

Beyond the cutting-edge work, cooperation among our faculty and staff plays a fundamental role in allowing us to achieve worldwide impact—from our core labs, to our use of informatics to create a culture of patient safety; to the way we have embraced personalized medicine as a way to improve the quality of patient care. These programs are all possible because our people consider it a priority to work together.

I could describe so many other programs that have this far-reaching impact and are equally compelling. We possess extraordinary capabilities to drive change in patient care at the same time we are driving scientific discovery. We have established a national and international reputation as the leader in emerging areas not traditionally housed in medical schools, such as drug discovery and public health. It is never difficult for me to talk about how Vanderbilt is changing the world.

What are the biggest obstacles or challenges Vanderbilt and the Medical Center will face in the next 10 years?

As we’ve seen during the past few years, none of us can predict how events in the world around us will impact our work at home. Our global economy is now so interconnected—a financial crisis in Greece significantly influences the economy of the United States, and this, of course, affects us.

We have publicly expressed concerns regarding potential reductions to federal funding currently supporting biomedical

Medical School graduation, 2012. Balser stressed to the graduates the need to keep the ideals and standards of medicine in the face of outside pressures.
Through it all, Vanderbilt will not retrench, but will continue to grow in strategic ways. We will seek new and innovative uses for existing physical space, while creating new spaces that allow greater synergy for faculty across the university. A new “TEAM” (The Engineering and Medicine) building is being designed to allow engineering and physical sciences and biomedical science faculty to work together in collaborative spaces, accelerating our progress in fusing technology and biology to solve problems as diverse as limb prosthetics to computational genomics. Our health care programs are rapidly expanding across the region, with three new affiliate hospitals joining Vanderbilt this year, and other partners yet to come. And our educational programs must be ever-evolving to stay ahead of the trends in information science and online learning, “Curriculum 2.0” is a tremendously exciting initiative that leverages our leadership in biomedical informatics and our commitment to team-based multidisciplinary learning to create an entirely new approach to educating students in medicine and other health care disciplines.

What are your hopes for Vanderbilt and the Medical Center in the next 10 years?

We have a unique culture, one based on civility and mutual respect. It is an “us” culture, unambiguously different than the “me” culture seen in many university medical centers. Not only do we experience this culture in our daily work, but there is nationwide discourse that Vanderbilt is “different” in this way.

Moving forward, I believe we will become even more collaborative, leveraging our collective strengths, and building on our research and graduate medical education. Through our efforts to improve operational efficiency, we are working to address coming reductions for the reimbursement we receive to treat patients who are insured by Medicare and Medicaid, a cohort currently comprising nearly one-half of all the patients we treat.

Our proactive efforts to grow our savings, to realize greater operational efficiencies and to prudently plan for the future have placed us on firm footing, especially when compared to many peer institutions.

While the world continues to spin, we will continue to be Vanderbilt. This year we will provide more than $400 million in uncompensated health care services to the citizens of Middle Tennessee. This absolutely affects our ability to accomplish many other worthwhile goals, yet our commitment to provide health care services for all people is steadfast.

Another example is that we have an amazing network of shared core research facilities that are networked and managed better than any other in the world.
Our proactive efforts to grow our savings, to realize greater operational efficiencies and to prudently plan for the future have placed us on firm footing, especially when compared to many peer institutions.

collegiality. To me, this remains our secret weapon, our X-factor where other institutions try but fail to accomplish extraordinary things. The future belongs to those who can not only think in new ways, but can actually work together in new ways across disciplines. We must continue to build upon this cultural scaffold to bring amazing discoveries to the world.

The genius of Vanderbilt is that we combine our rich and historic culture with the best of what’s new. My hope is that culture will allow the Medical Center to increasingly collaborate with disciplines and programs throughout the University. I believe that as we realize our full potential for one-university collaboration, we will achieve even greater worldwide impact. In the mind of the public, I hope Vanderbilt will become synonymous with “impact,” as our finest work is exported, publicized and used productively by others. We should be recognized around the world as the intelligence behind health care and biomedical science.

Jeff Balser working the serving line at the Employee Celebration Picnic last year. He says that collegiality is one of the key advantages that sets Vanderbilt apart from other institutions.
What are the major changes you think will come to Vanderbilt and the Medical Center over the next 10 years?

I foresee nurses involved in every aspect of Vanderbilt’s future. I think the Medical Center will continue to grow the Advanced Practice Nurse (APN) workforce and further identify how these highly qualified practitioners improve the quality and efficiency of how we deliver care. I believe the next big site for health care delivery is outside the hospital and clinic setting and inside the home. We will embrace technology in such a way to link practitioners, patients and families together for more collaborative care. Right now, our national health care delivery system incentivizes illness versus wellness. We have a real opportunity in the coming years to make huge strides in quality and along the way, incentivize people to get and stay well. I would also like to see Vanderbilt making a profound difference in wellness for individuals in remote parts of the world as well as in our community.

Where do you see the seeds of those changes now?

Vanderbilt is doing a tremendous job laying the groundwork for the future. We have some of the nation’s best and brightest minds leveraged against this work. The School of Medicine’s Bonnie Miller and School of Nursing’s Senior Associate Dean of Academics, Linda Norman, are making wonderful strides in inter-professional education that is the bedrock of all things to come. Bill Stead and our own Senior Associate Dean of Informatics, Betsey Weiner, are leading technological innovators asking the tough questions and trying to find solutions. Thanks to Bonnie Pilon, Senior Associate Dean of Clinical Practice and Community Partnerships, we have a robust practice network for our students and are delivering high-quality health care in a number of under served areas throughout Nashville. What nurse researchers like Ann Minnick, Senior Associate Dean of Research, do best is creating a culture where nurses can do translational work—looking at the care of specific populations. All of these initiatives will have an impact on Vanderbilt and health care in general.

What is happening now at Vanderbilt that has a chance to have impact all over the world?

Two words: “personalized medicine.” I think we will look back on this window of time at Vanderbilt, a time when we focused on ways to accurately access a patient’s DNA for various treatments, and see it as a pivotal point for the way health care is delivered now and in the future. The implications will be profound, far-reaching and change our definition of health care as we currently know it.

What are the biggest obstacles or challenges Vanderbilt and the Medical Center will face in the next 10 years?

Vanderbilt is doing a lot of things the right way, and one of those is our commitment to quality and safety in health care delivery. There is a lot of pressure for health systems to improve their quality measurements, like infection rates. We constantly work on quality measures, but the reimbursement rates from the federal government do not reward us to do so—at least at this point in time. I see this trend changing in the future. I believe Vanderbilt, like other academic medical centers, will continue to face challenges as they relate to the financial aspects of current reimbursement structures for clinical services as well as support for education.

What are your hopes for Vanderbilt and the Medical Center in the next 10 years?

I want to see the Medical, Graduate and Nursing schools all ranked No. 1 in the country in national rankings! I think we will see more work in the area of population health, particularly underserved populations. We need to be vigilant in our efforts to make sure Vanderbilt has a profound and meaningful effect on Nashville by improving all the census track metrics of our local community. I want to see the traditional silos, common at any institution of higher learning, replaced with open and collaborative ways to teach our students—not just medical and nursing students—but involving all the schools at Vanderbilt. This type of academic experience brings to bear the expertise of the faculty resources we have in all the schools at Vanderbilt creating a rich interdisciplinary education experience for students.

We need to shorten or distill the curriculums to make them as time and cost efficient as possible, while maintaining or increasing the quality of our educational offerings.
MARY YARBROUGH, MPH, M.D.
Executive Director, Faculty and Staff Health and Wellness

What are the major changes you think will come to Vanderbilt and the Medical Center over the next 10 years?
I see better health among Vanderbilt faculty and staff, as well as our surrounding community. I think this will come about because there will be greater emphasis on the health of populations rather than individual sick care. That means preventing people from needing health care through lifestyle and living changes, rather than caring for people after they get sick. This will create greater synergy and connectivity between preventive care and clinical medicine resulting in improved health. This is significant because we both take care of patients, and, through our benefits and wellness efforts, work to improve the health of people who work here, too.
Health care changes give us a greater impetus to use the resources close to us. It’s about how we connect what we do in health care to everyday life, and the way all of us live. If we expand our focus to how we live 24 hours a day, doing healthy things is more natural, more cost effective, and even more fun.

Where do you see the seeds of those changes now?
In the last couple of years I have seen interest in our occupational preventive care. We are going to see taking care of staff and faculty as important to our business model. This will be extended, as Vanderbilt explores creation of medical homes and networks needed to advance health care reform.
I think people are viewing taking care of themselves not as something they do out of obligation, like a chore, but part of a way of living, a strategic plan to feel better, to have more energy and stay healthier.
We’re also understanding more now that teaching people how to deal with stress and cope with problems in life through coaching or counseling is so much better than waiting until some of those problems lead to depression or substance abuse.

What is happening now at Vanderbilt that has a chance to have impact all over the world?
We have the potential to be a superpower in the reinvention of patient care through innovation brought about by collaborations between research and operations. There is a skill to applying knowledge to life. If we can translate research to clinical care and to life, we will be leaders.

What are the biggest obstacles or challenges Vanderbilt and the Medical Center will face in the next 10 years?
Listening in an inclusive way to diverse voices and respecting the expertise that is all around us—but just does not look like us. This Medical Center has so many people from so many other countries. We have to bring into our planning and discussions people who, through life experiences and background, may see things differently or know different things. Through embracing diversity of background, and even diversity of disciplines, we can reach beyond those with whom we are most comfortable and learn new ways of thinking. But we have to be able to embrace debate and the discomfort that comes with having ideas challenged.

What are your hopes for Vanderbilt and the Medical Center in the next 10 years?
What we’ve got is great. My hope is that we will continue to learn how to become more effective in our programs. One way for us to do that is to work to understand the choices people make, as they operate through the prism of their social context, culture, knowledge, attitudes and beliefs. As health care providers, we have to continue to strive to figure out how to work with people where they are in an understanding, but not judging, way.

We have the potential to be a superpower in the reinvention of patient care through innovation brought about by collaborations between research and operations.
LUKE GREGORY, M.A, MHA, MBA
CEO, Monroe Carell Jr. Children’s Hospital at Vanderbilt

What are the major changes you think will come to Vanderbilt and the Medical Center over the next 10 years?

Over the next decade, we will begin to understand how health reform will affect health care policy, our institution and the development of health care systems. That will include understanding not only the financial implications, but also the impact on patient access to care as well as the bearing on employers.

In addition, personalized medicine will continue to be at the forefront of delivering quality, individualized care to patients to maximize health outcomes. We see more and more research in science becoming applicable to the daily care of children and adults as breakthroughs are translated from the bench to the bedside.

Where do you see the seeds of those changes now?

As a world-leading research institution, our scientists are working diligently to uncover breakthroughs in medicine, particularly in the area of personalized care, that will have far reaching implications around the world. Their endeavors are bolstered by support from the National Institutes of Health, receiving grants that recognize the merits of their basic and clinical research. We will continue to recruit the best and brightest to our University and Medical Center.

What is happening now at Vanderbilt that has a chance to have impact all over the world?

We are changing the landscape of how providers care for their patients with the “My Cancer Genome,” developed by Mia Levy, M.D., Ph.D., assistant professor of Biomedical Informatics and Medicine and Cancer Clinical Informatics Officer, and William Pao, M.D., Ph.D., director of the Division of Hematology and Oncology and director of Personalized Cancer Medicine. This database tool puts us on the cutting-edge of personalized medicine, connecting physicians, caregivers, patients and research with the latest developments in cancer research and therapies. It will transform cancer treatment as we know it.

Our international program also allows us to extend our research and commitment to care for all children on a global level. In partnership with The Shalom Foundation, we are working to improve children’s lives in Guatemala through better health. Together, we recently opened a clinic there that enables us to create sustainable programs and to educate the community on how to better care for themselves.

What are the biggest obstacles or challenges Vanderbilt and the Medical Center will face in the next 10 years?

Primarily for the Medical Center, the challenge will be how to best transition care for the aging population, while figuring out how to accommodate chronic conditions and develop various protocols and pathways in Geriatrics.
What are the major changes you think will come to Vanderbilt and the Medical Center over the next 10 years?
We will see our physical footprint for research and education missions expand beyond the main campus. We’ll also see continued strengthening in our trans-disciplinary research and education efforts. And finally, I think over the next 10 years, we will begin to see more “dual” degrees (e.g. a Ph.D. in a biomedical science and an MBA, or Ph.D./J.D., or Ph.D./Masters Education) versus the more traditional M.D./Ph.D. The seeds of changes are from the changing economy and jobs.

Where do you see the seeds of those changes now?
The clinical enterprise has already done so with One Hundred Oaks, Williamson County, etc. The new efforts in joint engineering and medicine programs, the new efforts in the M.D. Curriculum 2.0 and updates to our Ph.D. programs (VISP—Vanderbilt International Scholars Program for Ph.D. students; the Med into Grad initiative).

What is happening now at Vanderbilt that has a chance to have impact all over the world?
Our research discovery missions are continuously striving for ground-breaking advances and we have consistently invested in strategic efforts to enable such visions. For example, the work seeded with the last research strategic planning initiative (Personalized Medicine, Drug Discovery, Public Health) is poised to have many impacts.

What are the biggest obstacles or challenges Vanderbilt and the Medical Center will face in the next 10 years?
Changes in funding from the NIH and changes in health care funding models.

What are your hopes for Vanderbilt and the Medical Center in the next 10 years?
That the research and training missions have national and international impacts, and that we continue to train and support the next generation of scientists.

LUKE GREGORY continued from page 10

For children, we will need to engage with public health agencies, and determine as state funding is challenged how Children’s Hospital contributes to health prevention and health promotion. I imagine we will be called on more often to provide those services.

What are your hopes for Vanderbilt and the Medical Center in the next 10 years?
My hope is that we continue to maintain outstanding quality of care to serve all patients and to continue to recruit the outstanding faculty and staff who deliver that unparalleled care every day. I also would hope our growth is ongoing and that we are able to expand beyond the 21st Avenue campus.

Our research discovery missions are continuously striving for ground-breaking advances and we have consistently invested in strategic efforts to enable such visions.

With another phase of growth, what do you envision for the next 10 years at Children’s Hospital?
As we continue to grow, we must consider how we create and evolve a distributed network of services across Tennessee with multi-specialty clinics. Expansion will come by way of developing more specialty clinics, requiring that we continue to foster our communications and partnerships with community physicians.
WRIGHT PINSON, MBA, M.D.
Deputy Vice Chancellor for Health Affairs and CEO of the Vanderbilt Health System

What are the major changes that you think will come to Vanderbilt and the Medical Center over the next 10 years?

The first thing is, there is always a flow of advances that come from our basic research and clinical research and this will continue as it has in the past. However, I think you will see more focus on the process of delivery of care. The clinical enterprise itself will become even more of a laboratory.

The second thing is the financial circumstances around health care are changing dramatically. There has been increasing growth of health care expenditure for many decades in the United States, but between the total debt and the annual deficit and the budget response that is going to be required, this will not go on. We are at an inflection point. We might see steady funding, but what’s more likely is some level of decreased funding. It’s going to be interesting to see whether the decreased funding is limited or whether it’s draconian, but either way this business is going to change.

Third, with that economic picture in view, I predict a major change you’re going to see is networks of hospitals and doctors developing. I’ve heard it likened to the change in the airlines: when fuel prices went up dramatically, all these competing airlines linked up into three or four major networks around the world and started sharing reservations, equipment and routes. Well, I predict that there will be two or three major chains of hospitals and doctors in each metropolitan area, and eventually chains from different cities will link up. And I wouldn’t be surprised to see those links cross state lines. So a change for us at Vanderbilt is that our horizon has to get much larger. We have thought of our clinical care as being right here in our facilities. In the future I think that we are going to participate in a system, and collectively in that system we are going to worry about people’s lives and health care in a more integrated fashion. We may see some of those patients come here for quaternary care, but we will also be thinking about how care is delivered in the community. We will be concerned about how medicine is practiced across a service area by multiple hospitals and doctors. We’ll be worried about transferring medical information throughout that system. We are going to have to think not just about what we do here, but about what goes on all around us. And the larger that network gets, of course, the bigger the horizon gets.

Where do you see the seeds of those changes now?
We have multiple innovation projects going on and I think those will come to fruition. My Health at Vanderbilt provides a whole different way of communicating with patients. My Health Team at Vanderbilt is a new way of taking care of patients, using digital transmission of data. Diagnostic management teams would be another very good example. I think you will see these alternative forms of practice being more and more embraced, and applied to the care of patients. I think you will see us export some of our methods of care that have come to fruition from our innovation teams.

What are the biggest obstacles or challenges Vanderbilt and the Medical Center will face in the next 10 years?
I think the biggest obstacle that we’re going to face is going to be competition for capital. The income streams will be flat or will shrink, so it will be more difficult to amass capital to invest. I think this will force us to take advantage of the resources that already exist in our affiliates. We won’t want to constantly build something new. Instead, we’ll take advantage of what we can. One Hundred Oaks would be a good example. That wasn’t starting from scratch, it was taking advantage of something that was already there. It’s much more cost effective.

What are your hopes for Vanderbilt and the Medical Center in the next 10 years?
My hope is that we are able to continue to provide exceptional education for our medical students, our graduate students, our nursing students and all of the allied practitioners who train here.

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What are the major changes you think will come to Vanderbilt and the Medical Center over the next 10 years?

I think the major changes will be reflected in our innovations for populations of patients, the way that we educate students and the way we work together as teams to provide clinical care. Between the challenges of health care reform and the changes in the workforce for health care, there will be different ways of taking care of patients. We have different databases and information that can help us learn about patterns of care that we have not had in the past 10 or 20 years. I think that we use technology differently now and will continue to use technology differently, whether it is monitoring people from home or in their own community, so they don’t have to be here at Vanderbilt. I think we will see those changes impact us not only in the hospitals and clinics at Vanderbilt but also where patients live. The difference of how we use data and technology will make a big impact.

Broadly, I think that we will continue to push the envelope about how we learn together in inter-professional teams and in how we onboard new practitioners, whether they’re new staff nurses, advanced practice nurses, physicians, etc. We are learning that you have to be onboarded well, and our Nurse Residency has been one example of success in that. We will continue to expand those efforts so people step into their professional roles in ways that are supported so they can be not only a better individual practitioner but also a better team member.

What will health care teams of the future look like, and how will nurses fit in?

I think the health care team of the future will be made up of individuals that bring content knowledge to the care of patients in hospitals, clinics, communities and homes. It will vary depending on what the patient needs. The team will be available and present both physically and virtually at just the time the patient needs them, so that we preempt things that should not happen and support the things that do need to occur. There will be a partnership with the patient and their family in ways that will be beyond what we’re doing now. There will also be incredible partnerships with technology, and we will not be able to do the work without it.

Nursing will be a major role in those teams. Nurses will be a large part of the glue that holds those teams together and is in the midst of that care.

Where do you see the seeds of those changes now?

Fortunately, I think that in each of those areas we already have great minds, great spirits and great hearts not only helping to define and craft and impact those things now, but we are trying to create an environment where we can be courageous and bold and do great things for patients, students, staff and leaders. I’m encouraged about that because I think we’re trying to be ready for those changes and create an environment where those things can happen, even beyond what we can predict. My crystal ball is a little cloudy, but I think it’s important to have an environment where big things and bold things can happen, and I believe Vanderbilt is that place.

What is happening now at Vanderbilt that has a chance to have impact all over the world?

I think the contribution that nursing at Vanderbilt makes that will impact a broader span is our participation in using evidence and learning how to be better implementers of change. We are willing to try things, make mistakes, learn from that and share it in ways that other institutions are not. I really value that about Vanderbilt. We really are willing to be transparent about the things that we’re doing and share that with others. Out of that, there will be many things we will contribute that impact clinical practice, education, leadership and research.

I hope that we hold onto the things that have made us strong and value the legacy that we’ve been given, and that we continue to be really committed in a genuine way to patients and their families.
What are the major changes that you think will come to Vanderbilt and the Medical Center over the next 10 years?

When I think about a 10-year horizon, a top consideration is that the advance of science is accelerating, and with it our ability to quickly translate new discovery into clinical practice. There is the science of health and there is also a science of work design, and we’re trying to create a confluence between the two, so that as scientific discovery occurs we have a capacity to express it in highly reliable, efficient systems of care delivery. I’d also say that we are moving away from the idea of episodic, problem-focused care of patients, to thinking more about populations and about each patient’s health over a longer period of time. Ten years from now, I imagine an extraordinarily well-connected system of care that ties together the various disciplines and the various elements of the care process in the home, in ambulatory care settings, in emergent care settings, in the hospital and in post-acute care settings. We truly will have connected those environments together extraordinarily well, environments which historically have not been well-connected.

Where do you see the seeds of those changes now?

Regarding the translation of new discovery into health care, an example can be seen now in our efforts to deliver pharmacogenomic knowledge to the clinician, in real time, for appropriate decision-making based on the patient’s genotype.

In terms of a more well-connected systems of care, there’s our work on care transitions between patient care settings, and our efforts to leverage our electronic records systems to continually predict and anticipate patient needs. Examples include the Anticoagulation Clinic, My Health Team at Vanderbilt, what we’ve done in ventilator-acquired pneumonia and what we’ve done more generally in the ICUs in terms of designing work that is evidence-based and extraordinarily reliable.

We’ll be applying principles of work design on bigger problems and bigger populations of patients across the whole continuum—cueing teams about what exactly needs to be done based upon what’s going on with the patient; deploying evidence to support decision-making processes; and ensuring that we don’t have gaps in care and that everything that evidence would suggest needs to be done has in fact been done on those patients.

Does eliminating gaps in care presuppose a different payment model than what we have today?

Part of what we’ve got to deal with in the next 10 years is that the amount of money we’re paid per unit of service will go down—no question about it. Secondly, economic risk will be moved, in part at least, from the payer to the provider. For example, if somebody has coronary heart disease, we’ll be responsible for all the care for that individual for a defined period of time, to include hospitalization, angioplasty, open-heart surgery and other procedures, physician services, post-discharge care—all for one price.

While changes like this are likely to occur with reimbursement, we will still have a period of time during which we will have mixed payment models and potentially conflicting rewards. However, even in the current fee-for-service model, by applying proper evidence and eliminating gaps and anticipating needs, while you may avoid things that pay a lot of money (like hospitalizations and surgical interventions), you will have also liberated capacity, and that means you now have the space and the machine technology and the human resources to see another patient who needs you.

So I think the answer is that you don’t use the reimbursement system and the current rewards structure as an excuse to not do the right thing; instead, we focus our efforts on achieving care coordination, achieving the rigorous and reliable application of evidence, and achieving the engagement of our patients and families in their care process, all to get to higher levels of quality and value.

Doing this work has the potential to be less resource intensive and to eliminate countless examples of re-work on patients that occur today. Success in these efforts can create the opportunity to liberate capacity and use it to take care of an even larger portion of the population than we serve today.

What is happening now at Vanderbilt that has a chance to have impact all over the world?

I think our work in genomics and proteomics, and the relationship of those to drug therapy, has an enormous opportunity to have impact on a very broad scale. I would also say that our efforts to more broadly integrate best evidence directly...
into the care process in real time to assist decisions and/or
cue action also has very significant potential impact.

The work methods by which we do this can be informa-
tive to others. Dr. Stead [VUMC chief strategy and informa-
tion officer] and others in cognitive theory talk about an
exploding volume of biomedical knowledge having over-
whelmed the cognitive abilities of individual clinical deci-
sion-makers. Thus the need now to bring informatics
capabilities to that decision-making matrix. We’re doing that.
And now we’re getting into personalized medicine, where
we’ve begun to tailor therapies based on patients’ genetic
and proteomic data. We are really pushing that front right
now and that is without a doubt where we’re really going to
make an impact.

**What are the biggest obstacles or challenges Vanderbilt and the Medical Center will face in the next 10 years?**

I think the money will be a challenge. The rapidity of chang-
ing reimbursement models, and the rules and regulations
that will come from outside that we have to adapt to, creates
a lot of internal challenge. It means having to change quickly,
simply to keep in balance the overall financing of the enter-
prise. I think that we have an extraordinarily strong culture
as an organization that is engaged in trying to make a real
difference for our patients and to the health system in gener-
al. As we get challenged with changing financial models, it
pushes and challenges that culture. I think we’re going to
have to manage it very carefully, to not have people get cyni-
cal, but to keep focused on our aspirational goals and what
we can achieve

**What are your hopes for Vanderbilt and the Medical Center in the next 10 years?**

What we’re learning is that health care today really requires
teams. And those teams are not necessarily stable. By that I
mean that teams of different people form on various prob-
lems we face very quickly. I believe the need to do this will
accelerate. So our success as an organization is one where
individuals bring expertise and a capability of moving into
different kinds of teams very quickly to solve problems and
then move on. This allows for a very innovative, flexible
organization. As you create that innovation, you have to have
an operating platform—the combination of people, process
and technology—that allows that innovation to get embed-
ded into your normal operation and scaled very quickly for
large populations.

I think the organization that can master accelerated inno-
vation and change its fundamental operating platform to
accept innovation quickly is going to be the superior per-
forming organization in health care in the future. I think this
next decade is one during which there will be a fundamental
shake-out of health care organizations. The organizations
that are capable of innovation and change are going to be
those organizations that excel. I think Vanderbilt is capable
of doing that. That’s really my hope. I think that not only do
we push what medical science discovers, but we also push
the whole idea of creating a health care organization that can
express that science reliably, quickly and at scale for a broad
population of individuals.

**WRIGHT PINSON continued from page 12**

My second hope is that we are able to continue the exception-
tal research that we are able to do here as one of the largest
biomedical research institutions in the country. This will keep
new ideas coming forward that translate into better care for
patients.

I think the application of personalized medicine, the appli-
cation of genetics to clinical decision-making, is one of the
most significant changes in the next 10 years. This is a great
example of what you might hope for in terms of Vanderbilt’s
larger impact.

Finally, I hope that we are able to put together a clinically
integrated network in Middle Tennessee that meets the needs
of supplying high quality care to a larger population of
patients in a cost-effective manner. I hope that we are viewed
around the country as a leader in how to continue delivering
that great care, but less expensively. I hope we are viewed as a
leader in meeting the needs of our society.

**MARIYLN DUBREE continued from page 13**

**What are the biggest obstacles or challenges Vanderbilt and the Medical Center will face in the next 10 years?**

Most of the obstacles are around the pace of technology change.
We cannot imagine the impact that technology and informatics
will have on us in the next years. It’s so pervasive and so impact-
ing in how we do our work, how we share information, how we
communicate with each other. I don’t think any of us can stop
and plan for what it will look like because it’s happening around
us so fast.

There is also an ever-growing need for more education. The
reality is that health care is more complex than it was five, 10 or
15 years ago. Practitioners need to be more skillful, and as a
result we need to bring people in at the highest possible level
of education and also use them at the top of their license. We also
need to have a commitment to lifelong learning. I find that really
exciting, but it can be frightening for people—are they ever
going to be able to rest? But we look for people who have a good
work/life balance but also embrace lifelong learning.

**What are your hopes for Vanderbilt and the Medical Center in the next 10 years?**

I hope that we write the new rules, that we are not just doing
the traditional but we help to craft the new standards of health
care. I hope that we hold onto the things that have made us
strong and value the legacy that we’ve been given, and that
we continue to be really committed in a genuine way to
patients and their families. I hope we don’t lose that and con-
tinue to keep that at the forefront and learn new and different
ways to partner with patients and families and their commu-
nities. I hope we’re on the leading edge of this work and do it
in a way that people feel challenged and inspired. We want a
future that is energized and vibrant, and we want Vanderbilt
fingerprints all over that future.
KEITH CHURCHWELL, M.D.
Executive Director and Chief Medical Officer,
Vanderbilt Heart and Vascular Institute

What are the major changes you think will come to Vanderbilt and the Medical Center over the next 10 years?
We have planted the seeds of change on how technology can have a major impact on how we take care of patients here at the Medical Center and in our outreach offices. In the next 10 years we will truly incorporate digital technology and information, to enhance the patient experience, make our patients knowledgeable about their medical problems and help them take actions that will improve their overall health.

Where do you see the seeds of those changes now?
The high tech initiative has helped to catalyze efforts across the Medical Center to use the power of what has been developed over the past 20 years to take us to the next level. The use of tablet technology and our ability to access imaging data from everywhere—home, on the road, the office—gives a real idea of what is possible.

What is happening now at Vanderbilt that has a chance to have impact all over the world?
The ideas and projects that have sprung from the personalized medicine initiative have a chance to make a tremendous impact on how medicine will be practiced in the future.

What are the biggest obstacles or challenges Vanderbilt and the Medical Center will face in the next 10 years?
Medical technology does not stand still; it is always evolving and developing new ways to image and evaluate the body to obtain precise and extremely accurate evaluation of disease processes. How to keep up without breaking the bank continues to be a tremendous challenge.

What are your hopes for Vanderbilt and the Medical Center in the next 10 years?
That its unique culture of multiple groups easily working together to come up with solutions regarding the important issues that face us does not change.

Where do the greatest opportunities to improve heart health lie?
New medications, new technology and better education are our greatest opportunities to impact heart health. We have come to terms with the knowledge that we have to better educate our patients about their medical problems to have greater success with their long-term treatment. We primarily offer short-term solutions to lifelong problems. We have to arm our patients with better tools—medicines, technology and understanding—so that they can meet the challenges of cardiovascular disease with greater lifelong success.
TRACI NORDBERG, J.D.
Associate Vice Chancellor and Human Resource Officer

What are the major changes you think will come to Vanderbilt and the Medical Center over the next 10 years?

As the nature of our work changes due to expectations by students, patients and others, we will be challenged to gain new skills and tap into abilities that we may not have needed before. Whether it is being more analytical or collaborating across job types, we will need to know how to work effectively with people who are different from us—background, gender, age, nationality, etc. Our health and vitality will be critically important. The workforce is aging and we need to work together to improve health choices and reduce stress. Being flexible and able to make decisions that are based on evidence and can be put into action will be necessary.

What is happening now at Vanderbilt that has a chance to have impact all over the world?

We are a great place to work and an attractive destination for talented people all over the world. Not only do we provide a stable and supportive environment at the local community, but thousands of people seek employment with us from the surrounding states, across the country and the world. Our discoveries, innovation and great practices are noticed, and even when someone moves to a role outside of Vanderbilt, they carry our name and the excellence with them.

What are the biggest obstacles or challenges Vanderbilt and the Medical Center will face in the next 10 years?

Continuous change will face us on many fronts—competition, regulation, increased expectations by those we serve, tight economy, complexity of our environment. Being ready and able to tackle those challenges takes a strong culture and agility to adapt as new challenges face us. We’ll have to prepare ourselves to constantly monitor and measure how we’re doing so that we are using our resources and time as good stewards of the university.

What are your hopes for Vanderbilt and the Medical Center in the next 10 years?

I would like to see us continue to modernize technology and other tools and resources so that our employees have what they need in time to serve our mission. Vanderbilt will continue to build on its success and draw and retain talented people and we will be known as a leader in education, health care and research, done effectively and efficiently by people who love being here and are engaged in the work.

Whether it is being more analytical or collaborating across job types, we will need to know how to work effectively with people who are different from us—background, gender, age, nationality, etc.
WILLIAM STEAD, M.D.
Associate Vice Chancellor for Health Affairs; Chief Strategy and Information Officer

What are the major changes that you think will come to Vanderbilt and the Medical Center over the next 10 years?

At high level, I see four significant changes.

The first is reconceptualization of the role of the health professions. We’ve been trying to get our hands around how to deal with the mismatch between the capacity of the individual expert’s brain and the complexity of biological information as we now have it. We’re talking about getting across to people that the purpose of the profession will stay the same but our roles as professionals, as we achieve that purpose, will be dramatically different. And I think that if you look at us a decade from now, we will be through that, one way or another.

A second big change is that we’re going to manage populations, not individual events. We’re going to manage individuals as members of subpopulations.

The third big piece is that we’re going to have ways of translating discovery into action at global scale—as policy, as practice, as ongoing learning. This business of discovering something and putting it in here [holds up a research manuscript] so that 17 years from now somebody may get around to using it? No. Discovery will be translated directly into action. In the current linear translational model, we frame a hypothesis and then we figure out how to test it. We then think, OK, that worked, how do we see whether we can apply this to people, where do we test it and how do we test it. And if it works, then how do we apply it in practice? We think about those stages as completely disconnected things. We’ve got to be able to go through those different stages, but we’ve got to be able to do them in a much more direct way.

My fourth major change is that, by a decade from now, I think we’ll be living with learning environments built into our way of working that truly do let us be active lifelong learners.

Where do you see the seeds of those changes now?

The reconceptualization of roles is in our work around My Health Team, the Diagnostic Management Team and PREDICT.

With My Health Team we are working together as a team, not as individuals, against a common plan for how to take care of patients within a given subpopulation, with the patient and the patient’s support system fully engaged in that team, and with the informatics to tell us when we are not doing what we want to do as a team.

The Diagnostic Management Team is the same thing, from the point of view of team and evidence-based diagnostic ordering and interpretation across modalities. We’ve done our early prototypes in pathology, but from the get-go the vision was across all modalities: one integrated diagnostic report—that’s still the plan, so what you see now is in fact the seed. And PREDICT [Pharmacogenomic Resource for Enhanced Decisions in Care and Treatment] is about predicting what drugs you’re going to need so that we can proactively put in your record the data that we’re going to need to know how to prescribe them, then highlight that information at the time it’s needed. That turns the professional role from a person who recalls, recognizes patterns and judges, to a person who, presented with recall and pattern recognition, judges.

For all three of those, I’ve tried to emphasize the aspects that are fundamental shifts in our professional role. Our purpose, our value, what we want to do—those will stand the test of time. Our roles, how we do them, how we achieve them—those are going to be quite different.

The second seed is the affiliate hospital network. That’s a baby step toward being able to take care of a population.

For taking discovery to action on a global scale, we believe that, with things like the CTSA [Clinical and Translational Science Awards] Coordinating Center and the eMERGE Network [electronic Medical Records and Genomics], we have built the infrastructure—the process and informatics infrastructure—to support large-scale coordinating centers. We’ll have a storefront that is CTSA, we’ll have a storefront that is clinical trials, we’ll have a storefront that is evaluation of health IT in hospital settings. But those different storefronts will sit on top of, if you will, the Vanderbilt Coordinating Center. Being able to put all those together is what it takes to connect discovery to action.

The last seed is Curriculum 2.0, which is designed from the bottom up to create a 45-year medical curriculum. We’re moving away from the idea that we can teach people things in four years. We’re putting together a learning system to support them over 45 years: that’s what Curriculum 2.0 is.

What is happening now at Vanderbilt that has a chance to have impact all over the world?

In essence, what we’re putting together now, with the systems approach to care and with Curriculum 2.0, is a health system that learns joined at the hip to a learning system that learns—we’re trying to join them in a way that allows us to connect learning outcomes with health outcomes. The outcomes of each learning module will feed back to change the next application of that module, and the health outcomes will feed back to change which modules we need. Nobody has done that, so that completely changes how people think about putting these pieces together.

Another thing we’re doing with potential world impact, is we’re trying to develop computational techniques that allow us to identify granular subpopulations of identical patients. That will change what we think of as diagnosis. That’s in the critical path of personalized medicine. That’s a long story.

Our purpose, our value, what we want to do—those will stand the test of time. Our roles, how we do them, how we achieve them—those are going to be quite different.
What are the biggest obstacles or challenges Vanderbilt and the Medical Center will face in the next 10 years?

As an organization we’ve got to have the courage to step into the unknown, to a degree without a safety net. So far we’ve had the luxury of starting small with pilots. I think that with the impending economic challenges that we face as a country, we may lose that. We may have to move faster.

Second thing we’ve got to do is to preserve our unique culture, which is critical, through what will simply be nauseating change.

Then the third thing we’ve got to do is find new funding sources, because you’re not going to be able to pay for all this the way we used to pay for it.

And we’re working on all of those.

What are your hopes for Vanderbilt and the Medical Center in the next 10 years?

I really do think that, individually, if we’re willing to deal with those three challenges, we can have a life of professional excitement and fulfillment that has almost vanished. Fewer and fewer people are really happy in health care these days, and that shift has been occurring since the early ’80s. I’ve worked my whole life in an industry that everybody thinks is broken. I think we have the opportunity to have a profession that isn’t broken, and that is meeting society’s expectation of the profession, which right now we’re not doing.

Organizationally, I think my goal is the same as when I walked into this place in 1991: I think Vanderbilt will emerge as probably No. 5 among academic medical centers. I don’t think we’ll ever knock places like Harvard out of the top three, just because of the size difference. My target has always been that, if we were doing what we should do and are recognized for it, we’ll be No. 5.

What do you think Vanderbilt nursing education will look like in 10 years?

I think private schools like Vanderbilt have a responsibility and opportunity to re-think how education is delivered. Much of higher education is based on tradition, rather than practicality. Nowhere is it written that one has to complete “x” years of school to earn a specific nursing degree, medical degree, etc. We need to make programs more competency based. We need to shorten or distill the curriculums to make them as time- and cost-efficient as possible, while maintaining or increasing the quality of our educational offerings. I would also like to see a wide variety of students, representing all the schools at Vanderbilt, taking courses together.

What role do you think advanced practice and doctorally prepared nurses will be playing in health care delivery in 10 years?

They will own primary care because our nation’s physicians will be needed to handle the most complex cases and sickest patients. APNs, PhDs and DNPs (Doctor of Nursing Practice) will be hospitalists and playing major roles in academic health. They will be designing home health care delivery and leading teams of other nurses and health care workers.

The tradition continues:
The first year of House Organ’s publication, 1982, featured a cover story about the Vanderbilt Hair Salon and included a cover photograph (left) by Debbie Meredith of Emma Underwood (now Harris) cutting the hair of Howard Jones, M.D. Some Medical Center traditions continue—a few weeks ago, photographer Anne Rayner got a new shot (right) of Jones, who still comes by Emma’s for a haircut and the latest news.
neat to walk around the campus and see the work of our fellow employees on so many walls. Those calendars are everywhere.

- **The House Organ Writing Contest.** This contest began in the mid-1980s, and since then has published an amazing array of great writing by people whose day jobs find them doing something else. This place has tons of writers walking around disguised as regular people. To see a list of the hundreds of winners of the Photography and Writing contests, go here: [www.vanderbilt.edu/houseorgan/2012/01/winners/](http://www.vanderbilt.edu/houseorgan/2012/01/winners/)

- **The features.** Telling stories of the Medical Center and its people is the backbone of *House Organ*: Story after story, creating over time a mosaic of who we’ve been and who we are. Orvan Thompson, who at age 90, was VUMC’s oldest working nurse; Kaitlyn Lasitter, the young woman who was injured in a terrible amusement park accident, and whose story of pushing on with her life continues to be read thousands of times a year online; Frank “Chip” McCallister, a great baseball player who never had a chance to make it to the majors because of his race, but who regaled me one afternoon with stories of playing alongside Hall-of-Famers Satchel Paige and Cool Papa Bell.

- **The special reports:** Whole issues devoted to subjects such as the treatment of gun shot wounds, the impact of drinking and driving, babies born addicted to cocaine, and how the subject and reality of death are handled by people at VUMC. For one of these, John Howser and I got to spend all night in the operating room with William Frist, M.D., and Walter Merrill, M.D., witnessing a heart transplant. These were among the meatiest and, in some cases, most controversial issues—important subjects, treated with depth and perspective.

- **The April Fools issues.** Big news: a man lost in Medical Center North since 1934 has turned up; VUMC has launched a line of commemorative plates featuring hospital administrators; TVC has opened the region’s first thong pain center. It takes a confident organization to laugh at itself. These issues gave us a chance to do so.

- **The health and fitness/human body issues.** We work at an institution devoted to health and caring for people and their bodies, and these issues provided our own experts giving advice on living better, illustrated with beautiful photography of all shapes, sizes and ages of human bodies. I always enjoyed these issues, and so did readers. So, for that matter, did judges in national contests. For a list of the awards *House Organ* earned, go here: [www.vanderbilt.edu/houseorgan/2012/01/thirty-years-of-honors/](http://www.vanderbilt.edu/houseorgan/2012/01/thirty-years-of-honors/)