



CONFERENCES & MEETINGS

Grand Rounds
Thursday, Mar. 4, 2004, 8:00 AM
Clinic Auditorium

Thomas C. Shea, M.D.
Professor, Medicine
Director, Bone Marrow Transplant
Division of Hematology/Oncology
UNC

New Approaches to Allogeneic Stem Cell Transplantation: Is Less Better?

FROM DIVISIONS

- **Sidney C. Smith**, M.D., Professor, Division of Cardiology, was invited to give the Earl Lecture at Northwestern University. His presentation "Three Major Challenges in Cardiovascular Disease" was well received. He also gave a special seminar at the same event on "The Worldwide Impact of Cardiovascular Disease".
- **Mitchell J. Wilson**, M.D., was elected to the board of the Society of Hospital Medicine. He also gave a lecture at the Society's Southern regional meeting on "Making Teamwork a Reality in the Hospital."

ANNOUNCEMENTS

- Morbidity & Mortality Conference. **Massive Pulmonary Hemorrhage in a Patient with Goodpasture's Syndrome.** Mary Anne Dooley, M.D., Associate Professor, Rheumatology, Allergy and Immunology and Thomas C. Keyserling, M.D., Associate Professor, General Medicine and Clinical Epidemiology. Tuesday, March 2, 12N-1pm, Clinic Auditorium.
- The Division of Pulmonary Diseases and Critical Care Medicine has announced a **new comprehensive Smoking Cessation Program**. The following services are available: Out-patient consultation (appointments: 966-7933); in-patient consultation (page Jeanie Mascarella, RN, MSN: 216-3025); support groups (3rd Wednesday of the month 7pm, next meeting March 17, UNC Lung Center, 3rd floor ACC); online (www.QuitNowNC.org); toll-free phone support (1-877-44U-QUIT); and healthcare provider education (krumnach@med.unc.edu). To find out more about these specific services go to [this link](#).

FROM THE CHAIR'S OFFICE

As many of you know by now, about two weeks ago, Dr. Roper announced components of his leadership structure for the School of Medicine and for the UNC HealthCare System. One new position - entitled the President of UNC Physicians - was established to focus on the clinical mission. This position is primarily responsible for the functions of the P&A and for the Office of the Chief of Staff. In its earliest evolution this position was to be a "clinical guy (or gal)" and I think that is an apt description. Dr. Roper's idea was that the main focus of this position will be to improve the life of UNC Clinicians. He asked me to take on this position and I agreed to do so, while remaining Chair of the Department of Medicine, because I feel strongly that this is an area where we can make a difference. In this week's newsletter I would like to tell you about this position, its responsibilities, and how I plan to remain effective in my current role as Chairman of Medicine while devoting considerable time and effort to this new position.

The UNC Physicians and Associates (usually called P&A) is an organization that is often called the "practice plan" at other universities. At UNC, the clinical departments all work together with the P&A to gain efficiencies of scale for the practice of medicine. The functions of the P&A

encompass billings and collections for clinical activities; practice management in both the outpatient (the Ambulatory Care Clinic and the Community Based Clinics) and inpatient areas; aspects of compliance monitoring for HIPAA and Medicare and other agencies that monitor compliance, and touch on many other areas. I will be working closely with Dr. Thomas Sibert to assure a smooth transition and maintain the excellent tradition that he established over the past six years as Executive Vice President of the UNC HealthCare System and Medical Director/COO of UNC P&A. The office of the Chief of Staff (Dr. Brian Goldstein) will continue its focus on clinical care in both inpatient and outpatient areas and will likely have expanding responsibilities in order to meet regulatory mandates. Both roles are very busy and core to the practice of medicine at UNC.

So how could it be possible to be effective supervising these functions as well as being Chairman of this large department?

First, in my nearly four years at UNC, I have found that the activities of the department are, in many ways, a microcosm of the School of Medicine and the UNC HealthCare System. As I have discussed in this column, on many occasions, we are involved in all aspects of these organizations. We enjoy the same opportunities and face the same challenges to be competitive, clinically and in research, and to be excellent in teaching.

Second, a defining feature of the Department of Medicine is that it is very decentralized. This predated my arrival by decades and has been a structure that works well for the department. We are basically a confederation of divisions, each of which operates with great autonomy. This allows each division to develop programs and policies that relate to their particular missions. In this sense, we are very similar to the School of Medicine and many of our divisions are as large, or larger, than some departments. And, as with School of Medicine departments, there is overlap between divisions. From a clinical standpoint, faculty who deliver clinical care in the department are either physicians who have common training in internal medicine, or clinicians who have focused their career on an aspect of internal medicine. From a scientific standpoint, investigators in our department find their work as much defined by their discipline (molecular biology or epidemiology or anything in between) as by their divisional appointment. And as teachers we share much in common with other teachers in the medical school from both clinical and basic science departments. This type of decentralized structure is remarkably similar to the organization of the School of Medicine and to the manner in which different departments relate to the P&A. At UNC, clinical faculty are all members of the practice plan, and all clinicians who report to the office of the Chief of Staff share as many commonalities as differences with the group as with their home department.

I should also note that there will certainly be times when there is a conflict of interest in my dual roles, and the same will be true for Bob Golden. To be effective we must avoid such conflicts and even the appearance of a conflict. We are currently working on a plan to address this and will have a plan in place before March 15. I will discuss this further in a future newsletter.

Since our department is decentralized, the vast majority of the day-to-day, week-to-week, and even month-to-month activities, of our faculty are governed within their divisions. To be certain there are substantial functions that we initiate and coordinate from the Chair's office - after all what would I be doing all the time? [As an aside, in a recent meeting with the faculty from one of our divisions I was asked: "Exactly what is it that you do all day long as Chair?" To

tell the truth, it's a little hard to pin down.] I try to set the tone for the department, I work with individual division chiefs and faculty on difficult issues, I work with Vice Chair, Andrew Greganti on clinical issues, with Associate Chairs, Lee Berkowitz on educational issues and with David Clemmons on research issues, and with Assistant Chair, Keith Gran on budgetary issues, I attend many meetings and provide input from our department regarding the impact of school-wide decisions...all in all it is a mix of activities that varies on a daily basis. Given the talent in the department leadership, I believe that even with my new responsibilities, I will be able to continue my day-to-day activities focused on those issues that impact the lives of our faculty the most. In the coming weeks, I will meet with the Division Chiefs and Andrew, Lee, David and Keith to see how we can be more efficient and effective as we all work together to guide the department.

It's a challenge to be certain, but with every challenge comes opportunities. I look forward to continuing to work with you all, while I team up with Drs. William Roper and Robert Golden (Vice Dean for the School of Medicine and Chair of Psychiatry), Mr. Gary Park (President of UNC Hospitals), and the to be named HealthCare System Chief Financial Officer, to try to improve the lives of clinicians across the School of Medicine.

Questions or submissions, contact Rosemary_Simpson@med.unc.edu