
Strategic Planning at Harvard Medical School

Phase I: September 2007-September 2008

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The Implementation: First Steps

We have begun moving forward in each priority area on many of the recommendations put forth by the advisory groups. Below I discuss our activities in education, biomedical research, lowering barriers to collaboration, creating a unified community, and investing in tools and technology.

Education

To ensure that our major educational initiatives are effectively carried out, I created the position of Dean for Education and appointed Thomas Michel, MD, PhD, codirector of the Leder Program in Human Biology and Translational Medicine, to this post. His charge is to integrate and coordinate the graduate, medical, and continuing education programs at HMS, as well as improve integration of HMS programs with others across the University. This integration is critical for training young investigators who will be optimally prepared for interdisciplinary and translational research and for exposing medical students to the greatest diversity of opportunities for their scholarly activities. Michel is leading the efforts to implement the far-reaching recommendations of the Education advisory committee as we move ahead, including fostering a culture of excellence in teaching at HMS and enhancing our medical students' engagement in scholarly activities. In this area, we are proceeding with implementing the requirement for a scholarly project for medical students beginning in the next academic year, as well as instituting an MMSc track—called HMS PRIME (Program for Research in Medicine)—for those students wishing to pursue an additional year of research.

I have also created the position of Dean for Graduate Education, an area in which we found HMS to have a particular need, which I hope will be filled in the very near future. And since our activities in the varied areas

of global health are growing, I plan to create a high-level position in global education. We are moving forward in other areas in education as well:

Reducing student indebtedness. Beginning in the current academic year (2008–09), we have reduced the level of debt for medical students and their families. The School has approved a significant decrease in the financial contribution expected from students' parents by eliminating this cost entirely for families earning \$120,000 or less with assets typical of this income group. Building on this change, HMS has also decided to exclude from its determination of student financial need the income families set aside each year for retirement. This new method will allow a larger number of families, extending to the upper-middle class, to qualify for greater financial support. I believe that it is important for our financial aid policies to avoid penalizing families who are working to save for their retirement. This year's initiative, in combination with funding to cover increases in the cost of attendance, resulted in the awarding of an additional \$3 million in HMS scholarship funds in 2008-09, a nearly 40 percent increase over current funding levels.

Even as we implemented this new program for eliminating the parent contribution for lower- and middle-income families, we are continuing to pursue other ways to reduce student debt. I expect this to be the beginning of even more ambitious efforts in this area, and we are currently carrying out financial analyses that we hope will support a redesigned and even more generous financial aid package. We anticipate that financial aid will also be a major element of our capital campaign.

Global health. As the School prepares our students to become leaders in global health and supports our faculty as they develop innovative solutions for global

health policy and delivery questions, we are making some changes to more accurately reflect the realities of the world and of the work at HMS. One of these initiatives has been to change the name of the Department of Social Medicine to the Department of Global Health and Social Medicine. More than simply a name change, this nomenclature gives notice that HMS thinks and works more broadly than the Quad, the University, and even the country in this interconnected, global world. The new name reflects the increasingly important international orientation of the department and acknowledges the outstanding work being conducted around the world by many of the department's faculty members.

An important opportunity both for cross-University collaboration and for the development of a potentially important new teaching program lies in the emerging field of global health delivery. The Department of Global Health and Social Medicine has begun to lay the foundation for this new field, holding an inaugural meeting in May 2007 with senior faculty from seven different schools within the Harvard system and developing cases and course curricula over the past year.

Faculty from HMS, the Harvard School of Public Health, Harvard Business School, Brigham and Women's Hospital, and other institutions are exploring the creation of this new field that will focus initially on the delivery of health care in resource-poor settings. This initiative will support research that will illuminate the causes of important global health successes and failures and provide insights and models for practitioners who are implementing health care programs in resource-poor areas. It will also establish Internet-based communication networks to help disseminate field-based knowledge about effective implementation strategies. Education and training will be a top priority, and we plan to develop innovative training programs for physicians, nurses, and community health workers.

HMS has the opportunity to take the lead in developing the field of global health delivery, by educating a new generation of health leaders worldwide and, in turn, revolutionizing the delivery of care in the world's

poorest countries—lessons that can ultimately be applied to domestic health care delivery as well. We look forward to partnering with the School of Public Health and the University in this and other areas in global health.

Biomedical research

In consultation with members of the Biomedical Research Advisory Group and the Steering Committee, I have decided that three important areas in this field merit an especially high priority: human genetics, therapeutics, and neuroscience. We are making strong progress in these areas, as noted below:

Human genetics. I am working with David Altshuler, MD, PhD, a professor of genetics and of medicine at Massachusetts General Hospital and HMS and a founding member of the Broad Institute, and in close consultation with Clifford Tabin, PhD, chair of the HMS Department of Genetics, in an intensive discussion about how best to organize a new initiative in human genetics. Harvard-wide in scope, but anchored at HMS, the initiative would bring together faculty from across the academic health care centers and the University to build a world-class curriculum in human genetics, which right now is lacking, and to provide leadership, focus, and resources that would aid in drawing top talent in the area of human genetics to the Harvard Medical community. We are making tremendous progress in our efforts, and I plan to present preliminary recommendations to HUSEC this fall.

Therapeutics. I am delighted to report that we are well along in our plans to hold an off-site think tank in the area of therapeutics, scheduled for the end of October. We are bringing together a group of outstanding scientists from across the University and our academic health care centers, as well as thought leaders from other universities, the pharmaceutical industry, and business. The goal of this two-day retreat is to establish a path forward in creating a therapeutics program that would help to reenergize this discipline and effectively bridge the gap between basic science and drug development.

Neuroscience. Our first step in strengthening neuroscience at HMS and across the University was to recruit Michael Greenberg, PhD, director of the neurobiology program at Children’s Hospital, as chair of the outstanding Neurobiology Department at HMS. His charge is to foster greater and unprecedented collaboration in this field and to build a broad and deep initiative in neuroscience across Harvard. He has already been extremely active in integrating the neuroscience community across the University and will bring great energy to HMS in this area.

Lowering barriers

Throughout the strategic planning process, in Allston planning, and in the early stages of Harvard Catalyst, we have seen strong and broad enthusiasm for collaboration. Unfortunately, our organizational structures, incentives, and entrenched culture have created significant barriers to collaborative research. We have begun to analyze and codify these obstacles at the most micro and macro levels and are working to identify several areas for improvement.

Faculty and staff at Harvard Catalyst have made excellent progress in lowering barriers to collaboration, including their early efforts to streamline multiple IRB processes. In addition, the Harvard Catalyst web portal will serve an important function of “match-making” among scientists, making it easier to identify the location of cores, the researchers who are working in particular areas, and the data that exist across the full system. We recognize that further lowering—and removing—barriers to collaboration will not be easy and will require support from the University’s central administration, as well as the involvement of key leaders and administrators in several institutions. I am personally committed to seeing this through.

Improving communication and integration. We are in the process of establishing three new councils—the Council on Education, Council on Research, and Council on Faculty Development and Diversity—to be led by deans in each area. These deans will be charged with convening key stakeholders and thought leaders at HMS and across the University, with the goal of sharing information and ideas and integrating

planning efforts. I will have direct contact with each of these councils through the newly formed Dean’s Cabinet, which includes, among others, the three new academic deans—Dean for Education, Dean for Interdisciplinary Research, and Dean for Academic and Clinical Affairs (see below)—plus the Dean for Clinical and Translational Research, who is also principal investigator of Harvard Catalyst.

The Dean for Interdisciplinary Research is a new position for which I am currently recruiting. This dean will focus on the Quad and beyond, reaching out to the School’s academic health care centers, the University, and the broader community of scientists in the Boston area. This person will also play a key role in helping me represent the interests and perspectives of HMS in Allston and University science planning. This position, which reflects the increasing importance of the interdisciplinary and interinstitutional nature of our work, will replace the previous position of Dean for Basic Sciences and Graduate Studies. In addition, the new dean will cochair with me the Council on Research, which will bring together the Quad preclinical chairs, the Dean for Clinical and Translational Research, the leaders of new research initiatives, and representatives of our academic health care centers and institutes, among others, and will serve as the main forum for cross-disciplinary communication for research among various elements of our community.

Close interaction between the basic sciences and social sciences on the Quad is vital, and I view the bond between me and the preclinical chairs as one of the most important ingredients in preserving and nurturing the health of the School overall. In addition to the regular meetings I hold with the preclinical chairs individually and as a group, their participation on the Council on Research will be of critical importance. Along with the Dean’s Cabinet and other councils, the Council on Research will also work with members of the strategic planning Steering Committee in the implementation of the strategic plan and in ongoing institutional planning.

Our broad and frequent communications during the first phase of strategic planning were critical in

involving the community in the process and in drawing out feedback and new ideas. It is equally important that we continue these efforts as we move into the implementation phase. We plan to keep the community informed of our progress through letters from me, through town meetings, and through continued updating of our strategic planning website. I will also continue to employ the meeting structures we used in the first phase, as well as the new councils, to keep stakeholders informed.

Creating an inclusive community

I am pleased to report that Nancy J. Tarbell, MD, has taken the important position of Dean for Academic and Clinical Affairs. She comes to HMS from Massachusetts General Hospital, where she has been the CC Wang Professor of Radiation Oncology and director of the Center for Faculty Development and the Office for Women's Careers. One of her key mandates at HMS is to integrate and expand the School's efforts in faculty development and diversity, and she will chair the council in this area. Charged with bringing people together to share ideas across multiple institutions to set the priorities for faculty development, among other duties she has responsibility for carrying out reviews of HMS clinical departments, as well as oversight of the Office of Faculty Affairs, the Office of Diversity and Community Partnership, and the Office for Faculty and Research Integrity.

In another step, I have asked the preclinical chairs to name a senior faculty member in each of their departments to be responsible for supporting promotions and advancement, mentoring, development, and diversity in the department and to serve as a representative to the Council on Faculty Development and Diversity.

Tools and technology

The Tools and Technologies report recommended that HMS form a standing advisory group to develop a strategy and resources for achieving and maintaining leadership in technological innovation over the long term, including new faculty searches and technical platforms. We plan to create such a committee, which will report to the Dean for Interdisciplinary Research and will have representation on the Council on Research. This dean will take a prominent lead in integrating the technology needs of the Quad, Harvard Catalyst (together with the Dean for Clinical and Translational Research), and Allston, the latter along with research and administrative leadership from the provost's office, Faculty of Arts and Sciences, and School of Engineering and Applied Sciences. We will also undertake an effort to collect and disseminate information about core services and training opportunities across our various institutions and move to create new service centers.

Harvard Catalyst has already greatly advanced Harvard's technological capacity through its impressive and powerful web portal, which offers users a wealth of information in an easy-to-navigate site. We will augment their work in knitting together the websites of our academic health care centers through similar efforts on the Quad and across the University. We now have the great advantage of the platform that Harvard Catalyst has built, for which the technology and personnel costs were very high and the achievement years in the making, and we will work to make the resources useful to the broad Harvard biomedical research and teaching community.

