
Strategic Planning at Harvard Medical School

Phase I: September 2007-September 2008

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Introduction

This report summarizes the yearlong strategic planning process that I initiated in September 2007 and formally launched in November, soon after being named dean. It has been my great pleasure to see our extraordinary community rise to this challenge and to personally get to know and work closely with so many wonderful individuals. I am deeply grateful to all who have contributed their good will, ideas, time, and energy to this important effort.

The Harvard Medical community is truly remarkable, with excellence that spans the full spectrum of biomedical education, clinical care, and research. This enviable position is the result of organic growth: the product of the ideas, initiative, and independent action of our students and faculty, our basic science and clinical departments, and the School and our partner institutions. This grassroots approach has served us well, and it is critical that we value the individual elements that collectively make us great. I am fully committed to nurturing our faculty, departments, and partners and the spirit of curiosity-driven learning and investigation—as well as the excellent clinical care—that they embody.

At the same time, we cannot rest on our laurels or be satisfied by individual accomplishments. Our mission is to serve society by making medical discoveries and translating them into improved public health, and by training the next generation of scientists and clinicians. All our efforts, including strategic planning, are founded on this mission. Our goals require not only that each of us thrive on his or her own, but also that we work together toward a larger purpose. While celebrating the successes of our past and present, we must also envision and prepare for the future that these innovations have created—the one in which our students and our children will live and work. Our hope

in embarking on strategic planning was thus to produce a vision for a vital, interconnected, discovery- and education-oriented academic community that creates a 21st century environment for scholarship and service to human health. I believe that, after the work of the past year, we now have a vision for such a community.

Many forces, both internal and external, set the stage for the School's strategic planning efforts. These forces include a revolution in biomedical research, the growing complexity of our Harvard Medical community, the need to participate in planning efforts by the University and our academic health care centers, and the mandate from the National Institutes of Health (NIH) to create a new structure for clinical and translational research to be organized by HMS.

Because success requires our entire community, it was critical that the strategic planning process similarly encompass the broad perspectives and diverse stakeholders of the School and its partner institutions. This approach was in fact a great reward of the planning process: by bringing people together—often for the first time—across departmental and institutional boundaries, we benefited from creative interactions, challenging of previously sacrosanct views, and increased understanding of one another's perspectives. More important, we each developed a richer, more nuanced, and informed understanding of the best that HMS has to offer and the best it might become.

As we end this phase of brainstorming and discussions and move toward implementation, we will need to make difficult decisions about priorities and craft initiatives to carry them out. It is a challenge that I welcome: our responsibility is to ensure that we leave to the next generation a Harvard Medical School and community that are stronger and healthier than those we inherited. Our task will not be easy, but it

is important. It will not be quick, but it is necessary. The promise of our common future requires us to put forth our own best efforts and also to work together as never before.

In the pages below, I describe key features of the first phase of our strategic planning: the context, the process, the emerging priorities, the implementation, and the challenges.

The Context

As we work to envisage the future of Harvard Medical School, we stand at a remarkable point in the history of biology and medicine. The scientific revolution that began in 1953 with the elucidation of the structure of DNA has culminated some 50 years later in the complete sequencing of the human genome. This crucial accomplishment is now leading to remarkable new insights and innovations with important implications for human health, and human genetics will indisputably be one of the major cornerstones of the next half-century of medicine.

A second cornerstone must be a focused effort to utilize discoveries from the revolutions in molecular and cell biology to create a new science of therapeutics. Innovations in this field are allowing researchers to more effectively create drugs and vaccines to prevent and treat diseases, as well as to pursue once-futuristic approaches to regenerative medicine that are now well within the realm of reality.

The third cornerstone of the next period of biomedical advances may well be the coming revolution in neuroscience, building upon the recent discoveries in molecular biology and a new capacity for computation and systems analysis. Research on the human nervous system and its diseases is extraordinarily challenging, and for many years it seemed that deep understanding and effective treatments might prove elusive during our lifetimes. But with the new innovations have come new possibilities for real progress in this field with the ability to make a major impact on human health.

Finally, the fourth cornerstone is systems biology and bioengineering, which offer a potential means for connecting biology with the parallel revolutions in computer science and materials science of the past half-century. I believe that these fields and the other cornerstones form a foundation for the future of biomedical science—not unlike the famous HMS Quadrangle, the foundation and hub of the Harvard Medical community.

This remarkable community is already an active and recognized participant in the new biomedical future. In just the past few weeks, for example, one of our genetics faculty members won the prestigious Albert Lasker Award for Basic Medical Research; an HMS neurobiologist was awarded a MacArthur “genius” grant; and five HMS faculty members won major awards (the Director’s Pioneer Award and the New Innovator Award) from the NIH. Insights generated by these and our other world-class faculty offer great promise for improved understanding of biology and disease and for meaningful advances in patient care.

Yet, despite these remarkable accomplishments in science, the translation of new knowledge into improvements in health remains slow. Few of our Quad-based basic science faculty are directly engaged in disease-oriented research, and more important, those in basic science have little day-to-day interaction with their clinically oriented colleagues. Moreover, the enormity of our research enterprise threatens to overshadow the core educational mission of HMS. An equally central part of our mandate is providing MD and PhD students the best possible educational program to prepare them for careers as practitioners, innovators, and leaders. Because the discoveries of today shape the medicine and science of tomorrow, it is impossible to separate these two elements of our mission. Thus, at the same time that advances in diverse fields promise great hope for patients, HMS’s very scale and complexity have become a challenge as much as an advantage.

If we are to spearhead the new revolutions in biomedical science—and we must, if Harvard is to be the leading university in the world—we will need to

respond to a number of challenges. While curiosity-driven research by brilliant and innovative scientists has brought us to this exciting juncture and will certainly remain a core element of the School, we face the increasing complexity, cost, and interdependence of research activities—and this at a time of shrinking NIH budgets for research. These conditions mean that we must consider new ways of organizing some of our approaches to research, to leverage both our scientific capacities and our investments. The obligation of HMS and the University to address issues of global health in the broadest sense will surely affect other decisions and initiatives as well.

Another key motivation for engaging in an ambitious strategic planning process was the need to contribute to and respond to planning processes under way at the University and at our academic health care centers. These efforts include University planning for the Allston campus and for science more broadly, such as the work of the Harvard University Science and Engineering Committee (HUSEC), Harvard's initiative promoting cross-University science. HUSEC and the deans of the "Science Schools" will play a critical role in ensuring that planning for Allston and University-wide science initiatives is productive, and HMS has a large stake, both organizationally and financially, in the success of these efforts. The strategic planning initiative was necessary to my ability to represent the views of our faculty in University-wide planning discussions and to ensure that the School's key scientific priorities align, to the greatest extent possible, with those of others in the University.

Regardless of the developments in Allston, the Longwood campus will remain the central venue for HMS activities. Concerns about space in the Longwood Medical Area—both the amount and the quality—remain intense. Moreover, the exciting scientific goals that have emerged from our planning are large in scope, and several of them call for a geographic home to serve as a nucleus for our faculty, promote research, and build community. At the same time, a consensus emerging from planning efforts both at HMS and on the University level is that if the Allston campus is to be a net gain for Harvard and for HMS,

it must have a compelling scientific theme and be both self-sufficient and closely integrated with the existing science campuses. The opportunity to expand into the new Allston campus thus requires a concerted effort to plan internally and with our partners across Harvard.

In parallel to our strategic planning at HMS, and strongly aligned with the goal of increasing our commitment to the translation of science into medicine, the School successfully applied for a major grant from the National Institutes of Health to create a clinical and translational science center, now called Harvard Catalyst. The grant was mandated by a shift in NIH priority, which forced our academic health care centers to consolidate previously separate NIH-funded clinical research centers, with HMS institutionally playing a coordinating and leadership role. The application required a commitment to a broad and compelling vision of clinical and translational research at the University and an unprecedented level of collaboration among faculty and staff across our community. A wide range of leaders came together to plan and design the center, whose research will involve teams of investigators from across disciplines, departments, and institutions. Harvard Catalyst will be a critical foundation to speeding the translation of our basic and social science research into improved patient care and health care delivery. This endeavor and our broader strategic planning process share many of the same goals and promise to be mutually reinforcing.

In this context, then, upon assuming the position of dean, I determined that the best way for the School to move forward was to step back, take a break from business as usual, and evaluate our scientific efforts, our culture, and our organizational structure. I believed we needed to perform a thorough investigation of the current state of the School and compare that with our highest aspirations. The strategic planning process was designed to investigate a wide range of profound issues, including fundamental research priorities, cultural and organizational barriers to collaboration, the nature of the educational experience we offer to our students, and our relationship to faculty. I discuss each briefly in the paragraphs that follow.

The Process

The charge for the strategic planning process was to provide an honest assessment of the School; to think expansively about where HMS might improve and where we could leverage our current outstanding assets to ensure the greatest impact in education, research, and innovation; and to make recommendations based on these findings. We distributed the work across four teams: the Strategic Advisory Group on Education, Biomedical Research Advisory Group, Social Sciences and Global Health Advisory Group, and Tools and Technologies Advisory Group.

We designed the process to be broad and inclusive. Each team was made up of distinguished junior and senior faculty members from the Quad, our academic health care centers, and the broader Harvard community. In addition, we created a Steering Committee led by me and made up of the chairs of the advisory groups and other thought leaders from across the School and the University. (Members of each team and the Steering Committee are listed in appendix I.) Each of the advisory groups, which included specific subcommittees, launched a series of meetings in early December 2007, with the goal of developing an initial set of proposals by February 2008. The Steering Committee met periodically during this period to assess and integrate the proposals and make sure that appropriate cross-group dialogue occurred when proposals cut across boundaries. The entire process was staffed by both HMS administrators and representatives from the Harvard University Office of Institutional Research. In all, more than 100 faculty members and numerous staff from the University and hospital communities have participated in the planning process so far.

In addition to making strategic planning efforts inclusive, we were determined that the process be transparent. We carried out an aggressive communications strategy, keeping the community involved at every step through town meetings with faculty and staff, articles in HMS's *Focus* newsletter and the *Harvard Crimson*,

e-mailed letters from me, and our strategic planning website. This extensive site includes the goals for the process, a list of the advisory groups and their members, a space for comments and discussion, my letters to the community, and all of the white papers that have been produced from the advisory groups. Among these papers are articles on neuroscience, human genetics, immunology, therapeutics, imaging, microbial science, bioengineering, social science and global health, and culture and community. The website has been a particularly effective bilateral communications tool and has received more than 27,000 unique visits.

I also met with multiple groups to build support for the process, including the HMS Board of Fellows, Harvard University Visiting Committee, University Academic Planning Group, Allston Development Group, HMS/HSDM Joint Committee on the Status of Women, Harvard University Council of Deans, Executive Committee of Medicine, Faculty Council, Program in Medical Education, Brigham and Women's Medical Grand Rounds, Partners Senior Management Retreat, Conference of Department Heads, Clinical and Translational Science group, MGH Executive Committee on Research, preclinical chairs, and groups of junior faculty, among others. Senior members of our strategic planning team also met with the University Academic Planning Group, the Allston Development Group, and others. These meetings afforded participants the opportunity to ask questions and provide feedback.

As a result of the work of the advisory groups and the participation of so many others, we now have a sound basis for moving forward, both to prioritize our own efforts and to initiate conversations with other relevant entities. This process connected the Quad, our academic health care centers, the Broad Institute, and the University in new ways, and in so doing generated a great deal of excitement for the future. A subset of the Steering Committee will continue in an advisory role as we move into the implementation phase.