If we were asked to choose one word to sum up achievements in our department’s administrative functions for this past year, that word would be “leadership.” In many ways, our team of dedicated faculty and staff has risen to new challenges in 2007, leading many significant efforts to improve our department’s clinical care, clinical research and national prominence.

The first example of leadership is our department’s key role in the effort to fully integrate the Medical School’s Faculty Group Practice with the Ambulatory Care services of the Hospitals and Health Centers. This massive undertaking will improve outpatient care across the U-M health System, in every venue where it is provided. It will give our physicians more control over how care is delivered; instead of going to the clinic, faculty will be going to their clinic.

In preparation for the transition to physician-led clinics, we have identified a number of potential faculty to lead the department’s clinics, and have begun to provide them with leadership training that will help them shoulder new responsibility and usher in successful teams.

At the same time, our interim chair Robert Todd, MD, PhD, and vice chair Timothy Laing, MD, have been serving on the re-configured FGP board as key players in the planning and implementation of the integration. Dr. Laing has also served on the operations work group of the integration project and will serve as Chair for the Clinical Practice Committee. The potential of this integration is great and in 2008, all of us in administrative operations will be working together to ensure its success.

Another example of leadership from this year is our department’s role in creating the health System’s first “destination programs”—specialized clinical services that can serve as magnets for out-of-state patients. The idea is to make it easy for such patients to take full advantage of the special skills and resources available at our academic medical center. Although our specialty clinics already attract such patients from within and beyond our state, these new programs will create a “soup to nuts” service that will help patients with particular conditions receive all the care they need during the same visit to Ann Arbor.

Destination programs are now being developed in several divisions of our department, to focus on diseases and treatments for which Michigan leads the nation in comprehensiveness, outcomes, and services. Each of these has involved numerous faculty and staff. As we prepare to renovate the Taubman Center clinics, we’re hoping to create true “front doors” for these programs, to help patients immediately recognize that they have come to the right place for their condition, whether they traveled from across town or from across the country.

Another area of leadership for this year was in development, where we welcomed John Perry as the department’s new director of development and added new staff to work with John in matching potential donors with the programs and faculty that inspire them. Donor dollars have become increasingly important in recent years, as federal research funding and clinical reimbursement rates have declined. John and his team head into 2008 with a new zeal for attracting gifts and keeping our existing donors informed and excited about the department’s achievements.

In the area of research, 2007 was the year when our department decided to add a new component to its leadership, creating the associate chair position for clinical research. This new leader, Anna Lok, MBBS, will spearhead the department’s participation in the distribution of funds from the $55 million Clinical and Translational Sciences Award received by the Medical School. She will also develop programs to enhance the clinical research experience for our faculty, to mentor junior faculty on carrying out clinical trials, and to open up the pipeline for research results to flow from our laboratories to our clinics.

Lastly, we’re proud that our department’s administrative staff is leading the Medical School in innovative ways, and seeing their ideas adopted by other units. For instance, processes related to new faculty appointments and to physician license renewals are now markedly more efficient and mean our new recruits can get “up and running” much more quickly.

In short, there were numerous examples of leadership across the board in 2007, and as we look toward 2008, we anticipate many more to come.