Our administrative accomplishments during 2008 can be summarized rather succinctly: success in challenging times. Our achievements are in large part due to the dedication and hard work of faculty and staff. Their efforts cannot be enumerated so simply, they are many.

Most significantly, despite the difficult economic climate that has plagued the nation from the latter months of 2008—and Michigan far longer—the Internal Medicine Department has not only maintained steady growth, but in many ways flourished. This is true both in terms of continuing to build world class clinical programs as well as world class research programs—a situation that is unique in health care, especially in southeast Michigan.

One of the greatest testaments to our success is evidenced by the department’s rise in the rankings of National Institutes of Health funding among departments of internal medicine across the country. In 2008 we ascended to number four nationally, a feat that also helped the U-M Medical School rise to seventh in the nation. This is an extraordinary achievement.

Part of our growth centers on the establishment of "destination programs" introduced in 2007, but put into full practice with our first program launch in the fall of 2008. Of the six programs currently in place, internal medicine is central to four:

- Aortic diseases, a multidisciplinary program for conditions affecting the aorta, led by Gilbert R. Upchurch Jr, MD
- Endocrine oncology, predominantly adrenal and thyroid cancer, led by Gary D. Hammer, MD, PhD
- Liver cancer, led by Jorge A. Marrero, MD
- Pancreatic cancer, led by Diane M. Simeone, MD

The emphasis on these multi-specialty programs demonstrates the commitment to and quality of our work from research in basic science to clinical and translational research and ultimately to excellence at the bedside. Our prominence in such multidisciplinary, collaborative efforts says a lot about our department and our faculty.

At the same time, we have continued to invest in new faculty and to develop new programs on the strength of our financial performance and management. And we have kept our administrative expenses low—at or below the rate of inflation—so that we maximize the allocation of resources to our critical missions: teaching, patient care and research.

An example of such program development can be found in an important infrastructure change: In 2008 we began the transfer of the Metabolism, Endocrinology and Diabetes Clinic and its research activities from the Taubman Center to a beautiful new site at Domino’s Farms. The move, slated for completion by mid-2009, will enable faculty and staff to provide better support for clinical research activities within the MEND Division and to expand that program’s overall capabilities to meet ever-increasing need for diabetic care nationally. The move also allows the department to continue to establish and grow additional destination programs at the renovated Taubman Center, which had been very constrained for space.

Moving forward, we will continue to steward our resources in support of our missions, despite likely continued economic challenges. We want to be certain that our department is well positioned and well managed so that when a new permanent chair is found, he or she will be able to hit the ground running. Our administration will continue to build new destination programs and to leverage the reinvigorated research funding climate created by the national stimulus package. And as we add to our research infrastructure, the department will continue to be a key player and an important element in developing new multidisciplinary, collaborative research initiatives.

Given our significant accomplishments of 2008, we are positioned well for continued growth in the short term—and far into the future.

GFR Technician Barbara Aaron draws blood from volunteer Lindsay Graham during a test run of the new kidney filtration lab in the Taubman Center. For more about this new lab see page 48.