

March 22, 2017



UPSTATE
MEDICAL UNIVERSITY

EDUCATION • HEALTHCARE • RESEARCH

Office of the President

Below is the State of the University Address delivered March 22, 2107, by Upstate Medical University

President Danielle Laraque-Arena, MD, FAAP

Good afternoon students, staff and faculty here in the auditorium and those joining us by web-stream.

How quickly a year has passed. A year ago I was installed as the seventh President of Upstate Medical University. For me, the past year has been intense –adjusting to Syracuse, getting to know you all, sharpening the focus on our mission, vision and values, and developing a strong leadership team to meet the challenges to make this Academic Medical Center and university a high performing, learning organization. Today, at my first Presidential State of the Upstate Medical University I will start with the vision that together we have crafted over the past months: **[Slide]**

UNITED IN EXPERTISE, COMPASSION AND HOPE to create a healthier world for all.

These key words are the theme of my speech to you today.

So let's begin.

UNITED:

The theme of my inaugural address a year ago was local and global connectivity with our identification as ONE UNIVERSITY. The critical question, however, is how do we function as one university? How, in the face of the history of our university –both good and bad, are we able to move past disappointments, lack of trust and transparency to build on strengths and function in unison. First

March 22, 2017

articulating that vision is important. Saying this intent out loud without undermining progress, and proceeding to identify key elements of success and hope is important. Necessary to that process is a respectful, structured, data-driven and inclusive approach. Three of my initial steps were as follows: the re-review of the university pulse survey, the engagement of an external review of the university and the establishment of the Office of Strategic Affairs and Regional strategy.

Please note that a review of the results of the pulse survey administered as you prepared for the process of hiring a new President helped inform my view point as to the direction needed. The main views expressed by those responding to the survey that I took to heart were the following:

- Need for Visibility of the President
- Need for effective communication
- Need for Trust and Transparency (and all its related characteristics – e.g. integrity, respect, humility, inclusion)
- And you noted the Lack of collaboration and integration across the institution – and expressed a need to focus on solutions to this.

What I heard from many of you was a concern regarding inertia – the lack of forward movement, lack of confidence and willingness to make decisions in general—and certainly impasse in the face of uncertainty or disagreement. I also heard your deep love of Syracuse and the surrounding areas. Throughout my travels in Upstate [Slide] – I too, have been impressed by the incredible beauty of this region and of its people. In addition there was the clear need for a strategic plan – certainly timely since the sun-setting of the strategic plan *Engaging Excellence* completed in 2010 –more than five years ago. A caution from that prior experience that I heard was the lack of linkage of the strategy to resources. In addition was the caution “Culture eats Strategy for Lunch” indicating a deep cynicism in our ability to unite and achieve our stated goals and objectives. A change in our culture would indeed be our greatest challenge. To note also was the palpable feeling during the process -a concept expressed by one of our Deans – that of Impermanence. Impermanence –he describes – “as one of the doctrines of Buddhism – expresses the notion that without exception, everything is transient and in a state of flux.” He continued: “We should ensure that change is for the better, and drive the change towards a common vision that we can all be proud in completing.” He concluded in referencing my inauguration as your President, “it is time to roll up our sleeves and start the process of change for which we have all been waiting.”

March 22, 2017

Explicit awareness that we are in a state of flux is important in acknowledging our own anxiety and enthusiasm as we go through the process – and that we measure the results of that change with transparency –and hence that we all own that change. Our strategic planning process of inclusion and use of data I believe will achieve this. I invite your continued active participation now and going forward, and will share the results of our process thus far, later in my talk.

Within the first month of my tenure I commissioned an external review (posted on the intranet) with the key endeavors to assess the degree to which we functioned as One University. [Slide] The domains of this high level review were as follows:

- **An environmental scan** of the university to assess the organizational structure and alignment of the medical center, including the University Hospital, College of Medicine and other colleges poised to achieve a broad vision for our **One university**
- **A review of the governance and communication** within the university, including that by the basic science and clinical departments, and related issues of the practice plan, funds flow, compensation, and performance metrics, and the relationship between the colleges and the hospital
- **An assessment** of how we identify and focus on our strengths, acknowledge our weaknesses, assess and take advantage of opportunities and respond to threats to our survival as the only Academic Medical Center and Health Science University in Central New York - were all deemed key. Such threats include our current level of state support of 4.9% (a decline from previous investments), vulnerability of DSH payments and likely declines in GME payments –potential threats to the notable turnaround of the financial situation of the hospital as compared to its performance in 2012. These vulnerabilities are even more acute today, the year 2017–with the reduction of DSH payments a reality as of Fall 2016 and the possible repeal of the PPACA – translating to diminished federal support for our key clinical mission as a safety net hospital – providing emergency, essential acute and chronic care to vulnerable populations such as children, the elderly, veterans, individuals with disabilities, our LGBTQ communities, underinsured and uninsured populations – as well as our recognized role as a tertiary and quaternary hospital system.

March 22, 2017

As a reminder we are the only Level 1 Trauma center for 1.8 million individuals, the only Children's Hospital, the only burn center, one of two poison control centers state wide – we provide transplantation for potential fatal illnesses related to kidney failure, diabetes – and other cutting edge interventions. The environmental scan was cognizant that our payor mix is 61% public (Medicare and Medicaid), 20% commercial, 11% managed care or 8% other. We have benefited from Medicaid expansion through the PPACA (informally known as Obamacare– resulting in a greater number of insured individuals) – but the analysis is complex given reimbursement rates and the continued need for bad debt and charity support in a system that has enrolled an additional 22 million individuals nationwide and eliminated pre-existing conditions to the inclusion for insurance coverage-reducing, therefore, the uninsured rate –but still without the needed compensation for gaps in the payment structure.

But we are not only a hospital – so could not compare ourselves to Crouse or St. Joseph's –we are an academic medical center –so the need to examine how to invest in our distinct and unique academic mission required that we focus on integration and internal collaboration – questions posed to our external reviewers. This approach to our charge as an AMC would require that we focus on the connectivity in our complex organization as reflected in this visual. **[Slide]**

I set out to obtain the external review and to move forward with a basis of understanding of our current state, the state of this complex organization. In short, the conclusions of the external review were:

- Acknowledgment that our university has faced challenges over a period of time – and that 5 previous environmental scans have concurred with the current findings, that is, that overcoming a number of interconnected organizational, structural, social and cultural issues was urgently needed -- but prior reviews had not led to substantive change in response to this critical assessment. So, how can we assure that this time around change would occur?
- While affirming that the current organizational structure would infer a more tightly integrated model of governance was possible-significant progress would occur only if all stakeholders and constituents of SUNY Upstate became better aligned, in a more trusting, coordinated and collaborative relationship – as such,
 - We identified a unique opportunity in this past year to execute through the creation of a dynamic leadership team of the highest quality to lead a transformation of Upstate.

March 22, 2017

- That there needed to be fostering of alignment and better inclusion of Department Chairs and Institute/Center Directors
- Integration of the Faculty Practice plan into an aligned and coordinated, clinically integrated delivery system
- That we could contemplate enhancing the role of College Council and fostering creation of a Community Advisory Board
- That we would Initiate a strategic planning process for clinical program development that includes the component parts of our university – that is the campus, the practice plans and university hospital
- And, develop a new funds flow model
- And develop a new and unified faculty physician compensation model
- And, develop a comprehensive research strategic plan that aligns with the university's size, resources, clinical initiatives and the education and training of students at all levels of training.

The external review recognized that the Draft strategic plan that I proposed offered a number of high-level goals and objectives – and I concluded, certainly needed more granularity.

So, in proceeding– a necessary first step was to create a new Office of Strategic Affairs and Regional Strategy – and the first action towards this was the recruitment of our first university-wide Senior Vice President for Strategic Affairs and Regional Strategy, Dr. Ramesh Sachdeva, who began his tenure on July 1, 2016. The recognition that we are in a high-tech and data rich environment in the 21st century was obvious – but how to leverage those technologies to lead to clear, focused data-informed strategies across the university enterprise was not so clear. While I had articulated a vision and preliminary strategy of key objectives during my selection and my initial months as President what was needed was a structured and participatory approach. This led to my decision to also engage the **Balanced Score Card Institute** for a systematic approach to planning. While the full roll out of the plan will be on April 12, 2017, let me review some of the essential steps we have already taken in our process and that I have communicated to you throughout the year:

The Strategic planning process consisted of many group meetings to develop the foundation, the themes, measurable objectives to our strategy map, the related initiatives and the vital steps of allocating

March 22, 2017

resources to those initiatives with a timeline for implementation and assessment – this process was prioritized to debunk the notion that strategic plans are of no value. I discuss later in the talk the result of these plans tied to actual and future funds flow and discrete commitment of resources.

So, as we began to **unite organizationally**, to define our goals and objectives –and most importantly to determine how we were going to execute and grow our operations –we needed to focus on the content of our/your work.

EXPERTISE

So let me now transition to the second theme in our vision statement: **EXPERTISE**

A moment ago I noted that we are the only academic medical center in the region. So what defines an AMC? The literature is replete in discussions and the baseline components of an AMC include clinical care, education and research. The US has approximately 140 AMC with direct ties to medical schools. These centers have varied operating profiles as outlined by 4sighthealth – in a recent publication entitled **THE RISE AND FALL OF ACADEMIC MEDICINE** – by David Morlock and David Johnson dated December 14, 2016. In their treatise, the authors compare AMC to the rise and fall of the Roman Empire – stating that “Rome wasn’t built in a day and didn’t collapse overnight.” They point to internal conflicts, administrative complexity, and wasteful consumption that made Rome vulnerable to external attacks and led to the overthrow of its last emperor in 476CE (Christian Era). Students of history do know that this is only a partial history –and that the plague played a major role in the decimation of half of the population and the demise of Rome in its original state. In their side by side comparison, the authors go on to identify the first AMC in the 1890s developed by Johns Hopkins modeled on the research-oriented German institutions – where that business model combined clinical care with medical education and research. They point to what we are experiencing now – the struggle of AMCs to provide a more integrated, patient-centric and cost-effective health delivery system that must fund their academic and education missions. Hence the clinical care enterprise is seen as the engine but not the impetus for the system at large.

With the threats to AMC –due to their very nature and composition, how do we derive greater overlap, greater connectivity, thus affording more matrixed levels of intersection to maximize intended outcomes? Where is that sweet spot? The authors posit that what is needed for the survival of the AMC is “new thinking and strategic repositioning.” A few notable facts are relevant to this discussion. The

March 22, 2017

140 or so AMC operate 60% of the nation's Level 1 Trauma centers, treating the most difficult patients – graduate 17,000 physicians and train more than 30,000 medical residents –and conduct the majority of NIH-funded research. These latter endeavors are supported by public and private funding –as is our operation here at Upstate -along with clinical care subsidies (e.g. DSH) and philanthropy (our Upstate Foundation and Alumni Association). This combination of missions – biomedical research, education and clinical care as reflected in our Mission statement is unique in organizational enterprises – not mirrored in most other schools –e.g. law, architecture etc...

So, how can these potentially misaligned enterprises survive within the current market and political context? What is the solution – where does our strategic planning lead us – where must we invest our energy? Can we and others survive as AMC or fall as did the Roman Empire? Or perhaps it is not a fall – but a transformation to a different system.

There are several considerations as we ponder our own existence, our own state and our **expertise** as an AMC: e.g.

- Where can care be provided that is community-based, cost-effective, team-based and family-and patient-centered and yet provide cutting edge applied science such as precision medicine? Can a regional strategy with community hospitals (e.g. the acquisition of Community General) provide some solutions? Should we pursue other such investments?
- Given the increased life expectancy of many populations, what is the best quality of care for end-of-life - where so much of our resources are spent? What are the innovative models of care that need to be explored? Family-centered geriatric care would appear to be one important area.
- What is the quality of our care? Are our investments worth the outcomes we achieve? Most analyses have concluded that the American medical system underperforms. How about Upstate? Well, our university hospital has hovered between one and two stars out of five for our Vizient rating for the past six years including this past year, so there is clearly room for improvement in our quality metrics. But that improvement needs to go much further to implement a truly clinically integrated system that focuses on population health as well as precise, personalized care for the most difficult illnesses. How can we improve the quality of our care? How do we define quality? Is it family-centered? Is it related to the epidemiology of the diseases seen in our

March 22, 2017

communities? E.g. Gunshot injuries to youth and young adults? Do we make the hard choices with respect to high cost-low yield interventions? Are we willing to make those choices?

- Are we willing to invest in health promotion, prevention, life-course/lifespan perspectives and address the social determinants of health through our investments in children, e.g. and funding of healthcare that is equitable and available to all - ACCESS – e.g. our policies with regard to Medicaid, Medicare, indigent care and medical education to fuel the training needs to transform care? The recent efforts in DSRIP –Delivery System Reform Incentive Payment Program which is designed to re-invest in the Medicaid program with the primary goal of reducing avoidable hospital use by 25% over 5 years (ED visits and hospitalization) is an example of such attempts at transformational efforts. We have not yet been successful in that transformation but we are participating in that transformation. There are many lessons to be drawn from other health care systems around the world that have made significant investments in public health interventions that reduce risk for morbidity and mortality. Can we develop the **expertise** to master these interventions –can we be **united, e.g. as centers and institutes**, in these efforts?
- Lastly, what of the role of research? – NIH research funding has plateaued in recent years and just yesterday the university signed onto a letter to our Senators/Representatives on behalf of the Associated Medical Schools of NY to speak against the proposed severe cut of \$12.6 billion (16.2%) from the overall HHS budget and would reduce funding to the NIH by \$5.8 billion (18% loss for that agency). These proposed cuts come at a time when we have yet to maximize the translation of novel research to the bedside, practice or community to enhance individual and population health. Also, what other types of research should complement NIH basic science research? HHS is our federal infrastructure for health –so supports, for example, clinical research –health services research- implementation research – patient-centered research. These other fields require strategic partnerships with public health –specifically, the department of health, community-based organizations- patients –to address different perspectives and to look at the actual effectiveness of research interventions in real life settings. **Our expertise** will help to chart these novel pathways, new scientific discoveries, and a more effective health care system that aligns academics and health. But this path will not be easy and will require of us a re-framing of

March 22, 2017

our vision, our processes, and tough choices in our allocation of resources. It will require our intense focus on health policy.

Let me outline now what we have achieved in the past year. The framework for these accomplishments is the strategic plan –for if we do not know where we are headed – we will not know how to get there.

OUR Roadmap which is the roadmap to a transformational health science university system will be launched next month.

Our THEMES AND THEIR INTENDED STRATEGIC RESULT are as follows:

Integration

Upstate will be one university, connected by mission and aligned leadership, integrated through a culture of inclusion, transparency, and trust.

Innovative Learning and Discovery

Upstate will be the destination of choice for patients and innovative employees, educators, learners and researchers

Community Impact

Upstate will be a collaborative and trusted partner in service to our communities.

Execution and Growth

Upstate will be an excellent university growing through aligned, structured, decision-making, efficient, effective operations, quality services, and a dedicated and diverse workforce. These themes have led to the development of 4 overall objectives **[SLIDE]**: Increase reputation for excellence, improve health outcomes, reduce health disparities, increase access - all supported by the underlying organizational capabilities, internal processes, and financial stewardship – what we term our **STRATEGY MAP**.

Our OBJECTIVES were arrived at after multiple, inter-professional discussions. These concepts have necessitated and will continue to NEED the FULL ENGAGEMENT OF OUR CLINICAL LEADERSHIP – DEANS, CHAIRS, CENTER/INSTITUTE DIRECTORS, Hospital and Ambulatory administration to name a few. The recruitment of a Senior Vice President for Strategic Affairs and Regional Strategy was key to the development of this plan. The white paper that details the progress to date will be posted on the web this week. The process involved:

- Engagement of the BSI Institute
- The involvement of more than 100 people who directly participated in the process

March 22, 2017

- The shared voices of over 500 members of the Upstate family to reach our final vision statement
- The labelling of our final strategic plan “One University Roadmap for Upstate” *OUR Upstate* to be launched April 12, 2017.
- Please take a look at the white paper detailing the SWOT analysis, the pillars of Excellence “Strategic themes” of Integration, Innovative Learning & Discovery, Community Impact, and Execution and Growth.

Continuing to discuss **OUR EXPERTISE**, I want to briefly detail in this State of Upstate report to you some highlights of achievements of the past year. These are also more fully catalogued in the Presidential Annual reports to be posted on the web following my remarks today. First I embarked on the work needed to move ahead and this included:

- An international search for a leading scientist to serve as Senior VP and Dean of the College of Medicine. I am happy to say that our process has been robust and began March 2016 with the engagement of the Academic Advisory Group-Merritt Hawkins firm; the organization of a representative search committee chaired by Dr. Patricia Kane, Distinguished Teaching Professor and Chair, Department of Biochemistry & Molecular Biology and Dr. Luis Mejico, Professor and Chair, Department of Neurology, Professor of Ophthalmology – bringing the strengths of vision of our Basic Science and Clinical Departments together; the selection of a 20 member search committee representing a broad cross-section of the College of Medicine and University (faculty, student, researchers, clinicians, all the colleges, hospital, other leaders); a charge given to the committee by me including a general orientation of the search committee to unbiased review of all candidates and commitment to diversity, equity and inclusion; transparency with our process that is fully detailed on the website – and an explicit charge to recommend to me only candidates who without question could serve to their satisfaction as Dean.
 - The advisory Council of MH reviewed all applicants –a total of 54; 37 CVs were forwarded to the search committee for review
 - The Search Committee participated in “Airport interviews” of 15 candidates during 4 separate sessions

March 22, 2017

- These interviewees were carefully reviewed and the committee forwarded 7 top candidates who were then invited for an extensive 2-day on campus interview from Nov-March. One candidate withdrew prior to the visit.
- All interviewers, throughout this process were asked to complete an evaluation of each candidate and results provided to me
- January-March 2017 -3 candidates returned for subsequent visits which included an open forum, and those involved as interviewers and observers were welcomed to give their feedback.
- In early April I will announce the new Dean of COM and Senior VP of the University.

During all these processes respect, transparency, inclusion, shared-governance, commitment to our vision, mission and values were demonstrated and I believe all enjoyed the open forums streamed live throughout the university. Notably, all candidates were of exceptional caliber. I thank all who participated in the process. I especially thank our two co-chairs and Chris Liberty who skillfully orchestrated the administrative aspects of this search.

Our other accomplishments are many –and I detail a sampling in brief but would refer you to the executive summaries of all those who report up to the President and those reports have been placed on the web for your information.

- We initiated and promoted an all-funds budgeting process, developing funds flow changes with existing structures and for the first time in 2016-2017 budgeted a planned investment in the academic mission of \$5 Million annually (.5%) from University Hospital. I also began implementing a budget process that encompassed all sources of revenue across the practice plans, hospital and campus. This new process is evolving but has necessitated combined meetings, more discussion to assess alignment with strategic goals and objectives with determination of funding priorities, improved communication with the Deans, UUMAS Chair, Hospital CEO, CFOs, Senior VP for Strategic Affairs and me – and others as necessary -to develop a more integrated and holistic view of budgeting and setting of priorities. At the root of this evolution is the development of a foundation of trust and transparency.

March 22, 2017

- We recruited a new academic leader Dr. Amy Tucker as Medical Director of our Ambulatory Services, and leading primary care specialist - and note that this hire is the result of collaboration between our practice plan and university hospital, with dual reporting responsibility – demonstrating the application over the past year of our focus on integration and collaboration.
- Our Research has been fruitful with 11% increase in total research expenditure, 18% increase in indirect cost recovery
- We established a new office of Inter-professional Education and hired a new IPE Director with sponsoring of strategic planning and a visioning retreat
- We are in a pre-planning phase regarding the establishment an Institute of Transformative Learning –so, while a new curriculum was launched for the College of Medicine in the Summer 2016 and I want to recognize the efforts of those involved, there is recognition that Upstate lags behind in educational innovation – therefore, we must accelerate our progress towards this – the selection of a new Dean of the COM, our IPE efforts, the new Simulation Center, and the Presidential Symposium for Transformative Education to be held the Spring of 2018 will set us well on the path to transforming our educational curricula.
- The college of Graduate studies continues on solid ground – currently with 136 students including 111 PhD students, 17 MD/PhD students and 8 MS students. The ROI for our graduate students is 11:1 – that is, for every dollar we put in we get 11 back in grant support. Pretty remarkable and an industry standard. Our diversity profile for these scientists in training does need greater attention.
- Our CHP has seen a change in leadership with the resignation of Dr. Don Simpson – but we were fortunate to identify and I appointed a strong internal candidate for the interim Dean- Dr. Katherine Beissner – whose leadership has been stellar –including her leadership in the preparation for our Second Presidential Symposium on March 30-31 on Society & Health. Thank you Katherine.
- Our CON accomplishments include the full accreditation of the DNP program and the graduation of the First DNP Class, a new online BS degree program was launched, and need our say it – the CON moved to its new academic home on campus in the beautiful NAB. A search firm has been chosen through an RFP process for the national search for a Dean of CON which I

March 22, 2017

hope to identify before the start of the new academic year. Thank you to Drs. Cleary and Schmitt for co-chairing the search committee and Dr. Cleary for serving as the Interim Dean for the CON.

- We opened the Cord Blood Bank Center on the campus of Community Campus and have high hopes for what it offers to patients and families and to research.
- Our efforts on Diversity, Equity & Inclusion are being fully integrated in the substance of our strategic plan and continues its important work in maintaining organizational compliance with Federal, State and local laws as they relate to affirmative action, Title IX, equal employment opportunity and prohibition of discrimination.
- Our Upstate Foundation efforts are extensive and demonstrable in that the foundation was ranked 4th out of 64 state-operated and statutory colleges – trailing behind only Stony Brook, University of Buffalo, and Cornell. I also thank the Alumni Association for its efforts focused on student scholarships.
- As promised, we completed the COM Salary Equity study and those results have been presented to the UEC, adjustments made in response to those results – and I have authorized a salary equity study of all the colleges. This effort will not be deemed a onetime effort –but a systematic and periodic review to assess our adherence to the principles of equity.
- We completed a refurbishing of the halls of Weiskotten Hall with particular attention to recognizing the diverse and incredible leadership of the past. Our librarian archivist will continue to assist us in faithfully representing the diversity and talents of our leaders.
- We welcomed a new interim hospital CEO –Steven Scott -who will assist in the development of more robust administrative processes. We are poised to develop a more fully clinically integrated network and in that vein, engaged Manatt Health a division of Manatt, Phelps & Phillips, LLP for consulting and advisory services in support of Upstate Medical University’s clinical strategic plan – to include e.g. development of a regional upstate hospital network; development of a regional physician network; hospital strategic financial forecast; development of a more integrated faculty practice model; and development of an integrated health sciences university strategy and operating model. This engagement is timely to fully leverage some of the successes we have achieved such as the receipt of \$146 Million in grant funding for Upstate University Hospital - including a \$70M Capital Restructuring Financing Program Fund (CRFP)

March 22, 2017

created to support the goals of DSRIP and \$75M in NYS budget to build the Upstate Health & Wellness Center;

- Other clinical accomplishments include opening of a new Pediatric Emergency Department unit; improvement in our HCAPS scores- in large measure due to our excellence in nursing; successful implementation of Epic 2015; and the hiring of a new Medical Director of Ambulatory Care –with dual reporting structure as noted above.

So much of what we achieved this past year was possible through the incredible efforts of the University Executive Committee, the Extended University Executive Committee, Senior Leadership throughout our enterprise and all of you. I would like the members and UEC and EUEC to stand and be recognized. Needless to say among those members is Dr. Dewan who began as the interim Dean of the College of Medicine mid October 2016 and I want to publicly acknowledge his contributions and I am infinitely grateful to him for agreeing to step into this role as we launched a national search for a permanent Dean. Thank you Dr. Dewan.

I would like to announce that Dr. Dewan has taken the lead to develop the plan and the mechanism to increase our COM class size from 160 to 170 students. Most important to note is that the Dean of that College has worked with faculty to ensure that this increase will not affect the educational experience and planning for additional clinical placements already underway. The recruitment of the additional ten is focused on out-of-state students. The revenue generated from that tuition will be used for scholarships. Just last week, anticipating these changes, Associate Dean of Admissions and Financial Aid, Jennifer Welch offered five full tuition and housing scholarships to students from backgrounds traditionally under-represented in medicine. This speaks directly to our strategic plan and mission in many ways.

Other accomplishments include:

- Appointment of a new Director of Community Relations -Linda Veit
- We welcomed Sergio Garcia – as our new Chief of Staff of the Office of the President and VP for Operations for the University. In that role he has joined the University Executive Committee and the E-UEC. To start, Mr. Garcia will be responsible for leading two important searches:
 - Director of Government Relations

March 22, 2017

- And a national search for a Chief Diversity Officer – as we thank Maxine Thompson for her incredible service and wish her well in her planned retirement.
- Mr. Garcia will also be responsible for working with legal counsel to develop a university-wide policy on sexual harassment.
- I also want to acknowledge the important work of the College Council and ask the members of the council who are present to stand to be recognized. Their counsel to me over the past year has been invaluable.

I have so many to thank –our university police, our departments—administrative, clinical, research faculty and staff, and cannot name you all—but thank you.

COMPASSION:

So, let's move on to the next word in our vision—**Compassion**. Where would we be – what would we stand for if compassion were not part of our vision?

There are many ways that a university can actively demonstrate compassion. Some brief examples are:

- A commitment to excellence as demonstrated by the quality and sensitivity of that care to being patient-and family centric
- Efficient management of scarce resources
- Active support for our students' access to higher education, intellectual development and critical thinking, freedom of speech and expression unimpeded by biases
- Our resolute path in support of the translation of novel discoveries to alleviate illness and disability in a diverse population
- Our inclusiveness as suggested by our language, our tone, and respect for each other.

As I reflected on how I could demonstrate to you my commitment and this institution's absolute commitment to compassion—I thought who best to represent this than our students – those from our health professions—who at the start of their professional lives have embarked in a life-long pursuit to serve others. So, with the help of Dr. White –Dean for Student Affairs I asked our students to help us take a look at our compassion. Their voices came through the efforts of Jim McKeever and Eric Zabriskie – thank you both. Here are two clips to help focus your attention:

March 22, 2017

Finally, compassion is represented by the kindness we express to each other and the care we give to others. It's emphasized by how carefully we listen to those we serve— one such example, even when the outcome was death is worth noting. This relates to our palliative care. One of our patients –a 2 year old child whose parents wanted him to die in the peaceful surroundings of home, was cared for by our compassionate pediatric team. They remarked as follows: it was “a humbling experience to be in a patient’s home(s) during such a personal part of their lives. Th(e) child lived for a few hours and his family was extremely thankful for this opportunity.” The child was extubated at home and died peacefully.

HOPE

It is fitting to end my talk with the word HOPE. The hope and conviction that our AMC and Health Science University will continue to evolve, utilize new technologies, and reinvent itself rather than fall as is suggested in the analogy to the Roman Empire. I want to describe three final scenarios that provide fuel to this hope:

- One is what we represent as a place of education - a university -one that is protected by certain principles. In the past year our students and faculty have been very concerned regarding new immigration policies –and I, the Chancellor, the Chairman of the Board of Trustees of SUNY echoed our deep commitment to the university as a “sensitive location” locations such as, “schools – pre-schools, primary schools, secondary schools, post-secondary schools up to and including colleges and universities, and other institutions of learning such as vocational or trade schools – where enforcement actions (e.g. related to immigration, arrests, interviews, searches etc..) **do not occur** unless extraordinary circumstances exist. We encourage dialogue, exchange of disparate views and intellectual curiosity. We embrace diversity as a quality component to our mission of education, service and research. In support of our founding principles as a public institution and system of higher education, a SUNY BOT resolution re-affirmed in the past month our support of undocumented students. As a university my message in support of all our students is unambiguous.
- The second is that no matter what the healthcare landscape, our commitment to health and our focus on the improvement of lives will sustain us and allow us to re-invent Rome –rather than have it fall. I want to share with you some of this re-invention that we have begun – with explicit

March 22, 2017

allocation of resources to those endeavors. The best tools to fight our cynicism and skepticism are results. Take a look at our current and proposed investments in the areas of systems changes, implementation of current strategic priorities, and development of the conceptual framework for the plan for the next 5 years.

Having the legacy of the mission of science serve people and populations –I believe will survive. We will reveal the metrics that will be tied to our strategic priorities and our resource allocation on April 12. These metrics will allow the tracking of progress (monitoring & evaluation) –e.g. to progress to be a 5-star rated hospital in 5 years and a top university.

Lastly, the third example of HOPE is what we stand for. I believe that to function as ONE UNIVERSITY—a university dedicated to creating a healthier world for all -alignment of our various university sectors, is absolutely necessary—this observation has been validated by many who have come to our university and validated by our own experience– but alignment is not possible without RESPECT which I see in the following actions:

- R **recognize**, acknowledge the opinion of others
- E **engage** with openness and open heart
- S - **sit and talk** - dialogue is key – campus conversations
- P **purpose**, attend to **purpose** rather than to self
- E **explore** common solutions
- C **connect** on points of agreement
- T **together**, take charge and create a positive outcome

I hope you will join me in this journey. We have a vision as expressed through the six Presidential Symposia –*Connected to the Future* and –*OUR roadmap* – that will be fueled with the best data to lead to meaningful information and informed and wise decisions. There is a hopeful path forward if we choose it. Please join me in this challenge.