Through the efforts of an exceptional faculty, talented trainees, and dedicated staff, the Department of Medicine had a very successful year in AY 2015. Despite a challenging clinical and research environment, the department's spirit and high standards of excellence empowered new levels of success in each of our core missions. This success would not be possible without the commitment and support of our affiliated institutions (BMC and BUSM) and the partnerships with faculty in other departments of both the medical and Charles River campuses of Boston University.

The faculty in the department increased from 417 to 425 in AY ’15 with nearly half the faculty being women (47%) and 6.4% under-represented minority faculty. The funded faculty effort distribution for AY ’15 was 44% in each of research and clinical, 4% in education, and 7% administration. The percent of faculty effort engaged in research increased slightly but other areas remained relatively constant compared to AY 14. Thirteen faculty were promoted to higher academic rank and 30 new faculty were hired.

The department’s clinical performance was mixed in AY 15. Clinical volume in the department was negatively influenced by three elements: a decline in discharges from the Medical Service at BMC, record snowfall with clinic cancellations in January and February, and implementation of a new electronic health record in the ambulatory setting. Nonetheless, wRVU’s increased by 1.4% to a new high of 731,076. Clinical collections rose to $37.2 m and total reimbursement for clinical services rose to $51.85/wRVU, also new highs for the department. Clinic visits declined from 229,422 in AY 14 to 218,358 (-5.7%), discharges declined by 16%, and average length of stay increased by 8.2% to 5.57 days. Clinic access for new patients within two weeks ranged from a low of 20% to 91% and improved in only four sections. The patient experience scores across the department’s sites of care at BMC are largely below goal and declined in AY 15 relatively to AY 14. Inpatient observed to expected mortality remains below 1.0 (0.89) and compares favorably with national benchmarks.

The department’s research program reached new levels of achievement as well. Over $113 m in new grants were received by departmental faculty in AY’15- a remarkable 32% increase in total research funding. The number of grants increased from 120 to 174, a 45% increase. Over 124 different research faculty used the department’s research cores, but one core (High Throughput Screening Core) was eliminated due to under-utilization. The department provided bridge funding to four faculty and pilot funds to 17 faculty through a competitive peer-review process.
The Evans Center for Interdisciplinary Biomedical Research continued to fund three Affinity Research Collaboratives (ARCs) and several programs and pre-ARCs. Over the past six years, the ECIBR has funded ARCs that have led to 289 publications and 65 funded grants. The ECIBR also developed two new graduate courses, two new training grants, and a new masters program over that period.

The department’s residency and fellowship programs continue to attract outstanding candidates whose commitment to learning and to our patients are inspiring. The residency program was approved for a new four year combined Internal Medicine/Preventive Medicine residency and enrolled the first two interns in this novel program. The selectivity of the residency program has increased by 25% over the past three years and the In-Training Examination scores for the PGY 1-3 classes range from the 78th to 87th percentile, continuing the impressive trend of improvement over the past five years. The Medical Student rotations in the department continue to receive very strong scores from the students but the student ratings of the Med I clerkship on the Graduate Questionnaire have declined in the past two years. Approximately 95% of the students rate the medical clerkship good or excellent. The three graduate programs in the department: Nutrition and Metabolism, Molecular and Translational Medicine, and Genetics have a total of 63 PhD students and 15 Masters students.

The department’s Faculty Development and Diversity Program continued to offer a wide range of career development programs for faculty. These programs targeted at junior, mid-career, and under-represented faculty as well as the chief residents and a group of six faculty leaders. In addition, the FDD Program offered faculty development seminars (15), individual career consultations (40), faculty development grants (23), education pilot grants (4), and several networking dinners for distinct faculty groups.

The department’s financial performance generally exceeded targets. The actual to budget variance was positive $3.25 m largely due to an increase in research funding, clinical collections and incentives (PCRI), and aggressive expense reduction.

The department completed a Strategic Planning process to guide priorities and investments for AY 16-20. The plan focused on five themes for the future: excellence, faculty empowerment and ownership, Health Equity, Innovation, and Communication.

The 2015 Academic Year was characterized by remarkable achievement and opportunity. As the Department faces the future, we are encouraged by our successes and yet also humbled by our challenges. We will draw heavily on the achievements and history of the department in facing a future where more value and excellence will be expected in each of our core mission areas. As we look to the future, we will serve our community through discovery and clinical care that is responsive to our special patient population, create educational programs that are aligned with the current and future needs of the public and learners, engage faculty
in departmental activities and initiatives, and by promoting fulfillment and recognition for faculty, trainees, and staff in all of our missions.

I am privileged to work with such talented and committed individuals, and look forward to working with our faculty, trainees, staff, and institutional leaders to foster excellence in the department, Boston Medical Center, and Boston University School of Medicine.

David Coleman, M.D.