PANEL #5:
What do we need to do to optimize the connection between our research and clinical programs?

1. **In order to support the clinical and translational research mission of the medical center, what features need to be included in the designs of the new SHC and LPCH facilities?**

   Summary of Comments:
   - Financial health is very dependent on attention to cost of care.
   - Clinical research fuels our clinical programs and improves quality of care. Infrastructure needs to be as streamlined as possible.
   - Patient survival is better with clinical research. Resources may not all be able to be with inpatients, but will need to be proximate. Replacement of GCRC needs to be considered.
   - Capital costs attention drives out attention to accomplish operational efficiencies. Hard to create environment that sets example for community.
   - Integration of clinical research and clinical care is critical.

   Suggested Action Items:
   - Establish joint SoM/SHC/LPCH planning groups to develop options and recommendations for clinical care process improvements:
     - Work with the SoM to define a sustainable clinical enterprise.
     - Consider the long-term viability of STAR system.
     - Streamline to improve what we do.
     - Need program infrastructure rather than individual.
     - Discuss programmatic improvements.
   - Ensure appropriate representation of clinical research and MD faculty interests on the programming and design teams of the two hospital projects:
     - Design modular facilities.
     - Where does clinical research really need to take place.
     - Need to get research staff here, housed, and efficiently used.
     - Need to house MDs in LPCH area.

2. How can we ensure the physician coverage needed to sustain and grow our clinical programs while also supporting non-clinical time for physician faculty engaged in clinical and translational research?

Summary of Comments:

- Need to recognize that we have a mission that requires MCL involvement in translational model.
- Need to evaluate clinical performance and include it within the A&P deliberations.
- Need to devise a method to ensure protected time. Frequently, reality doesn't support policy.
- Shifting back and forth between research and care is incredibly disruptive to clinical research.
- Outcomes gathered during episode of care are inadequate for assessing quality.
- Need to follow patients over longer periods. IT strategy will support this.
- Need critical mass of MDs and patients to do effective clinical trials.

Suggested Action Items:

- Develop and use a standard format for MCL and CE business plans, including the identification of start-up resources, the amounts of protected time, and sources of support for protected time:
  - Devise a method to ensure protected time.
  - Define care delivery model within each unit – who is delivering the care (UTL, MCL, CE Fellows, Residents, etc.).
  - Every clinical department must define how it will address this issue.
  - Need innovative approaches to training of students and residents.

3. What can be done to better connect SHC and LPCH patient information with the patient population needs of our clinical and translational research programs?

Summary of Comments:

- Our competitive edge depends on demonstrated quality outcomes. Collaborations between Hospitals and School around clinical data are excellent. We now need to engage C&TR community.
- Quality and clinical research are different in important ways. Clinical research systems can't measure quality. Need capacity for longitudinal data. Stanford culture is still based on individual art of medicine rather than science of medicine.
- Setting clinical care standards and protocols is a legitimate function of the faculty.

Suggested Action Items:

- Establish institution-wide patient care protocols and include protocol-based clinical care quality measures as part of the A&P considerations for MCL and CE faculty:
  - Need to make better use of protocols.
  - Need to recognize development and implementation of protocols in A&P process.
  - Need to define standards of care and create incentives for MD to meet or exceed standards.
  - We need to evaluate clinical performance and include it within the A&P deliberations (from #2).
  - Standardized approaches are needed (from #2).
  - Now need to engage C&TR community.
  - Need to follow patients over longer periods (from #2).