After years of planning and analysis of potential options, we received approval from the University and the Penn Medicine Board of Trustees to proceed with the creation of a bold, new space for our medical students: the Henry A Jordan M’62 Medical Education Center. Located where the university, the medical school, and the health system all connect, the Henry Jordan Center will be integrated with the Perelman Center for Advanced Medicine and the Smilow Center for Translational Research, and will sit atop the newly constructed South Tower expansion of the Perelman Center. Construction of this facility reflects our commitment to our students, and will be completed coincident with the celebration of the School’s 250th Anniversary.

Our education and training programs must be supported by state-of-the-art facilities and learning environments that foster interdisciplinary team training and leverage the unique strengths of Penn Medicine.

The late Dr. Henry A. Jordan, M’62, GME’67, was a steadfast champion of Penn Medicine and our students. He served in numerous capacities, most notably as Chair of Penn Medicine’s Campaign Cabinet, Co-Chair of the University’s Making History campaign, and inaugural member of Penn Medicine’s Board of Trustees.
To remain at the forefront we must develop innovative educational paradigms that emphasize team training, online learning, and a reduction in the costs and time to train.

Penn has always been at the forefront of innovative training and education; it is our history and our tradition. During the strategic planning process, we committed to a sharply focused initiative that would result in detailed recommendations that will address the many opportunities and challenges facing our educational mission at all levels—UME, GME, graduate, masters and post-doctoral.

We are in the process of finalizing the plans for an education council, which will be charged with looking at how we can lead in team-based interdisciplinary training, online learning, shorten overall training time, and meet the challenges of reduced federal funding.
Advances in our understanding of biologic systems and the development of powerful new tools that can be applied at both the bench and the bedside offer unprecedented prospects for translation. Likewise, technology transfer and relationships with industry represent an increasingly important facet of the research enterprise. The Technology Transfer Executive Planning Group (EPG) has worked over the last year to develop a comprehensive report that was submitted to President Gutmann. The University will formally unveil the plan in the Fall.

In November 2012, the University & Novartis signed an exclusive global research and licensing agreement to further study and commercialize novel cellular immunotherapies using chimeric antigen receptor (CAR) technologies. The agreement, catalyzed by the work of Carl June and his team, paves the way for research that has the potential to expand the use of CAR therapies for additional cancers. We are working toward construction of the Novartis-Penn Center for Advanced Cellular Therapeutics.

Patented by Dr. Dan Rader and his team, the now FDA approved drug, Juxtapid, is licensed to Aegerion Pharmaceuticals. It will be used to treat those inflicted with a rare genetic disease called homozygous familial hypercholesterolemia (HoFH).

The University and CHOP are pursuing a licensing agreement regarding efforts to cure Leber congenital amaurosis, a rare and inherited form of blindness. The platform, developed by Drs. Bennett and High, has been successful and may serve as a model for the treatment of other congenital conditions.

Driven to move impactful discoveries to society, we must partner more effectively with industry. Working with the university, we are developing a new Penn Center for Innovation (PCI).
A strategic, multi-year imperative for Penn Medicine is to establish a nationally recognized program in Biomedical Informatics that will advance biomedical information science and computationally based research. With support from the naming gift of the Smilow Center for Translational Research, in FY13 Penn Medicine created the Institute for Biomedical Informatics (IBI) to coalesce Penn’s distributed “Big Data” community and advance this area, which increasingly drives both biological research and clinical care. John Hogenesch, PhD, Interim Director, along with three Assistant Directors, is leading the IBI until a permanent director is identified. A national search will soon be launched, with the appointment of a new director targeted for FY14.

The new Penn Medicine High Performance Computing Cluster has been installed at the Philadelphia Technology Park at the Navy Yard. The system consists of over 2,000 virtual processing cores (1,000 physical cores), 1,000 terabytes (one petabyte) of disk storage, and 3,000 terabytes (3 petabytes) of mirrored archive tape storage. Our “PennOmics” initiative will make use of the Oracle Translational Research Center (TRC) software and hardware suite to support the goals of precision medicine. It will focus initially on the integration of phenotype data from Penn Data Store, the Cancer Center tumor registry, the Velos CTMS and cancer genomics data.
Develop a Penn Bio-bank Focused on Disease-Based Initiatives

Advances in biobanking methods and systems bring consequential opportunities for improved storage and retrieval protocols and even linkages to genomic and related data that can impact translational research and delivery of individualized medicine.

Implementation is now underway for an integrated, centralized approach for the collection and monitoring of DNA, plasma/serum and tissue for clinical research — “biobanking.” The operational, regulatory and financial considerations have been carefully studied and further augmented by the recommendations of the Shaping the Future of Medicine Executive Planning council and Working Groups. These have been synthesized into a comprehensive plan backed by the resources necessary for initiation.

- The Operational Technical Director, the Informatics Technical Director and the Recruitment Supervisor of the biobank have been hired and are now in place.
- A lab technician, a programmer and two recruitment coordinators have been hired and will begin work soon.
- Finalization of the standard operating procedures is underway, and the IRB has reviewed and approved protocols for: 1) blood collection, and 2) tissue and blood collection.
- Web pages and a brochure are being designed and will be submitted for IRB approval with implementation anticipated in FY14.
Joining in the University’s efforts to create an inclusive and diverse global campus, Penn Medicine recognizes that diversity strengthens our institution. The composition of our faculty, student, and staff bodies can perpetuate a future that reflects the society in which we live.

A significant number of activities are underway in our effort to promote diversity and inclusion, including the appointment of Eve J. Higginbotham, SM, MD, as Penn Medicine’s Inaugural Vice Dean for Diversity and Inclusion. We are excited about the leadership Dr. Higginbotham will bring to Penn beginning August 1, 2013. Prior to joining Penn Medicine, Dr. Higginbotham held numerous academic leadership roles, including Senior Vice President and Executive Dean for Health Sciences at Howard University and Dean and Senior Vice President for Academic Affairs at Morehouse School of Medicine in Atlanta. Most recently, she served as a Visiting Scholar for Health Equity at the Association of American Medical Colleges (AAMC) in Washington, D.C.

The Alliance of Minority Physicians (AMP)—a newly developed coalition of Penn Medicine and CHOP—had its inaugural reception this past February. It will promote the development of leaders in clinical and community medicine as well as biomedical research through recruitment, career development, mentorship, and social opportunities geared towards underrepresented minority faculty, house staff, and medical students.

James Guevara, MD, MPH, Associate Professor of Pediatrics and Epidemiology, was named Senior Diversity Search Advisor for PSOM.

Our focus on diversity in recruitment is evidenced in the 165 appointments to the faculty we made this year: 44% are women and 36% are from traditionally underrepresented groups in medicine. Equally impressive activities are taking place with our undergraduate, graduate, and postdoctoral faculty pipeline. Horace Delisser, MD, Associate Professor of Medicine, has been appointed to a new position as the Associate Dean for Diversity and Inclusion for medical students. Roy Hamilton, MD, Associate Professor of Neurology, will oversee the Pipeline Initiatives for high school and college age students.
Faculty careers must be nurtured and developed to optimize Penn Medicine’s impact. It is increasingly important to support flexibility, provide retraining opportunities, mentoring, and a supportive infrastructure for evolving career pathways.

To support faculty career flexibility we have worked with the University to create an Academic Clinician part-time track and continued to encourage use of existing policies and programs such as: extension of the probationary periods for tenure, reduction in duties, planning for retirement, the Faculty Income Allowance Plan (FIAP), and the Advance program for professional development.

In FY 14, the Academy of Master Clinicians will be implemented in order to recognize our most outstanding doctors.

The position of Vice Chair for Faculty Affairs/Vice Chair for Faculty Development has been implemented in approximately 1/3 of all departments.

Plans are underway to partner with a reputable provider of child care services. Space for a new on-campus center will become available in late 2015/early 2016. These services will be tailored to suit our unique environment of mission-driven faculty and staff.

Clinician Educators (CE)
We are working with the University to develop general principles for the Clinician Educator track that will:

- Bring the University handbook language in line with current practice.
- Reduce the variability in CE faculty activity across the four health schools.
- Improve the transparency for faculty regarding expectations of the CE track.

Once the core principles are agreed upon and the handbook language is updated, each school will be responsible for developing its school-specific principles for Clinician Educators.
Improving Health Care in Philadelphia Communities

Community health requires, in addition to direct medical care, education, intervention, and prevention. It is bidirectional, and requires engagement with community members where they live, work, and play.

Following up on the recommendations made during the strategic planning process, a faculty committee worked to propose a structure by which Penn Medicine will engage with the local community.

These recommendations have informed our approach to the search for the next Chair of the Department of Family Medicine and Community Health (led by Dr. Nick Bryan), and a renewed emphasis will be placed upon the Department’s community health mission.

The new Chair will be the primary leader for Penn Medicine in our community health efforts and will also work with the University, through the Center for Public Health Initiatives, to coordinate public health activities in the community.
ENGAGE IN SELECTIVE BUT IMPACTFUL GLOBAL PARTNERSHIPS

Penn Medicine already engages in research, service and teaching initiatives around the globe, including partnerships in Botswana, Guatemala, and Peru. By centrally coordinating our areas of strategic interests with the university, we will sharpen our focus and magnify our impact.

A team of faculty and administrators are reviewing Penn Medicine’s current global activities and in collaboration with the University’s efforts, will develop a strategic blueprint for our global engagement over the next five years.

In collaboration with the University, we continue to strengthen and ensure the ongoing success of the Penn-Botswana Partnership. Once focused primarily on HIV and AIDS research, this partnership now has programs focused on cervical cancer, clinical care and education, global health experience for Penn Medical students and residents, telemedicine, various collaborations with the University of Botswana, and much more.

Penn has had a longstanding relationship with the Universidad Peruana Cayetano Heredia (UPCH), in Lima, Peru. It was established eight years ago by Pennsylvania Hospital’s Dr. Jack Ludmir for purposes of medical student and faculty exchanges.

We are also engaged in impactful research related to the control of Chagas disease, early life nutrition, drug resistant TB, and causes of stroke in Latin America.

Penn’s Guatemala Health Initiative (GHI), initiated in 2005 offers experiences to Penn students in rural Guatemala to improve health in the Tz’utujil Maya town of Santiago Atitlán. Many collaborative projects and activities are ongoing; projects include: violence prevention, maternal and child health, mental health, food and nutrition, chronic disease treatment and prevention, and trauma treatment.
In August of 2012, The Chester County Hospital and Health System (TCCHHS) Board announced its intention to seek a “strategic affiliation”. Having several longstanding clinical program affiliations including Cancer, Maternal Fetal Medicine and Diagnostic Imaging, our board agreed the opportunity could be structured to strengthen both organizations and further enhance Penn Medicine’s regional footprint.

- January 2013, Penn Medicine and TCCH signed a non-binding letter of intent for a transaction that would be a non-cash “member substitution” / merger of TCCH into UPHS and a commitment to manage the hospital in a manner that meets the community needs.

- May 2013, Boards of the University of Pennsylvania and TCCHHS signed definitive agreements to complete the transaction.

- September 2013, we received final regulatory approvals by the various regulatory bodies required to approve the agreement.

- Located 25 miles south and west of our main campus, TCCHHS includes a 220 bed community hospital with 5,000 annual admissions and a network of affiliates. The transaction offers immediate opportunities for growth for both organizations.
Facilities of the future... supporting patient-centered care

New and renovated facilities enhance care, increase satisfaction, and equip us for the continuing trend toward increased outpatient activity. The financial returns from this investment will be used to advance each of our missions.

This August, **Penn Medicine Washington Square** opened. The ultra-modern, eco-friendly space will promote integration between our CCA and CPUP physicians. The 153,000-square-foot, $22 million facility consolidates Pennsylvania Hospital’s ambulatory and support functions.

Scheduled for completion in mid-2014, the **Penn Center for Specialty Care** will provide West Philadelphia with new outpatient medical facilities, research labs, and office space for growing companies. It is a collaboration with the UCSC and Wexford Science and Technology, PPMC will occupy 155,700 sq. ft. of the 272,700 sq. ft. building.

Ground has been broken at PPMC for the **Advanced Care Pavilion**; it is expected to be on-line by 2015. The 178,000 sq. ft. facility features upgrades and enhanced capacity for emergency, surgical, trauma and critical care patients.

The **Chester County Hospital** in West Chester, Pa, has 220 beds and recently completed a new patient tower which opened the summer of 2013 with the capacity for 72 private patient rooms.

Located at the back of the **Perelman Center, the South Pavilion** will rise five floors above the loading dock, adding 200,000 square feet. When it is completed in early 2014, nearly all outpatient practices now remaining at HUP will be relocated in the Center.
Patients and their families deserve outstanding care and service. Consumerism is playing an ever-increasing role in defining value and will be part of what differentiates Penn Medicine as a leader in clinical care.

**Service excellence:**
We have enrolled 1200 of our front-line staff in a program designed to enhance a service-oriented culture in which the patient experience is paramount. We’ve created a six-week service academy to train Patient Service Representatives and the first cohort of nineteen, selected from over one thousand applicants, are already on the job.

A new hiring and training program for Patient Service Representatives was implemented, and many of our faculty and staff have already participated in a performance improvement program. Our early success is reflected in record high Press-Ganey scores when patients are asked for their “likelihood to recommend our practices”.

**Access to seamless care:**
A leadership forum comprised of physicians, nurses and administrative leaders from across Penn Medicine focused on how to remove scheduling and administrative barriers that delay care, or result in care being sought elsewhere. We will continue to focus on strategies to improve communication with referring physicians.

Coordination of care is important to our patients and clinical outcomes. The geographical co-location of services in PCAM is one step forward in improving the experience of patients and their families as they navigate from one diagnostic or therapeutic service to another.
CREATE new models of clinical care delivery

We can elevate our effectiveness by leveraging big data and cross-disciplinary teams. New models of reimbursement and value-based performance measures require us to adapt accordingly.

We are developing a Connected Health Strategy. An initial $5.5 million from the NIH garnered an additional $28 million in external funding, including a major initiative funded by the Centers for Medicare and Medicaid Innovation that involves a partnership with Horizon BCBS, Independence BCBS, and Aetna. We have launched the Social Media Lab, led by Dr. Raina Merchant, to assist in the use of social networking in health care delivery. The newly created innovation fund further advances our ability to validate new connected health approaches.

Executive Director, David Asch, MD, MBA and Chief Innovation Officer, Roy Rosin, MBA are leading The Penn Medicine Center for Health Care Innovation. The center provides tools to rapidly validate ideas in a rigorous way — converting the imagination and energy of new ways of thinking into new approaches to doing.

Ravishankar Jayadevappa, PhD, James Lewis, MD, MSCE, and Margaret Stineman, MD. received Cycle II awards from the Patient-Centered Outcomes Research Institute (PCORI).

Under the leadership of Chi Dang, MD PhD, the Director of the Abramson Cancer Center, Penn Medicine is forming multidisciplinary, disease-specific Translational Centers of Excellence (TCE). TCES, and the innovative leaders spearheading each of them, are narrowing the gap between the clinic and the laboratory, accelerating the pace of discoveries that will help today’s patients become—and remain—cancer-free.