



“IT’S ABOUT INVESTING *the best*
THAT’S IN US IN SERVICE TO
A NOBLE PURPOSE.”

Robert I. Grossman, MD, Dean & CEO

2015 ANNUAL REPORT



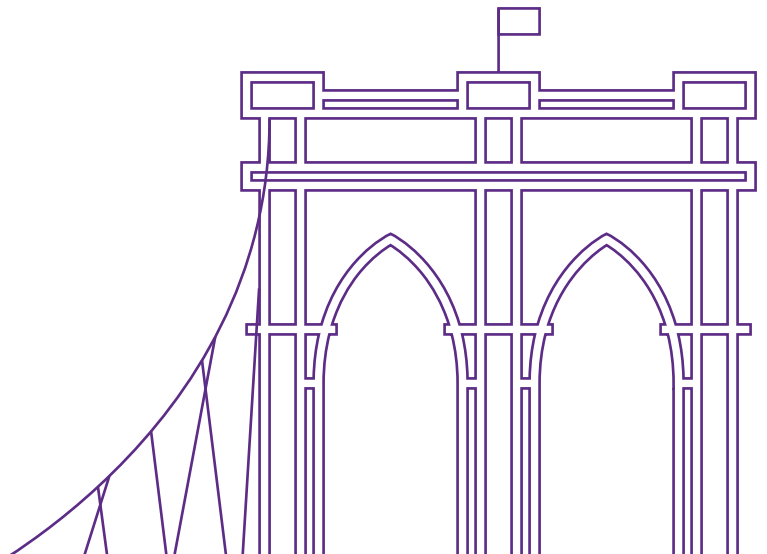




Our purpose at NYU Langone comes down to three simple yet inviolable directives:

TO TEACH, TO SERVE, AND TO DISCOVER.

Ours is a clarifying mission that demands the best we have to offer — and brings out the best in all of us. The proof is in another exceptional year of growth and progress, that has further deepened our commitment to doing all we can for our patients, our students, our science.





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FROM ROBERT I. GROSSMAN, MD, DEAN & CEO

When Robert I. Grossman, MD, joined NYU Langone Medical Center as dean and CEO in 2007, he created a series of monthly essays, called *In Touch*, to share his vision for the Medical Center with faculty and staff. “It is a conversation, a commonality that connects all of us,” Dr. Grossman says of the series. The passages that appear throughout this report are excerpts from *In Touch* over the years.

“

THE START OF A NEW YEAR IS A NEARLY UNIVERSAL OCCASION TO REFLECT ON WHERE YOU HAVE BEEN AND WHERE YOU ARE GOING. FOR ME, WHAT MATTERS MOST OF ALL IS TO LOOK FORWARD. AS LONG AS YOU ARE BLESSED WITH HEALTH AND DETERMINATION, TOMORROW ALWAYS OFFERS THE CHANCE — IF YOU SEIZE IT — TO

Become



who you have always wanted to be.

”

December 26, 2014

Robert I. Grossman, MD, Dean & CEO

From the Chair of the Board and the Dean & CEO

By all measures, this has been a truly exceptional year at NYU Langone Medical Center, and we are immensely proud of all the members of our community who made outstanding contributions. For the third consecutive year, NYU Langone scored number one for overall patient quality and safety among 102 leading academic medical centers nationwide that were included in the University HealthSystem Consortium (UHC) 2015 Quality and Accountability Study. *U.S. News & World Report's* 2015–2016 “Best Hospitals Honor Roll” ranked us number 12 on its list of the country’s top hospitals, with 12 nationally ranked specialties.

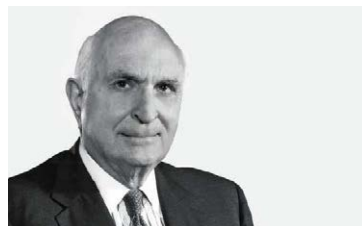
We welcomed Lutheran Medical Center in southwest Brooklyn — now known as NYU Lutheran Medical Center — into the NYU Langone family. Our ever-expanding ambulatory care network acquired 30 practices this year, among them NYU Langone Huntington Medical Group, the largest of our satellites.

In the research realm, seminal findings in many scientific fields have come from our basic and clinical investigators. NYU School of Medicine ranked number 14 in research on *U.S. News & World Report's* 2016 rankings of the Best Medical Schools, up from number 19 last year. The leap reflects, in part, the School’s dramatic boost in NIH funding, which reached an historic high only three years after Hurricane Sandy brought research at the Medical Center to a standstill.

At NYU School of Medicine, our pioneering Curriculum for the 21st Century (C21) expanded its three-year pathway program this year. This and other reforms in physician training innovated at NYU Langone have become models for medical schools across the country.

The greatest clinical highlight of the past year, which garnered worldwide attention, was an unprecedented surgery performed at Tisch Hospital on August 14, when a severely burned firefighter from Mississippi underwent the most complex and comprehensive face transplant to date, led by Dr. Eduardo D. Rodriguez, the Helen L. Kimmel Professor of Reconstructive Plastic Surgery and chair of the Hansjörg Wyss Department of Plastic Surgery.

Our mission to serve, to teach, and to discover inspires us every day, and we look forward to a new year of achievements. ■



A handwritten signature in dark ink, appearing to read "K. Langone".

KENNETH G. LANGONE
Chair, Board of Trustees



A handwritten signature in dark ink, appearing to read "Robert I. Grossman".

ROBERT I. GROSSMAN
Dean & CEO

“

**THE PACE OF
HEALTHCARE IS
VERY FAST,
SO WE MUST
CONTINUALLY**



LOOK
FAR
DOWN
THE
ROAD



**FOR OPPORTUNITIES
AND ETERNALLY FOCUS
ON EXCELLENCE.**



January 22, 2015

Robert I. Grossman, MD, Dean & CEO

GROWTH OF OUR FOOTPRINT

For us, the road to opportunity leads far beyond our main campus on the east side of Manhattan, to Brooklyn, Staten Island, Queens, Long Island, Westchester, and New Jersey. By expanding our clinical services to more and more zip codes, a growing number of people now have access to NYU Langone's world-class care right where they live and work. Last year, our network of ambulatory-care sites saw nearly 3 million visits. To accommodate a surge in patient volume, we've expanded existing practices to put more of the specialists that patients need under one roof. And our faculty practice has expanded to 1,700 top-tier physicians. We've also forged an unprecedented partnership with Lutheran Medical Center, a 450-bed teaching hospital in southwest Brooklyn, now called NYU Lutheran, which joined the NYU Langone family in 2016. The relationship anchors NYU Langone in the largest borough in New York City, which 40 percent of our inpatients call home.

Our emphasis on ambulatory care and strategic investments recognizes a vital new reality in healthcare: it's no longer confined within the walls of a hospital. "Technology and medical breakthroughs are creating shorter and shorter hospital visits and more and more ambulatory-care activity," says Andrew Brotman, MD, senior vice president and vice dean for clinical affairs and strategy. "We've fully embraced that trend."

NYU Lutheran: A Match Made in Brooklyn

A commitment to high-quality medical care and a tradition of service to the community — these are key qualities that NYU Langone Medical Center seeks in its partnerships with other healthcare institutions. On both counts, the unprecedented alliance forged in January between NYU Langone and Lutheran Medical Center, a 450-bed hospital located in southwest Brooklyn's Sunset Park neighborhood, was a perfect match.

Now known as NYU Lutheran Medical Center, the institution is a New York State Certified Level 1 Trauma Center. The medical center recently became

the first hospital in Brooklyn to receive comprehensive stroke center certification from the Joint Commission. For more than a century, NYU Lutheran has been a beacon of trusted, superior healthcare for successive waves of immigrants in Sunset Park's diverse and growing population. Each year, it admits some 27,000 patients, cares for about 73,000 patients in its Emergency Department, and delivers nearly 4,000 babies. NYU Lutheran also receives patients from nearby NYU Langone Cobble Hill, a freestanding Emergency Department that opened in October 2014.

NYU Langone was drawn to the medical center's dedication to community care diversity. Nearly half of Brooklyn's 2.6 million residents are foreign-born, and NYU Lutheran is a nationally recognized leader in cultural competence and social sensitivity. More than 60 percent of the medical center's staff is bilingual, and it officially welcomes visitors in seven languages: English, Arabic, Spanish, Chinese, Russian, Italian, and Yiddish. Chinese, Arabic, and Orthodox Jewish community liaisons help patients navigate the healthcare system.

NYU LUTHERAN MEDICAL CENTER

78,857

PATIENTS

73,000

EMERGENCY
ROOM VISITS

4,000

BABIES DELIVERED



NYU Lutheran extends its outstanding care beyond the walls of its hospital through the NYU Lutheran Family Health Centers network of federally qualified community health centers, school-based clinics, dental clinics, and community medicine clinics. In addition to nine primary care sites, the NYU Lutheran Family Health Centers has the largest system of school-based care in the state.

Along with the medical center and the family health centers, the NYU Lutheran network also includes NYU Lutheran Augustana (a comprehensive extended care and rehabilitation center), NYU Lutheran at Home (a full-service certified home health agency), and subsidized senior housing developments. Operating in four boroughs, NYU Lutheran's facilities and programs reflect a long-standing dedication to underserved communities.



“As a pioneer in the movement to expand outpatient services into neighborhood settings, NYU Lutheran gives us the opportunity to extend our expertise to a larger number and broader spectrum of patients,” says Robert I. Grossman, MD, the Saul J. Farber Dean and CEO of NYU Langone.

This clinically integrated healthcare network is helping both institutions to address the changing healthcare environment, which is shifting from hospital-based to ambulatory care. Brooklyn residents who currently travel to Manhattan for primary and specialty care can now benefit locally from early and more frequent interventions from NYU Lutheran specialists. Meanwhile, NYU Lutheran patients now have access to NYU Langone's wide range of specialty and surgical care when needed. And work continues to fully integrate the entire network through Epic, a robust electronic health records system.

Claudia Caine, president of NYU Lutheran Medical Center, calls the partnership “a major commitment to ensuring that the highest level of complex care is provided in our community by world-class specialists.” ■

Family Health Centers: Reaching Out to the Community

When NYU Langone Medical Center and NYU Lutheran Medical Center became partners last spring, the partnership was extended to include the NYU Lutheran Family Health Centers, a federally qualified community health center network. For decades, the family health center network has pioneered new models for providing comprehensive health and dental care, including adult and family medicine, women's health, behavioral health, chronic disease management, HIV/AIDS services, pediatrics, and specialty care, in underserved Brooklyn neighborhoods. Delivering healthy outcomes for a diverse population

with special needs is a balancing act that the NYU Lutheran Family Health Centers is successfully handling through their nine primary care sites, 28 school-based clinics, 11 community medicine sites providing care to undomesticated New Yorkers, as well as myriad social and support services.

In recognition of their high-quality, patient-centered practices, these federally-funded centers have been designated a Level 3 Medical Home (the highest level) by the National Committee for Quality Assurance. By providing a team of physicians who work together to provide the best

care possible, medical homes allow patients to form stronger relationships with their physicians, fostering better communication and follow-up care. Multilingual, multicultural, and culturally cross-trained professional staff serve some 99,000 patients in more than 602,700 visits each year.

BY THE NUMBERS

99,000

PATIENTS

602,723

VISITS

High-Quality Care Where You Live and Work

NYU Langone Medical Center’s rapidly expanding network of ambulatory-care centers pivots around a simple philosophy: High-quality healthcare is a right, not a privilege, and access to it should be as easy as possible. With that in mind, 30 new outpatient practices throughout the New York metropolitan area joined the NYU Langone family last year, bringing its constellation of outpatient sites to 79, staffed by more than 1,630 physicians. The dramatic expansion means more and more busy New Yorkers now have convenient access to cutting-edge care supported by all the resources of a leading academic medical center.

“Our ambulatory practices offer fully integrated care that puts patients first,” says Andrew Rubin, vice president for Medical Center Clinical Affairs and Affiliates.

Recognizing that too many patients travel from doctor to doctor in different locations, more and more of NYU Langone’s ambulatory practices now offer multiple specialties under one roof. NYU Langone Ambulatory Care Long Island, which opened last March, integrates formerly independent practices in orthopaedics, rheumatology, dermatology, and hematology/oncology into one site in Lake Success, located in Nassau County on Long Island. The largest practice in the network, NYU Langone Huntington Medical Group, also on Long Island, has 50 physicians in 19 specialties.

Even as practices grow to offer more services, the close connection to patients remains. Ambulatory Care West Side, NYU Langone’s first satellite site on Manhattan’s West Side, has grown from one to five floors, with physicians representing 12 specialties. In addition to primary care, the practice provides allergy/asthma, cardiology, colorectal surgery, dermatology, endocrinology, gastroenterology, gynecology, and infectious diseases and immunology services. “We started out small and have maintained that intimate feel in what is now a multispecialty outpatient center,” says Oliver Pacifico, MD, medical director of NYU Langone Ambulatory Care West Side. “It’s what sets us apart.”

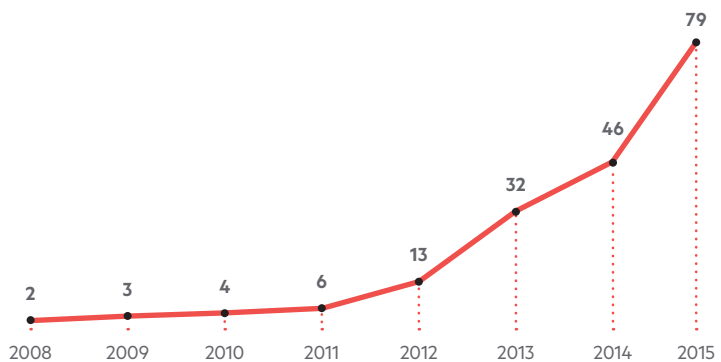
No matter the size or location, every practice within the NYU Langone outpatient network is carefully vetted. “We have an intensive screening

process to ensure that we get the very best physicians — true clinical leaders — within the communities they serve,” explains Rubin. “To qualify as a member of our network, a practice must meet stringent quality standards and share our commitment to patient-centered care.”

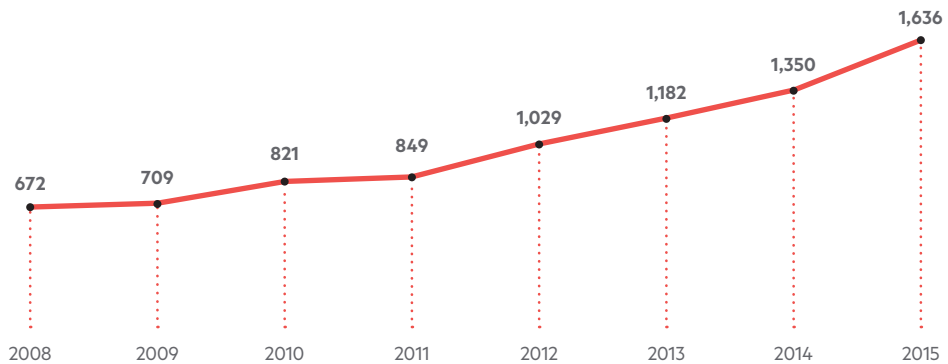
The result is community-focused healthcare backed by all the resources of NYU Langone’s main campus. With Epic, NYU Langone’s electronic medical records system, physicians can access up-to-date medical records and test results from any location. And patients can remotely access portions of their medical records through MyChart, Epic’s patient portal.

It’s all part of a broader mission to lower barriers to high-quality healthcare. ■

NUMBER OF NYU LANGONE AMBULATORY-CARE SITES



NUMBER OF PHYSICIANS IN NYU LANGONE'S FACULTY GROUP PRACTICE



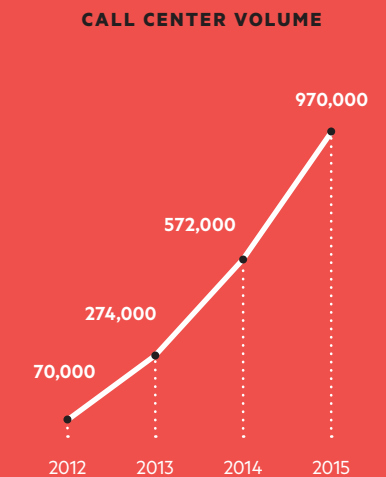
The Patient Access Center: Where Every Phone Call Counts

When it comes to patient satisfaction, first impressions count. The patient experience constitutes 7 of the 33 quality measures defined by the federal agency Centers for Medicare and Medicaid Services, and for good reason. Positive encounters influence patient satisfaction at every stage of service, and the first and most common point of contact occurs when someone picks up the phone to call NYU Langone Medical Center.

Since 2011, those calls have been routed to the Medical Center's Patient Access Center, a state-of-the-art call center based in Port St. Lucie, Florida, with satellite sites in Glens Falls, New York, and Thousand Oaks, California. The Patient Access Center creates a seamless point of entry for patients who call to schedule first-time appointments or follow-ups, get referrals to specialists, check in with their surgeon after an operation, arrange for in-office procedures, schedule radiology tests, or any other reason.

To ensure quality and standardize the patient experience, every call is monitored and tracked in real time. Some 70 faculty group practices currently use the service, and that number is growing each year. Last year, the center fielded an estimated 970,000 calls, a more than tenfold increase in volume since its inception. It also added two additional services: refilling prescriptions and offering support for MyChart, NYU Langone's online patient portal. Next year, the center plans to expand its hours, serving patients from 7 am to 8 pm (EST), Monday through Friday.

Some 130 agents, dedicated exclusively to NYU Langone, are rigorously trained on a continual basis to ensure that they have a broad knowledge of healthcare, an intimate familiarity with NYU Langone's physicians and services, and the empathy and urgency patients expect and deserve. And every call is answered promptly. The average wait time for a caller to reach an agent



is only 23 seconds. Not surprisingly, patient satisfaction with the center has reached a high point.

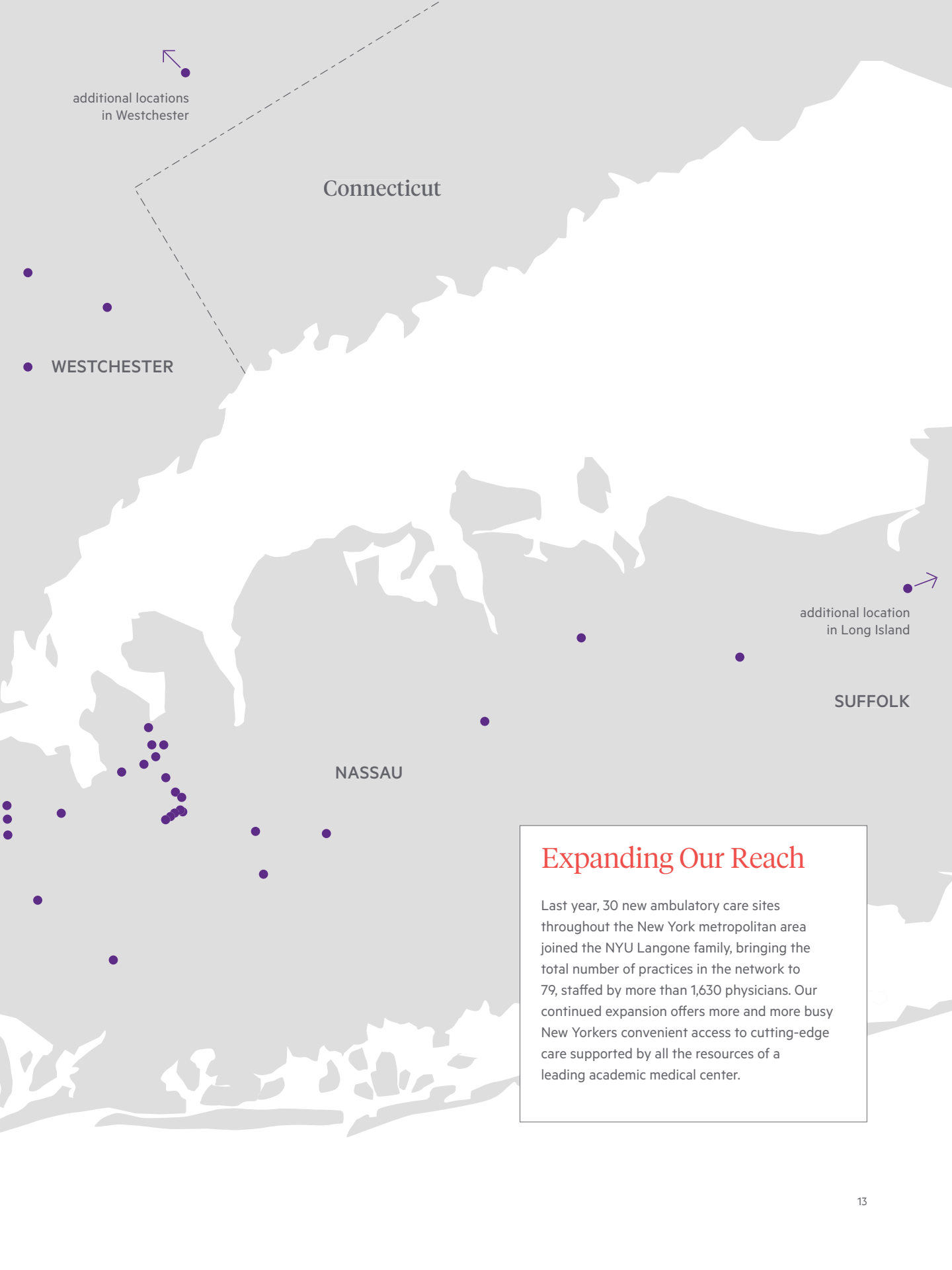
Patients are not the only beneficiaries. For NYU Langone, the Patient Access Center lowers costs, increases revenue, reduces cancellations, improves the efficiency and accuracy of its tracking system, and fosters patient loyalty.

LOCATIONS

- NYU LANGONE LOCATIONS
- NYU LUTHERAN LOCATIONS

As of December 2015





additional locations
in Westchester

Connecticut

WESTCHESTER

additional location
in Long Island

SUFFOLK

NASSAU

Expanding Our Reach

Last year, 30 new ambulatory care sites throughout the New York metropolitan area joined the NYU Langone family, bringing the total number of practices in the network to 79, staffed by more than 1,630 physicians. Our continued expansion offers more and more busy New Yorkers convenient access to cutting-edge care supported by all the resources of a leading academic medical center.

“ ACCELERATING

Development & Discovery

CAN ONLY BENEFIT OUR PATIENTS.



**I BELIEVE WE MUST COMMIT OURSELVES
TO TRANSLATING SCIENCE INTO HOPE.**



March 19, 2015

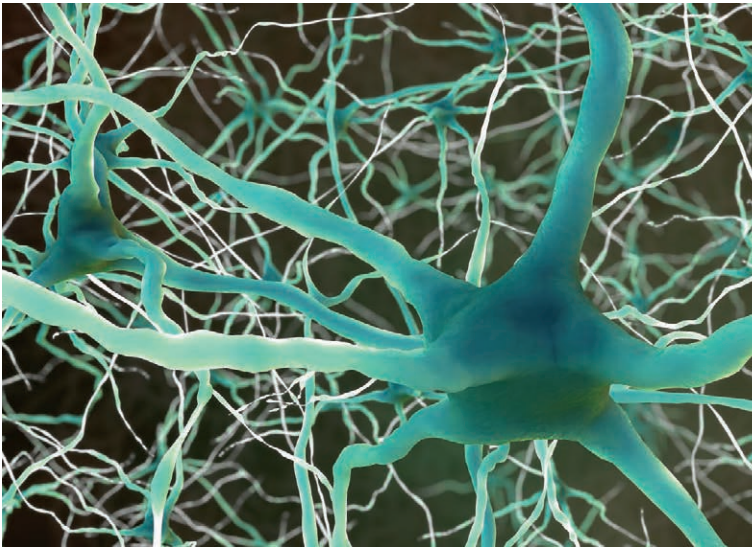
Robert I. Grossman, MD, Dean & CEO

RESEARCH

Last year, our funding for research from the National Institutes of Health reached a historic high, just three years after Hurricane Sandy destroyed many of our laboratories and brought science at the Medical Center to a standstill. Our swift recovery speaks not only to our character as an institution, but also to the vision and dedication of the 400 investigators who make NYU Langone among the leading academic medical centers in the nation for research. In medicine, after all, few purposes are nobler than that of basic research: to understand the biological roots of disease.

The Brain's Sensory Switchboard

A scientist maps the neural circuits that allow us to pay attention, and opens new channels for treating mental disorders.



Times Square in New York City bombards the senses with bright lights, blaring sirens, funky smells, and jostling crowds. But amid the chaos, your brain manages to filter out distractions and focus on the task at hand, be it finding a restaurant or getting to the theater. “From moment to moment we typically use a very small percentage of incoming sensory stimuli to guide our behavior,” says neuroscientist Michael M. Halassa, MD, PhD, assistant professor of neuroscience and psychiatry at NYU Langone and its Druckenmiller Neuroscience Institute.

“That’s why the McDonald’s sign pops up when you’re hungry and marquee signs suddenly appear when you’re looking for Broadway shows.”

How does the brain selectively filter a nonstop barrage of sensory information? The question has implications far beyond getting a burger before a matinee. “In many neurological disorders the brain is overloaded,” says Dr. Halassa, whose research on the topic has earned him a prestigious 2015 Sloan Research Fellowship. “In schizophrenia, autism, and ADHD, it may be that the brain

is unable to properly control sensory input because this filtering function is broken.”

The answer, according to recent findings from Dr. Halassa and his team, may lie in a shell-shaped region in the center of the mammalian brain, known as the thalamic reticular nucleus, or TRN. This tiny part of the brain consists of a thin layer of cells on the surface of the thalamus, a region that relays sensory information from the body to different destinations in the cortex, the “gray matter,” or thinking part of the brain.

Since Dr. Halassa joined NYU Langone in 2014, his experiments with mice have revealed — in unprecedented detail — how the TRN acts as a switchboard to filter incoming sensory stimuli and focus attention. In one study, he and his colleagues looked at differences in TRN activity between sleeping and awake mice. By recording the activity of individual cells, they found that TRN cells blocked the flow of sensory information during sleep and opened the gates when the mice were awake. Then, by switching on or off individual TRN cells, the scientists were able to induce sleepy or alert behavior in the mice (see “The Big Idea: What’s at the Root of Consciousness?” on the facing page).

Dr. Halassa’s team also discovered that individual TRN cells are tuned to specific senses — some modulating vision, others hearing, and so on. In research published in *Nature* last year, they showed how these cells augment some sensory signals and dampen others, so that mice focused on finding a food reward and blocked out distractions.



“There is a huge effort that the brain puts into inhibiting irrelevant inputs. Without a reticular nucleus we’d be utterly distracted.”

MICHAEL HALASSA, MD, PhD

This study could be game-changing for the scientific understanding of attention. To date, most research has put the cortex center stage, in the belief that it selects which information to focus on. Dr. Halassa’s team discovered that, instead of filtering information directly, neurons in the cortex may tune the brain to sights and sounds by sending signals to “inhibitory” TRN cells that block information.

“The change in sensitivity to incoming sensory stimuli is occurring at the level of the thalamus, and it occurs by the prefrontal cortex telling the TRN which senses to augment and which senses to suppress,” Dr. Halassa explains.

The results set the stage for studying exactly how much “distracting” information the TRN can block or permit, and how this mechanism

can malfunction in animal models of disease, such as autism. “Now we have a circuit that we know is involved in turning the volume up and down on incoming sensory stimuli, and we can study it,” says Dr. Halassa. “We can investigate whether individuals with autism have a broken reticular nucleus, and ultimately, develop drugs that can rescue some of the sensory deficits and sensory overload in autism.” ■

THE BIG IDEA

What’s at the Root of Consciousness?

As a medical student in his native country of Jordan during the 1990s, Mike Halassa, MD, PhD, became fascinated by the long-standing mystery of where consciousness lives in the brain. It was a question that had also perplexed his hero, Nobel Laureate Francis Crick, the British biologist who helped decode the double helix structure of DNA.

Like Dr. Crick, Dr. Halassa’s interest in how matter becomes imagination quickly led him to a thin C-shaped structure in the brain sandwiched between the thalamus and the cortex, called the thalamic reticular nucleus,

or TRN. Once thought to be a simple extension cord between the center of the brain and its exterior, the TRN is now emerging as a sophisticated switchboard for sensory information, thanks in large part to Dr. Halassa’s innovative research.

Over the past few years, his team has created the most extensive map of the TRN to date, revealing a complex network of cells that tune the brain to different sensory information, turning the volume up or down depending on the task at hand. While the question of consciousness as a biological phenomenon remains an intellectual

challenge, Dr. Halassa has discovered a provocative clue in the TRN, showing that it helps us block out sensory information while we sleep and lets it in while we’re awake. More important, he has revealed an entirely new neural circuit underpinning attention, which has far-reaching implications for the treatment of sensory disorders like schizophrenia, attention-deficit disorder, and autism.

“There is a huge effort that the brain puts into blocking irrelevant inputs,” Dr. Halassa says. “Without a reticular nucleus we’d be utterly distracted.”

A Radiology Rethink

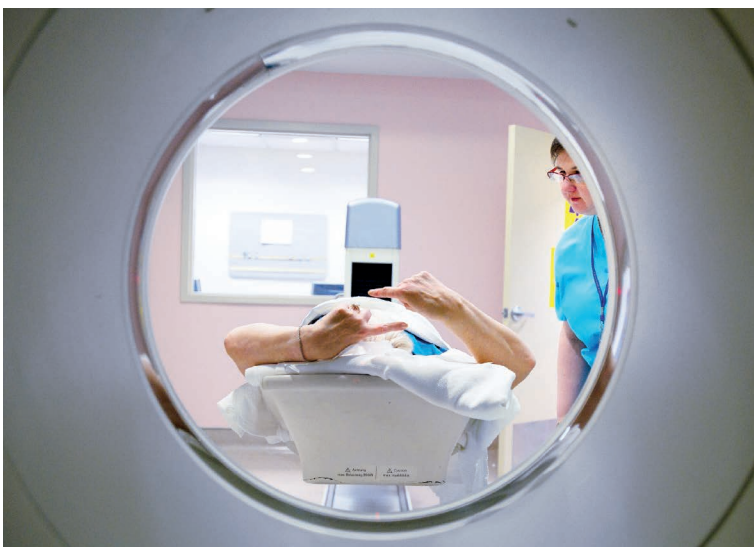
NYU Langone researchers launch a laboratory to overhaul how radiology works in complex healthcare systems nationwide.

“Radiology is a canary in the coal mine for all kinds of things in healthcare systems,” says Leora Horwitz, MD, associate professor of population health and medicine at NYU Langone. All too often the communication between the radiologist and non-radiologists is fragmented and incomplete. Take a routine X-ray. There could be multiple specialists ordering, performing, interpreting, and following up on the exam, and opportunities for mishaps mount with each transition. Multiply that by 400 million — the number of radiology tests performed in the United States each year — and the result is a \$100 billion industry strained by over-testing and medical errors.

Last October, Dr. Horwitz, in collaboration with colleagues in the departments of population health and radiology, received a \$4 million grant from the U.S. Agency for Healthcare Research and Quality to comprehensively redesign the Medical Center’s radiology systems. With the new grant, the researchers are creating a laboratory — the NYU Langone Patient Imaging Quality and Safety Laboratory (PIQSL) — to apply a design and engineering approach to transforming the practice of radiology. One of 13 patient-safety learning laboratories across the country, PIQSL is bringing together clinicians from an array of NYU Langone medical

departments, along with operations researchers, experts in public policy and business, and organizational-systems designers.

The team will analyze in fine detail the current processes of ordering ambulatory radiological tests and inpatient interventions, and coordinating the follow-up to imaging studies. To fully understand the complexities of radiological testing in different healthcare environments, they will then prototype and test new systems — and revise and test these systems again and again — to evaluate their efficacy at NYU Langone. Finally, they will compare the Medical Center to other institutions.



400 M

**THE NUMBER OF
RADIOLOGY TESTS PERFORMED
ANNUALLY IN THE U.S.**

\$100 B

**AMOUNT SPENT
ANNUALLY ON RADIOLOGICAL
TESTING IN THE U.S.**



◀ Dr. Leora Horwitz co-leads the PIQSL team with Drs. Danny Kim, Eric Aaltonen, and Soterios Gyftopoulos, all assistant professors in the department of radiology, along with Dr. Scott Braithwaite, professor in the department of population health, and Dr. Danil Makarov, assistant professor in the departments of population health and urology.

“The laboratory is a true collaboration between population health and radiology,” says co-project leader Danny Kim, MD, assistant professor of radiology. “It’s all about figuring out how radiologists and non-radiologists can work together more effectively.”

Ultimately, in four years, the team aims to produce a national strategy to improve the safety and value of radiological testing.

For Dr. Horwitz, the PIQSL project is one among several that attempts to bridge gaps in care. As founding director of NYU Langone’s Center for Healthcare Innovation and Delivery Science (CHIDS), she also leads the Greater New York City Practice Transformation Network, one of 29 such networks across the country selected last year to participate in a \$7-million federal grant to help doctors improve the quality of outpatient care while reducing costs.

The Network includes some 2,000 clinicians from the NYU Langone Faculty Group Practice, NYU Lutheran, and other partners. “It’s incredibly diverse in terms of doctors, patients, and practice environments,” says Dr. Horwitz. “NYU Langone is the perfect place for this research because the medical school and the hospital are so integrated, and NYU Langone is an institution that really cares about quality.” ■

THE BIG IDEA

Changing the System

“Healthcare seems not to work as well as it should,” says Leora Horwitz, MD. Dr. Horwitz understands the problems both as a clinician — a hospitalist at NYU Langone since 2014, and a primary care doctor before that — and as a researcher.

As director of CHIDS, Dr. Horwitz’s strategy for optimizing healthcare is to understand all the working parts involved in the total care of a patient, from the check-in, the exam, the follow-up, and all the behind-the-scenes steps in between. Then it’s possible to tinker

with these working parts and devise new and better systems.

“The healthcare system is my laboratory,” she says.

Recently Dr. Horwitz and colleagues have been looking closely at one very specific medical transition — the discharge of patients at NYU Langone who have had major heart, joint, or spine surgery. “As clinicians, we often feel that discharging patients to an acute rehabilitation facility may help them recover better and prevent

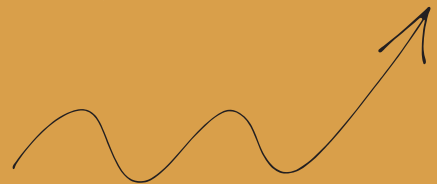
them from returning to the hospital,” Dr. Horwitz says.

But their new study, recently published in *JAMA Internal Medicine*, found that sending more patients home for post-surgery recovery did not affect the rate of hospital readmission after surgery. Says Dr. Horwitz, “These results may give surgeons greater confidence in discharging patients directly home instead of to a facility, where care is more costly and potentially more disruptive to the lives of patients and families.”

“

WHAT CARRIES THE DAY IS
A LASERLIKE ABILITY TO

BE IN THE
MOMENT



**AND CHANNEL ALL ONE'S ENERGY
INTO WHAT THAT MOMENT REQUIRES.**



April 13, 2015

Robert I. Grossman, MD, Dean & CEO

PATIENT CARE

Sometimes, that day is 26 hours long. That's how much time it took for a team of surgeons led by Eduardo D. Rodriguez, MD, DDS, the Helen L. Kimmel Professor of Reconstructive Plastic Surgery and chair of the Hansjörg Wyss Department of Plastic Surgery, to transplant the face of a deceased donor to a recipient during a landmark surgery performed at Tisch Hospital last August (see page 22). The complex care required makes this case a dramatic one, but excellence in patient care is a point of pride here. In fact, for the third consecutive year, NYU Langone scored number one for overall patient quality and safety among 102 leading academic medical centers nationwide that were included in the University HealthSystem Consortium 2015 Quality and Accountability Study.

NYU Langone Team Performs Landmark Face Transplant

When volunteer firefighter Patrick Hardison entered a burning home in Senatobia, Mississippi, on a rescue search on September 5, 2001, the roof collapsed on him. The 27-year-old survived, but suffered disfiguring burns across his entire face, head, neck, and upper torso. In the years that followed, Hardison endured 71 surgeries, but he was in danger of losing his vision. Without eyelids, his corneas were unprotected; unable to blink, he could not moisten his eyes, making them vulnerable to infection.

Last summer, Hardison's life was once again transformed. On August 14, 2015, he was the recipient of the most complex and comprehensive face transplant to date, and the first one performed on a first responder. The 26-hour landmark surgery at NYU Langone Medical Center involved a team of more than 100 physicians, nurses, therapists, and technical

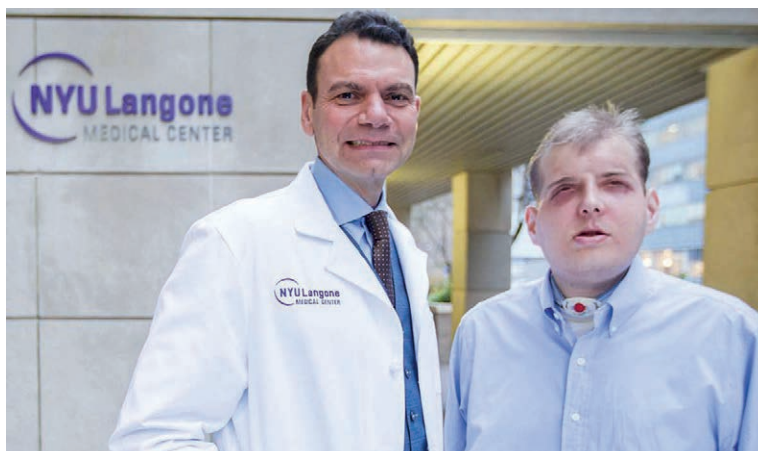
and support staff, led by Eduardo D. Rodriguez, MD, DDS, the Helen L. Kimmel Professor of Reconstructive Plastic Surgery and chair of the Hansjörg Wyss Department of Plastic Surgery.

The team worked in two adjoining operating rooms of Tisch Hospital. In one room, the donor's face was removed (along with other donated organs), while in the other, the recipient was prepared and the transplant took place. Dr. Rodriguez and his team grafted not only the face, but also the scalp, skin around the entire neck and upper torso, and — in a milestone of face transplant surgery — the eyelids and the nerves that control blinking.

The success of the surgery rested on years of preparation. A pioneer in plastic surgery, Dr. Rodriguez made history in 2012 as he led a

multidisciplinary team at the University of Maryland Medical Center that performed the most extensive full-face transplant up to that time. That same year, Dr. Rodriguez met Hardison. He offered to perform an eyelid transplant, but also proposed a much bolder idea: a complete face transplant. "When I heard Patrick's story, I knew that I had to do all that I could to help him," says Dr. Rodriguez. Hardison was ready. Informed that there was a 50 percent chance he might not survive and that he would require a lifetime of medications to prevent organ rejection, Hardison explained: "There are things worse than dying."

When Dr. Rodriguez joined NYU Langone in 2013, he launched a new face transplant program and began training a team of experts in plastic surgery, transplant medicine, anesthesiology, pain medicine, neurology, neuroradiology, psychiatry,



◀ Dr. Eduardo D. Rodriguez and Patrick Hardison after Patrick's historic face transplant.



▲ Members of NYU Langone’s extensive surgical team, many of whom are shown here, spent more than a year preparing for Patrick Hardison’s face transplant.

psychology, nutrition, speech pathology, dental medicine, pulmonary medicine, ophthalmology, nephrology, and social work.

At the same time, the search was under way for a suitable donor. Dr. Rodriguez collaborated for more than a year with LiveOnNY, the organ recovery organization for the New York metropolitan area that helps match donors and recipients. He learned of the tragic death of David Rodebaugh, a 26-year-old Ohio-born Brooklyn artist, from injuries sustained in a bicycle accident. Rodebaugh’s mother had made the heart-wrenching decision to make his face and other organs available for donation.

Hardison’s face transplant is part of an ongoing research study, sponsored

by NYU School of Medicine, to treat patients with severe facial deformities and traumatic wounds.

Hardison’s recovery has been smooth and steady. While still in the operating room, his new lips and ears flushed with color, evidence of restored circulation. His new hair and beard began to grow back immediately. And on the third day of his recovery, he could blink again, for the first time in 14 years.

Hardison continues to make progress with extensive rehabilitation therapy. Reunited with his family in Mississippi, he returns to NYU Langone monthly for check-ups with Dr. Rodriguez and his team. “They have given me more than a new face,” says Hardison. “They have given me a new life.” ■

26

HOURS OF SURGERY

100+

**PHYSICIANS,
NURSES, THERAPISTS,
AND TECHNICAL AND
SUPPORT STAFF**

Advancing Same-Day Surgery for Hip Replacement

Each year about 332,000 Americans undergo a total hip replacement, according the Centers for Disease Control and Prevention, to treat chronic pain and mobility issues caused by arthritis, fractures, age-related wear and tear, and other conditions. Typically, these patients spend two or three days in the hospital before going home, and some require care at a rehabilitation facility.

But in January 2015, a patient at NYU Langone Medical Center became the first in New York City to walk out of the hospital on the same day his hip was replaced. Since then, more than 90 patients have successfully undergone a new hip-replacement procedure and gone home the very same day.

Roy I. Davidovitch, MD, assistant professor of orthopaedic surgery and director of the Hip Center at NYU Langone, has been working for several years to advance a less-invasive alternative to traditional hip surgery, called anterior approach hip replacement.

Traditionally, the surgeon divides muscles and tendons from the femur to access the hip joint from the side and implant the replacement. With the new technique, Dr. Davidovitch accesses the femur through a three-inch incision in the front of the hip joint, sparing muscles and tendons and minimizing postsurgical pain. The result: patients recover faster.

“With advances in soft-tissue-sparing techniques, such as the anterior approach, and innovative pain management protocols, patients are able to recuperate in the comfort of their own homes,” notes Dr. Davidovitch.

For patients who meet the criteria, surgery is usually over by 9:00 am. By early afternoon, they are able to walk out of the hospital with assistance. A nurse and physical therapist visits the patient at home the day after surgery, and intermittently over the following two weeks. The patient can usually resume normal activities within six weeks. Beyond the benefits of a faster, less painful recovery, the new technique reduces the risk of complications, such as dislocation and leg length discrepancy.

Dr. Davidovitch was the first surgeon in New York City to perform the minimally invasive anterior approach. He has successfully performed more than 1,000 such procedures, seeing recovery time decrease incrementally — until last year, when it became same-day surgery. “We worked together with anesthesiology, nursing, physical therapy, occupational therapy, and social work to ensure this recent success,” explains Dr. Davidovitch, “and we hope to make it as much a part of our hip replacement program as possible.” ■

332,000

**AMERICANS UNDERGO A
TOTAL HIP REPLACEMENT
ANNUALLY**

90+

**NUMBER OF SAME-DAY
HIP REPLACEMENT
SURGERIES PERFORMED
AT NYU LANGONE IN 2015**



8 am: A typical starting time for an “anterior approach” hip replacement at NYU Langone



6 pm: Most patients go home 9 to 10 hours after the procedure.



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THE GREATNESS OF ANY ORGANIZATION
IS ULTIMATELY TRACEABLE TO ITS

Ability to
Find New
Answers



—BOTH TO OLD PROBLEMS AND EMERGING CHALLENGES.



February 2011

Robert I. Grossman, MD, Dean & CEO

EDUCATION

The search for new answers lies at the very heart of medical education. Last year, NYU School of Medicine made great strides in this respect. The Institute for Innovations in Medical Education rolled out a new curriculum designed to educate medical students about the many ways in which Big Data can improve clinical care. The groundbreaking Three-Year MD Degree Program, launched in 2013 to reduce the traditional curriculum by one full year, now allows students to opt in during their first year. And an exciting new masters program expands the capacity of physicians and other health professionals to direct educational programs and conduct high-impact research. It's all part of our ongoing commitment to innovative teaching.

A New Curriculum Spotlights the Value of Big Data

Last year, NYU Langone's Institute for Innovations in Medical Education (IIME) rolled out a new curriculum designed to educate first- and second-year medical students about the many ways in which Big Data can inform and improve clinical care. Called "Healthcare by the Numbers," the curriculum gives students access to a statewide public database of some 5 million hospital patient records, stripped of personal details to protect patient privacy, as well as a panel of similarly anonymous data from NYU Langone's faculty practices. Students learn how to draw meaningful information from these data sets, such as how medical costs and outcomes might differ across zip codes. "It helps students think critically about

outcomes and about the choices they must make as physicians," says Crystal Mainiero, executive director of the IIME. Supported by the American Medical Association's Accelerating Change in Medical Education Program, Healthcare by the Numbers is part of a broader IIME mission to integrate new strategies, technologies, and informatics into medical education.

Among IIME's other initiatives is a new faculty-membership program that identifies and cultivates thought-leaders who are applying their technological skills to teaching, presenting their methodologies at national conferences, and chairing national committees to drive innovation in medical education.

Last year, the IIME inducted an inaugural group of 22 faculty fellows and 5 faculty scholars into this program.

The IIME was founded in 2013 to create new educational models for training physicians. Its faculty comprises either principal investigators or key collaborators on all of NYU School of Medicine's major education consortium grants. Key among these grants is a new \$257,000 award from the Josiah Macy Jr. Foundation. NYU School of Medicine received the grant in 2015 to lead a consortium of eight medical schools over the next four years to find new educational models that address the critical doctor shortage and ballooning student debt. The group conducted its first meeting last July.



IIME AFFILIATE FACULTY PROGRAM

22

FACULTY FELLOWS
INDUCTED IN 2015

5

FACULTY SCHOLARS
INDUCTED IN 2015



▲ Marc M. Triola, MD, IIME's director, and associate dean for educational informatics

As part of a broad strategy to leverage emerging technologies, IIME continues to collaborate with NYU School of Medicine faculty to publish e-books — 27 so far, most available for free. Medical students and residents can access these, and a host of other materials and applications, thanks to IIME's Learner iPad Program, which provides an iPad mini to each of them to aid in their educational and clinical experiences.

Last year, NYU Langone also expanded its unique Education Data Warehouse (EduDW), which aggregates data from a large set of sources. EduDW and its associated dashboards are an area of institutional strength, supporting strategic planning, decision-making, and program evaluation, as well as medical student access to real-time information about their individual attainment of competencies.

"IIME works in partnership with groups across NYU School of Medicine to deliver educational content in a variety of rich, multimedia settings," says Marc M. Triola, MD, IIME's director, and associate dean for educational informatics. "As we grow, we are building a community that embodies the future of medical education." ■

Building on the Success of the Three-Year MD Degree Program

One of the key objectives of NYU School of Medicine's patient-centered, disease-focused Curriculum for the 21st Century (C21) has been the development of individualized pathways that allow medical students to customize their studies at different points during their training. In 2013 the School launched a Three-Year MD Degree Program, the first of its kind at a nationally ranked academic medical center in the United States. For the past two years, students could enter the Three-Year MD Degree Program upon acceptance into medical school. Now they have another option. A new feature, introduced in the spring of 2015, allows students to opt in during their first year. "The opt-in feature gives first-year students several months to solidify their choice of a specialty by shadowing senior physicians," says Joan Cangiarella, MD, director of the

Three-Year MD Degree Program and associate dean of education, faculty, and academic affairs. Ten students were accepted through the opt-in feature in May of 2015, joining the 12 students already in the Three-Year Pathway Class of 2017.

This year marked another milestone in the evolution of the Three-Year MD Degree Program. In April, NYU School of Medicine took the lead in forming a consortium of medical schools to identify and share best practices for the development of accelerated pathways to obtain a medical degree, and to understand the impact of such programs. The consortium includes eight medical schools that currently have or will implement three-year accelerated pathways: NYU School of Medicine; McMaster University; Medical College of Wisconsin-Central Wisconsin and

Green Bay; Mercer University School of Medicine; Penn State College of Medicine; Texas Tech University Health Sciences Center; University of California, Davis; and University of Louisville.

Funded by a four-year, \$250,000 grant from the Josiah Macy Jr. Foundation, the consortium serves as an incubator that promotes peer interaction to help ensure a systematic approach to accelerated programs nationwide. "Fast-track programs should not emerge haphazardly across the country," notes Steven B. Abramson, MD, co-principal investigator of the Macy Foundation grant, senior vice president and vice dean for education, faculty, and academic affairs. "Rather, they should be carefully developed as an option for interested and qualified students, based upon common principles and standards."



◀ The inaugural class of the Three-Year MD Degree Program will graduate this spring and enter 13 different NYU Langone residency programs in July.

Like C21 itself, the Three-Year MD Degree Program has revolutionized medical education by reducing the traditional curriculum by one full year, allowing exceptional medical students to begin their careers earlier — in a variety of fields — and with less debt. Three-year students benefit not only from educational and professional development advantages, but financial ones as well. The opportunity cost of a fourth year of medical school can exceed \$245,000, when factoring in tuition, housing fees, residency applications, and potential earnings as a first-year physician.

The Three-Year MD Degree Program is based on an emerging consensus among medical schools nationwide that medical education needs to address evolving scientific, social, and economic circumstances, as well as dramatic changes in today's healthcare delivery system. "Currently, it takes an average of 10 years of medical school, residency, and fellowship to train a subspecialty physician," explains Steven B. Abramson, MD, vice dean for education, faculty, and academic affairs. "Such prolonged training delays entry into the workforce, decreasing years of productivity for patient care and

research. By eliminating redundancies, we abridged the traditional four-year MD degree while retaining the quality of the education."

The three-year schedule is made possible, in part, because of time saved in eliminating labor-intensive residency applications, as well as class time added during the summer. The three-year pathway includes 130 weeks of training, as opposed to 146 weeks for the four-year pathway. Upon graduation, they are guaranteed a residency spot in their chosen field at NYU Langone. ■

PROGRAM SPOTLIGHT

Master's in Health Professions Education

"Probably the best group of medical educators in the country." That's how Steven Abramson, MD, vice dean for education, faculty, and academic affairs, and chair of the Department of Medicine, describes the physicians who teach and train medical students and residents at NYU Langone Medical Center. With the recent launch of the Master of Health Professions Education program (MHPE), a select group of faculty members and fellows will be able to take their skills to the next level.

The two-year MHPE program, which is open to all faculty and fellows from any of NYU's schools and colleges, is designed to expand the capacity of physicians and other health professionals to direct educational programs and conduct high-impact, rigorous educational research. Many of the program's graduates will

become leaders in the field of medical education, groomed to be not only excellent teachers but also educational innovators.

The MHPE program, supported by a grant from the Lucius N. Littauer Foundation, is a collaboration with Maastricht University in the Netherlands, internationally renowned for its leadership in the study and development of leading-edge practices in medical education. NYU faculty members and fellows selected for the program will take courses part-time, via a combination of flexible distance learning and in person bimonthly seminars.

"Careers in education are a reality for physicians," said Albert Scherpbier, MD, dean of the faculty of Health, Medicine, and Life Sciences at Maastricht,

who visited NYU Langone from the Netherlands last July to officially kick off the program. "It's really important to start with a master's program because it helps younger faculty to become part of the teaching community, even more than they already are." Dr. Scherpbier is one of the world's leading experts on measuring quality in medical education.

"The MHPE program enables us to learn from some of the best medical education researchers in the world," says Adina Kalet, MD, professor of medicine and surgery, who co-directs the program with David Stern, MD, PhD, professor of medicine. "By tailoring a curriculum to NYU School of Medicine, Maastricht University is helping us think outside our own experience to meet the demands of a rapidly changing healthcare environment."

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**WE ARE BUILDING A CULTURE OF THE VERY
HIGHEST STANDARDS — UNCOMPROMISING
YARDSTICKS THAT DEFINE BOTH OUR
BEHAVIOR TODAY AND OUR**

ASPIRATIONS FOR
TOMORROW.

”

March 19, 2015
Robert I. Grossman, MD, Dean & CEO

Building a culture of excellence requires ideals, to be sure. For without aspiration, there can be no inspiration. But a progressive institution like NYU Langone also requires bricks and mortar of the more traditional kind to fulfill its vision. In the past year, several new facilities — both on campus and off — were advanced or completed, enhancing patient care, expanding our research capabilities, and paving the way for tomorrow’s achievements.



TISCH CAFE

The new Tisch Cafe, open since August, brings fine cuisine inspired by some of New York City’s most acclaimed dining establishments to the patients, faculty, staff, students, and visitors at Tisch Hospital. An international menu offers a wide range of fresh, seasonal entrees, many

cooked to order, while a bright, modern dining area accommodates up to 270 patrons. Currently accessible off the first-floor corridor of the hospital, Tisch Cafe will also be accessible from the new Helen L. and Martin S. Kimmel Pavilion when it opens in 2018.



DEPARTMENT OF RADIATION ONCOLOGY: A NEW HOME

Last March the Department of Radiation Oncology, displaced by Hurricane Sandy, relocated to its new 15,000-square-foot home on the second floor of the Energy Building (see page 35). The space includes an expansive reception area, a private waiting area for pediatric patients,

exam rooms, facilities for clinical and administrative support, plus two linear accelerators, a CT simulator, and a brachytherapy/HDR vault. As a convenience for patients and staff alike, the new facility connects to the second floor of Tisch Hospital, affording direct access to the hospital’s main elevators.



IMAGING SERVICES, REVAMPED

Opened in December 2014, a new MRI suite on the second floor of Tisch Hospital now offers inpatients convenient access to two state-of-the-art diagnostic MRI machines.

CAMPUS TRANSFORMATION



AMBULATORY EXPANSION

Last year, 30 new ambulatory care centers joined the NYU Langone family, while several existing ambulatory sites expanded to accommodate a surge in new patients and services. The Ambulatory Care Center on East 38th Street in Manhattan added an additional 17,000 square feet for new ophthalmology and otolaryngology services. The new suite includes four operating rooms, 16 pre-op and recovery bays, and a sterile processing area. Another floor will be added

next year. Columbus Medical, in Rego Park, Queens, the first and one of the largest ambulatory centers in the network, added 5,000 square feet of clinical space; Ambulatory Care Long Island, in Lake Success, New York, added 20,000 square feet for oncology, orthopaedics and rheumatology; and Ambulatory Care West Side, in Manhattan's theater district, completed construction of 6,000 square feet, with another new floor slated for completion next year.



ALEXANDRIA CENTER RESEARCH FACILITIES

Thanks to another busy year of construction, several NYU Langone biomedical research programs have taken up residence in the West Tower of the Alexandria Center for Life Science (ACLS), a premier LEED Gold-certified research facility on East 29th Street. The sixth floor now accommodates laboratories for the Departments of Surgery and Plastic Surgery, and for cancer research. The fifth floor welcomed the Institute for Systems Genetics, which includes NYU Langone's first "automation lab," a facility to automate the labor-intensive

process of culturing and analyzing DNA. The fourth floor, meanwhile, will house several members of the Skirball Institute of Biomolecular Medicine and a seminar room. The second and third floors, still under construction, will accommodate more research laboratories and administrative and conference space. Covering 120,000 square feet in total, the ACLS West Tower will more than double NYU Langone's established space in the ACLS East Tower when construction is complete next year.



KIMMEL PAVILION

In November 2014 the former Rusk Institute and Perelman Research buildings were demolished to make way for the Helen L. and Martin S. Kimmel Pavilion, an 830,000-square-foot state-of-the-art clinical-care facility that will adjoin NYU Langone's flagship Tisch Hospital in 2018.

By last spring, construction crews were erecting the facility's first steel columns, and in December, the last of many caissons were installed to support the building's stormproof foundation. The Kimmel Pavilion will be the only hospital in New York City to offer all-private inpatient rooms.



ENERGY BUILDING

In the event of a citywide power outage, NYU Langone can keep humming along, thanks to the newly constructed Energy Building, a 71,000-square-foot co-generation plant that will meet 70 percent of the main campus's energy needs and slash the Medical Center's utility bill by an estimated \$17 million annually.

In January 2015, the facility flipped the switch on four of six service lines from Con Edison; the remaining two lines will turn on next October. The building's foundation was reinforced with a 12-foot-high floodgate. Boilers can now operate on either natural gas or on-site fuel oil if gas service is interrupted.



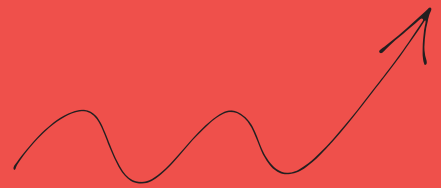
SCIENCE BUILDING

Key to accommodating our exceptional growth is the Science Building, a 16-story biomedical research facility now under construction along East 30th Street and the FDR Service Road that will help double NYU Langone's laboratory capacity over the next five years. The final steel beam was placed in January, keeping construction on pace for completion in 2017. Grants from the National Institutes of Health and Empire State Development Corporation have enabled work to begin on a new vivarium and molecular and

neuroscience laboratories. Meanwhile, construction of a bridge to connect the Science Building to the Smilow Research Center was approved and will be key to integrating clinicians and researchers throughout the Medical Center. The Science Building will incorporate 10 floors of state-of-the-art laboratory space, core facilities, and public meeting areas. The Science Building will provide a prominent new gateway to NYU School of Medicine, seamlessly connecting the research facilities on our south campus.

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Our Passion
for
Excellence



**HAS BECOME A MAGNET FOR THOSE WHO
WISH TO BE PART OF OUR INSTITUTION.
IT INFUSES EVERYTHING WE DO.**



March 19, 2015

Robert I. Grossman, MD, Dean & CEO

NEW RECRUITS AND APPOINTMENTS

In the past year, NYU Langone has searched near and far — within our halls and well beyond them — to recruit leaders who not only embody superlative standards, but will breed quality in those they inspire.

BENJAMIN G. NEEL, MD, PhD



Internationally renowned cancer biologist Benjamin G. Neel, MD, PhD, was appointed director of the Laura and Isaac Perlmutter Cancer Center at NYU Langone Medical Center in October 2014. He brings deep expertise as a physician, researcher, and administrator to the tasks of advancing both patient care and bench-to-bedside research.

Dr. Neel joins NYU Langone from the Ontario Cancer Institute at Princess

Margaret Cancer Center, Canada's largest cancer research center, where he had served as director since 2007. He was simultaneously professor of medical biophysics at the University of Toronto, with a Tier 1 Canada Research Chair, a distinction reserved for world leaders in their fields. His accomplishments as an investigator began with graduate research that had a major impact on understanding the genetic causes of cancer. Today he is highly respected for studies of cell signaling in cancer and developmental disease, and author of more than 200 publications in leading scientific journals.

Dr. Neel earned his PhD from Rockefeller University in 1982 and his MD from Cornell University Medical

School the following year. He completed his residency and postdoctoral training at Harvard institutions. In 2006 he was appointed the William B. Castle Chair of Medicine at Harvard Medical School. He also served as director of the Cancer Biology Program at Beth Israel Deaconess Medical Center from 1994 to 2007.

Among his many distinctions, Dr. Neel was the inaugural recipient of the Gertrude Elion Award of the American Association for Cancer Research and a recipient of the Premier of Ontario's Summit Award. He's also an elected member of the Board of Directors for the American Association for Cancer Research and the American Association of Physicians.

ALEC KIMMELMAN, MD, PhD



Fighting cancer with exceptional clinical care and pushing the frontier of cancer biology in the laboratory are the dual passions of clinician-scientist Alec Kimmelman, MD, PhD. Dr. Kimmelman, a world authority on pancreatic cancer, joined NYU Langone and the Laura and Isaac Perlmutter Cancer Center in February as the new chair of the Department of Radiation Oncology.

Pancreatic cancer is the fourth leading cause of cancer death in the United States, and a disease with few treatment options. Dr. Kimmelman's seminal research has uncovered fundamental metabolic pathways critical for pancreatic cancer growth and led to promising new therapies now in clinical trials. Dr. Kimmelman is also a practicing radiation oncologist specializing in the treatment of gastrointestinal cancers.

Most recently Dr. Kimmelman was associate professor in the Departments of Radiation Oncology at Harvard Medical School and its

major teaching affiliates, the Dana-Farber Cancer Institute and Brigham and Women's Hospital. He earned a dual MD/PhD degree from the Icahn School of Medicine at Mount Sinai, and completed his residency and a postdoctoral fellowship at the Dana-Farber Cancer Institute and Harvard. In addition to publishing in top-tier research journals, he has served as an editor for *Oncogene* and *PLOS ONE*. In 2014 Dr. Kimmelman received the Ruth Leff Siegel Award from Columbia University for excellence in pancreatic cancer research. He was inducted into the American Society for Clinical Investigation in 2015.

JEFFREY N. WEISER, MD



Jeffrey N. Weiser, MD, has achieved international renown for illuminating the myriad molecular steps by which bacterial infections take hold in the human respiratory tract. How do microbes dodge the immune system? What happens when different microbes invade simultaneously? Answers to these and other questions underlie efforts to prevent and cure some of the most common and deadly infections.

As the new chair of NYU Langone Medical Center's Department of Microbiology, Dr. Weiser leverages this expertise to lead a distinguished group of faculty with a long-standing history of investigating the molecular basis of infectious disease. Today, NYU Langone researchers are using new tools to probe the mechanisms of infectious disease more deeply, as globalization and escalating antibiotic resistance bring added urgency to their work.

Dr. Weiser joined NYU Langone last January, after serving as professor of microbiology and pediatrics at the University of Pennsylvania's

Perelman School of Medicine. He earned his MD from Harvard University, completed a residency in pediatrics at the University of Washington, and subsequently held research positions at Oxford University and Rockefeller University. Dr. Weiser has published more than 150 scientific papers and is a fellow of the Infectious Disease Society of America and the American Academy of Microbiology. He is currently the primary investigator on a number of major projects, including three that are funded by NIH grants.

JOEL S. SCHUMAN, MD



Joel S. Schuman, MD, the new chair of the Department of Ophthalmology, is among the foremost experts in the treatment and diagnosis of glaucoma, a disease that damages the eye's optic nerve and can result in irreversible vision loss. Dr. Schuman and his colleagues discovered a molecular marker for glaucoma that has paved the way for more sophisticated diagnostics that can detect the disease in its earliest stages, when it's most

difficult to diagnose. He also played a pivotal role in the development of a noninvasive medical imaging procedure that creates a 3-D map of the eye, called optical coherence tomography (OCT). Widely considered a major breakthrough in the field of ophthalmology, the technology allows clinicians to measure the thickness of the retina and better diagnose retinal diseases. Dr. Schuman will continue to develop the technology in his new role at NYU Langone.

Prior to joining the Medical Center, Dr. Schuman was a distinguished professor and chairman of ophthalmology at the University of Pittsburgh School of Medicine, and the director of its UPMC Eye Center.

Dr. Schuman also held appointments at the university's McGowan Institute for Regenerative Medicine, the Center for the Neural Basis of Cognition, and as a professor of bioengineering at its Swanson School of Engineering.

A National Institutes of Health-funded primary investigator, Dr. Schuman has received numerous awards and published more than 300 peer-reviewed scientific journal articles, authored or edited eight books, and contributed more than 50 book chapters. He serves on the editorial boards of a number of journals, including *Investigative Ophthalmology and Visual Science*, *British Journal of Ophthalmology*, and *Ophthalmic Surgery, Lasers and Imaging*.

ROBERT PRESS, MD, PhD



As chief medical officer and patient safety officer, Robert Press, MD, PhD, led an ambitious, across-the-board initiative called Value Based Management (VBM) to provide the highest quality of care to every NYU Langone patient at the most affordable price. With his new appointment as senior vice president

and vice dean, Dr. Press oversees the clinical integration of patient care throughout NYU Langone's growing network, including NYU Lutheran.

Dr. Press also oversees operational planning for construction of the Helen L. and Martin S. Kimmel Pavilion, a state-of-the-art, 800,000-square-foot patient care facility — slated to open in 2017 — that will integrate with Tisch Hospital.

Before his tenure as chief medical officer, Dr. Press, a clinical professor of medicine, maintained a highly regarded infectious-disease practice focused

mainly on inpatients with postsurgical infections. In 1998 he was awarded the Consult Attending of the Year award by the surgical chief residents.

The author of numerous peer-reviewed papers, Dr. Press graduated Alpha Omega Alpha from NYU School of Medicine with a medical degree and a doctoral degree in microbiology. He completed a residency at Harvard Medical School, Beth Israel Hospital, and postgraduate training at Albert Einstein College of Medicine.

FRITZ FRANÇOIS, MD, MSc



Fritz François, MD, MSc, was appointed chief medical officer and patient safety officer in September 2015. Dr. François, formerly Chief of Medicine, leads several major initiatives at the Medical Center, including one to better align clinical care with medical education, and another to develop a crisis-management strategy for the Tisch Hospital Medicine Service in the wake of Hurricane Sandy.

Throughout his medical career Dr. François has tackled the widespread issue of health disparities. As associate dean for Diversity and Academic Affairs at NYU School of Medicine from 2011 through 2013, he spearheaded efforts to address health disparities through medical education. In his own field, gastroenterology, he developed a summer research program while serving as national chair of the American College of Gastroenterology Minority Affairs Committee.

Dr. François earned his medical degree from NYU School of Medicine, where he remained to do his internship,

residency, chief residency, and gastroenterology fellowship. In 2013, Dr. François was selected for NYU's Distinguished Teaching Award, and the American College of Gastroenterology honored him last year with the American College of Gastroenterology Minority Digestive Health Care Award. His many honors include five American Society for GI Endoscopy Diversity Minority Research awards. In 2010 he was inducted into the Alpha Omega Alpha medical honor society, and in 2011, Dr. François received the NYU Martin Luther King Jr. Humanitarian Award.

BRET RUDY, MD



Last June, Bret Rudy, MD, vice chair of the Department of Pediatrics at NYU Langone, was appointed chief medical officer at NYU Lutheran Medical Center. Dr. Rudy's appointment follows a year of strong leadership in the merger of NYU Langone Medical Center and Lutheran Medical Center in Brooklyn.

More than a year before the NYU Lutheran relationship became official, Dr. Rudy began laying the groundwork to provide pediatric subspecialty services in Brooklyn. The result was a highly successful clinical partnership that brought pediatricians from NYU Langone — specializing in gastroenterology, pulmonology, cardiology, and more — to NYU Lutheran to care for patients starting in January 2015.

“Whenever possible, we want to provide care in the neighborhoods where patients live, where it's convenient for them,” says Dr. Rudy. “And we want the integration between NYU Langone and NYU Lutheran to be seamless.”

Dr. Rudy's many achievements as vice chair of the Department of Pediatrics include leading the emergency evacuation of newborns from NYU Langone during Hurricane Sandy and guiding NYU Langone to the number one national ranking — three years in a row — among leading academic medical centers that were included in the University HealthSystem Consortium Quality and Accountability Study.

Dr. Rudy is a board-certified pediatrician focused on issues related to HIV in adolescents and young adults. He earned his medical degree at the University of Pittsburgh, and did his residency and fellowship training at the Children's Hospital of Philadelphia.

MICHELE PAGANO, MD



Michele Pagano, MD, the May Ellen and Gerald Jay Ritter Professor of Oncology, and a professor in the Department of Pathology, was appointed chair of the Department of Biochemistry and Molecular Pharmacology last November. Dr. Pagano is a leading authority on cellular recycling of proteins, known scientifically as the ubiquitin system.

His identification of “F-box” proteins, which label waste within cells for recycling, opens a window onto cellular growth, proliferation, and DNA repair, and helps explain how defects in the recycling system lead to disease. One F-box protein, for example, may provide a key to treating certain aggressive cancers.

Dr. Pagano joined NYU Langone Medical Center in 1996, and has served as director of the Growth Control Program at Perlmutter Cancer Center since 2000. He is a member of the Laura and Isaac Perlmutter Cancer Center.

Dr. Pagano earned his undergraduate, medical, and research degrees in molecular endocrinology from the Federico II University in his hometown of Naples, Italy. He then completed a postdoctoral fellowship at the European Molecular Biology Laboratory in Heidelberg, Germany, and later cofounded the biotechnology company Mitotix, in Cambridge, Massachusetts. He has received many prestigious grants, including a MERIT Award from the National Cancer Institute in recognition of his outstanding achievements in cancer biology. In 2008 he was appointed a Howard Hughes Medical Institute Investigator.

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**WE SHOULD NEVER FORGET THAT —
EVERY ONCE IN A WHILE —
SOMEONE NOT AT ALL LIKE US IS**

*The One
who might change*

OUR INSTITUTION ... OR EVEN THE WORLD.



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November 20, 2014
Robert I. Grossman, MD, Dean & CEO

There is change... and there is transformational change. In the past year, significant gifts to three of NYU Langone's distinguished programs will make it possible for the institution to attain even higher levels of prominence and excellence, impacting the lives of more patients than ever.

JOAN H. TISCH

Joan H. Tisch's gifts are helping NYU Langone reach communities beyond the main campus. Her \$14 million donation, announced in August 2015, will establish the new Joan H. and Preston Robert Tisch Center at Essex Crossing, on Manhattan's Lower East Side, and other ambulatory services.

"Ambulatory care centers are a key component of our strategy to move forward as the priorities of healthcare change," says Robert I. Grossman, MD, Dean and CEO. "We thank Joan Tisch for building on the legacy of three generations of the Tisch family, who have not only supported us in so many ways, but have provided leadership in advancing institutional priorities."

PAOLO FRESCO

"Paolo Fresco, a trustee of NYU Langone, knows firsthand what it's like to watch a loved one suffer from Parkinson's disease, an incurable neurological disorder marked by early symptoms that are movement related and, in advanced stages, by cognitive and behavioral problems. His wife, Marlene, who recently passed away, was among the 4 million to 6 million people worldwide afflicted with the disease.

In 2015 Mr. and Mrs. Fresco donated \$25 million to NYU Langone to establish the international Marlene and Paolo Fresco Institute for Parkinson's and Movement Disorders (the Fresco Institute). The gift will help establish a fully integrated Parkinson's center in Italy. It will also support fellowships for early-career Italian scientists and physicians to train at NYU Langone.

HANSJÖRG WYSS

Hansjörg Wyss has championed the research of Eduardo D. Rodriguez, MD, DDS, the Helen L. Kimmel Professor of Reconstructive Plastic Surgery, since the two men first met in 2005. In 2013 NYU Langone recruited Dr. Rodriguez as chair of its Department of Plastic Surgery. Two years later, Wyss made a \$20 million gift to NYU School of Medicine to support the newly named Hansjörg Wyss Department of Plastic Surgery. The gift helped make possible the most extensive face transplant surgery to date, a pioneering operation performed last August by a team led by Dr. Rodriguez.

"This gift is truly transformational, and will propel the department into its next phase of growth by establishing new clinical trials and academic forums, and advancing surgical animation, among other initiatives," says Dr. Rodriguez.

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