AUPN 2025

2nd Annual Meeting • Baltimore, MD • Saturday, September 13th

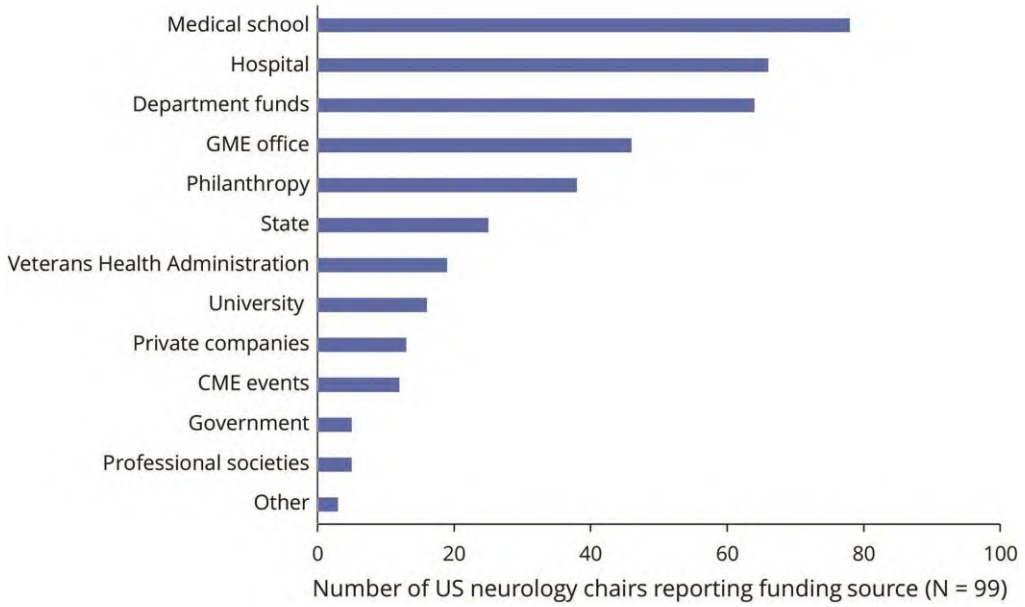
Speaker

M and M Matters

- No disclosures

Money Matters

- Traditional Funding Mechanisms
-
- Medical School, Hospital, State
- Clinical Margins
- CME,Operating
- Industry
- Grants
- Philanthropy



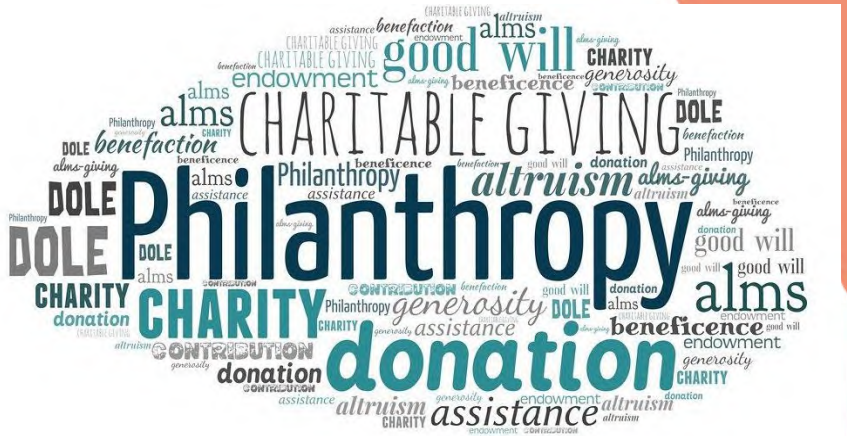
- Greer et al. Neurology, 2021

Fundraising as a Chair or Leader

- Met with development regularly (at least monthly), emails, calls, texts
- Development can provide a **template for various donation levels---** research pilot money, a key recruit, a fellowship position, a social worker- Our development officers split the job- individual donors vs corporations and foundations
- Development can generate potential donors (grateful patients) by division, you can meet with the donors with the faculty member or you do it alone. I think the **team approach is best. It shows your depth.**
- **Initial contact any form**-email, letter, Zoom, Come to office- often with other faculty, Go to their office, Go to their home, Sit with them at a fundraiser. "If would you like to hear more, happy to set up a meeting or a visit" **Be prepared and available!**
- Many donors who have a large capacity will make a test donation to see how it goes, so follow-up is key!- make a brochure, develop a lecture, symposium, or visit, **learn the profile of the donor!**

Identifying Donors for Your Department

- Who gives?
  - Individuals, Boards (Trustees/Advisory)
  - Corporations, Foundations
  - Estates
  - Alumni, Faculty

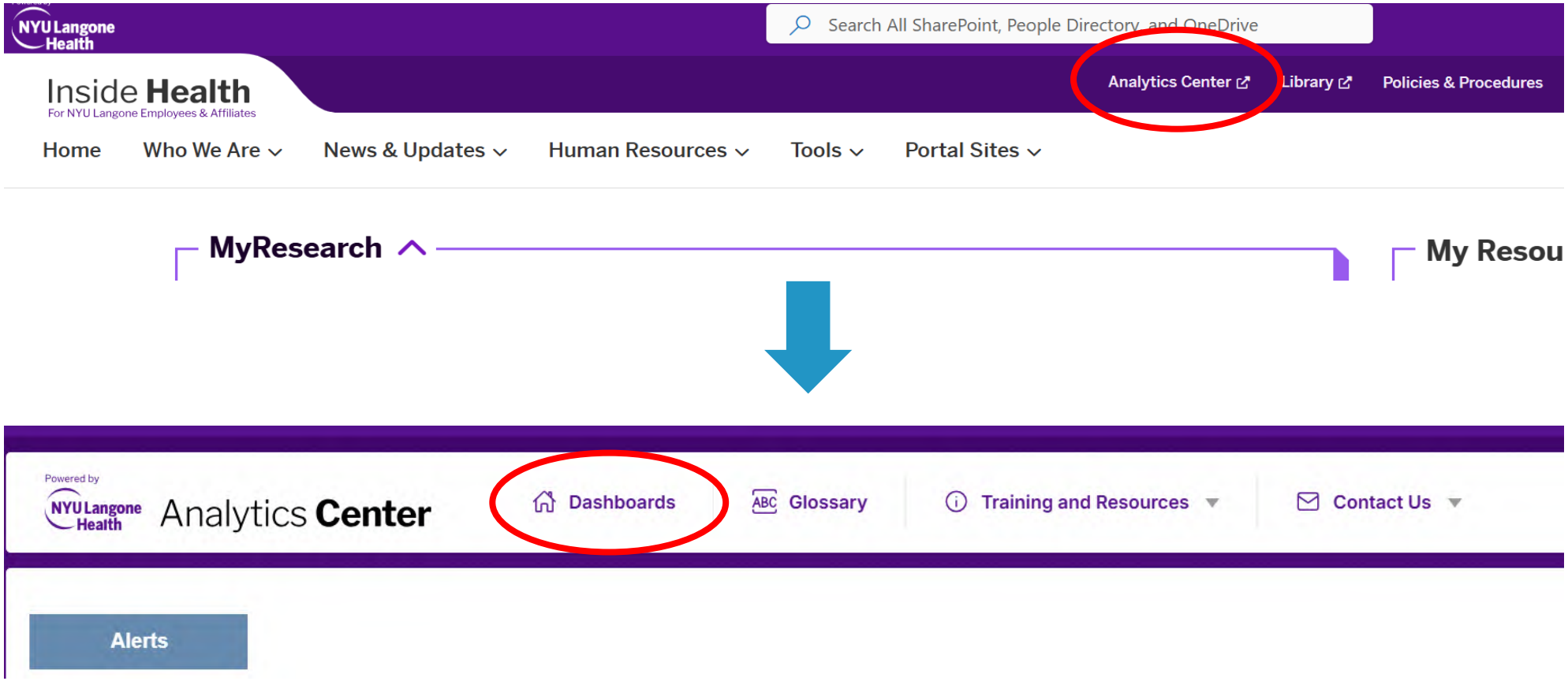


- Why do they give?
  - **Grateful** for one's care (individuals, boards, alumni, estates)
  - **Embedded** within the organization (Alumni, faculty)
  - **Inspired** by the vision, program and/or mission (all the above)
  - Supporting their Alma Mater (alumni, estates)
  - Mission and business **goals align** with ours (corporations, foundations)
  - Forward thinking institution

Philanthropy Case Studies

- Board of Trustee and Bank Executive: Stroke Fellowship
  - Taking a disease specific, yet unrestricted gift, to maximize impact
- Fresco Institute Fellowships at NYU Langone
  - Fostered collaborations and connections in Italy
  - Supports both clinical and research fellowships in movement disorders
- Building the Relationship: Headache Medicine Fellowship
  - Didn’t realize that education funding can influence care and research
- Building Bridges: Donor interested in breaking down silos- across divisions and across clinical and basic research departments, venture
- Family wants to honor deceased loved one- helped set up a webpage for education fund

The Dashboard- Real Time, Drives Quality, Accountability



Quality Alerts, HAC's, Readmissions and Mortality

ALERTS View Definitions

HAC Composite (April 2025)

DEPARTMENT/DIVISION	ALERT DESCRIPTION		Tisch	Brooklyn	Long Island	Suffolk	LOH
Medicine, General Internal Medicine	0 is below median 1.89	↓	0.00	0.00	0.00	0.00	
Orthopedic Surgery	5 is above median 0	↑	9.26	16.95	8.47	0.00	0.00
Pediatrics	0 is below median .51	↓	0.00	0.00	0.00		
Surgery, Critical Care	5.7 is above median 0	↑		0.00	0.00	27.78	
Surgery, General Surgery	3 consecutive months below the median 6.71	∿	10.42	0.00	0.00	0.00	
Surgery, Transplant Surgery	0 is below median 16.95	↓	0.00				

Length of Stay, Observed/Expected (April 2025)

DEPARTMENT/DIVISION	ALERT DESCRIPTION		Tisch	Brooklyn	Long Island	Suffolk	LOH
Medicine, General Internal Medicine, Family Medicine	.79 above median .69	↑			0.72	1.07	
Medicine, Hematology/Oncology	.8 above median .69	↑	0.73		0.93		
Neurology	3 consecutive months below the median .62	∿	0.61	0.48	0.59		
Otolaryngology	3 consecutive months above the median .61	∿	0.54	0.95	0.46		
Psychiatry	1.19 below median 1.52	↓	1.34	1.04		1.40	
Surgery, General Surgery	.7 below median .74	↓	0.70	0.85	0.63	0.79	
Urology	3 consecutive months increasing	∿	0.62	0.36	0.57		

Mortality, Observed/Expected (April 2025)

DEPARTMENT/DIVISION	ALERT DESCRIPTION		Tisch	Brooklyn	Long Island	Suffolk	LOH
Cardio-Thoracic Surgery	0 below median .14	↓	0.00	0.00	0.00		
Medicine, General Internal Medicine, Family Medicine	0 below median .15	↓			0.00	0.00	
Neurosurgery	0 below median .22	↓	0.00	0.00	0.00	0.00	
Surgery, Acute Care Surgery	.4 above median .29	↑	0.00		1.37		

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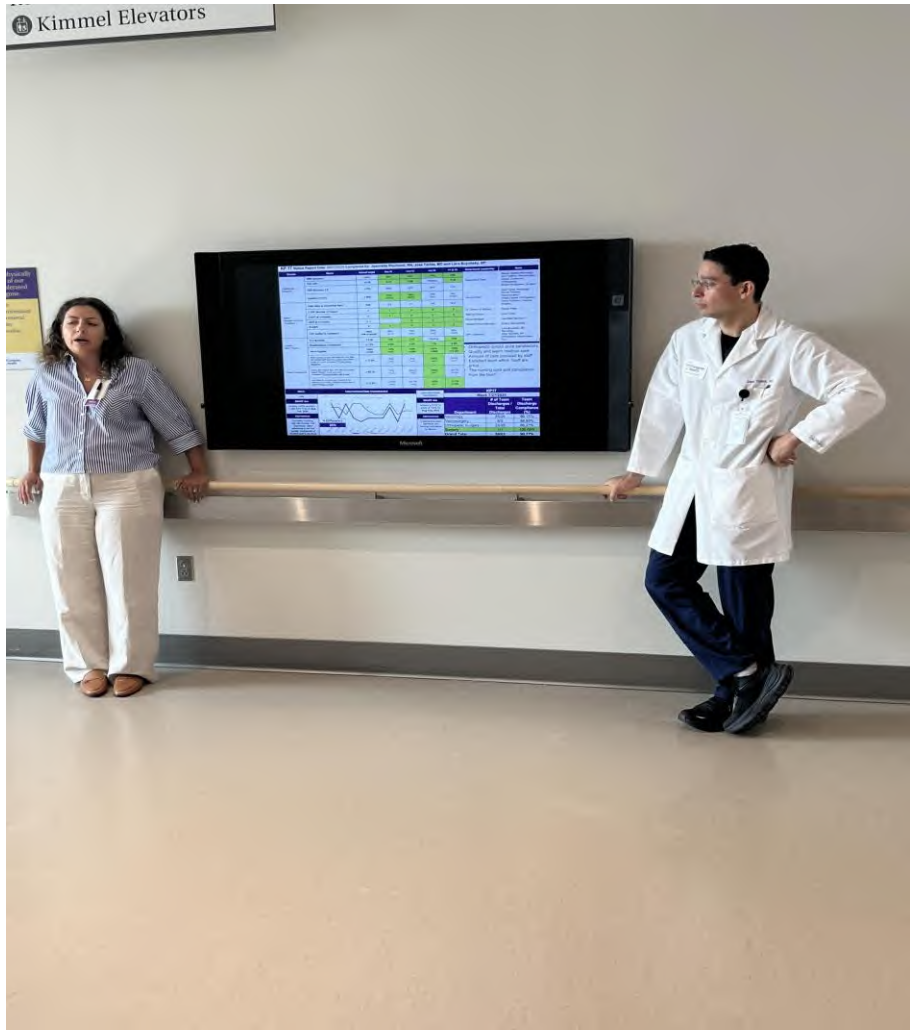
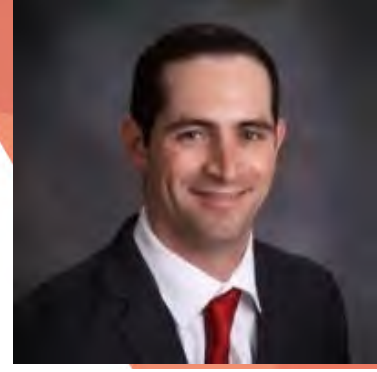
HRO rounds weekly, discuss metrics, new initiatives, new data





Characteristics associated with 30-day post-stroke readmission within an academic urban hospital network☆

Kevin M. Spiegler, MD, PhD [a,*], Hannah Irvine, MD [a], Jose Torres, MD [a], Myrna Cardiel, MD [a], Koto Ishida, MD [a], Ariane Lewis, MD [a,b], Steven Galetta, MD [a], Kara R. Melmed, MD [a,b]

- Looked at 30-day readmissions for stroke at NYU
  - Race was not significant predictor
  - Significant predictors:
    - **lack of private insurance**
    - **malignancy, seizure, peripheral vascular disease**
    - **thrombectomy, lack of tPA**
    - **higher discharge MRS**

Spiegler et. al. J Stroke Cerebrovasc Dis 2024

Table 1

Demographic data. Data is displayed as either n = number of times feature present within group (% = percentage of group with feature present) or as mean (sd = standard deviation). Significant results ($p < 0.05$) denoted by *. Post-hoc significance after Bonferroni correction denoted by #.

Demographic	Readmission (n=282)	No Readmission (n = 546)	p-value
Age, mean years (sd)	70.3 (18.0)	70.0 (16.8)	0.8
Biological Sex, female n (%)	134 (47.5)	258 (47.2)	0.9
Estimated income based on zip code, mean (sd)	$84840 (37681)	$84,170 (35392)	0.8
ED visits/hospital admissions in year prior, n (%)	1.1 (1.8)	0.9 (1.7)	0.3
Insurance Status, n (%)			*<0.001 #
Private	48 (17.1)	195 (35.7)	
Medicare	167 (59.6)	275 (50.4)	
Medicaid	44 (15.7)	54 (9.9)	
Self Pay	7 (2.5)	7 (1.3)	
Uninsured	14 (5.0)	15 (2.7)	
Race, n (%)			0.6
Asian	32 (11.3)	67 (12.3)	
Black	29 (10.3)	72 (13.2)	
Hispanic or Latino	36 (12.8)	57 (10.4)	
White	154 (54.6)	297 (54.4)	
Unknown/Other	31 (11.0)	53 (9.7)	

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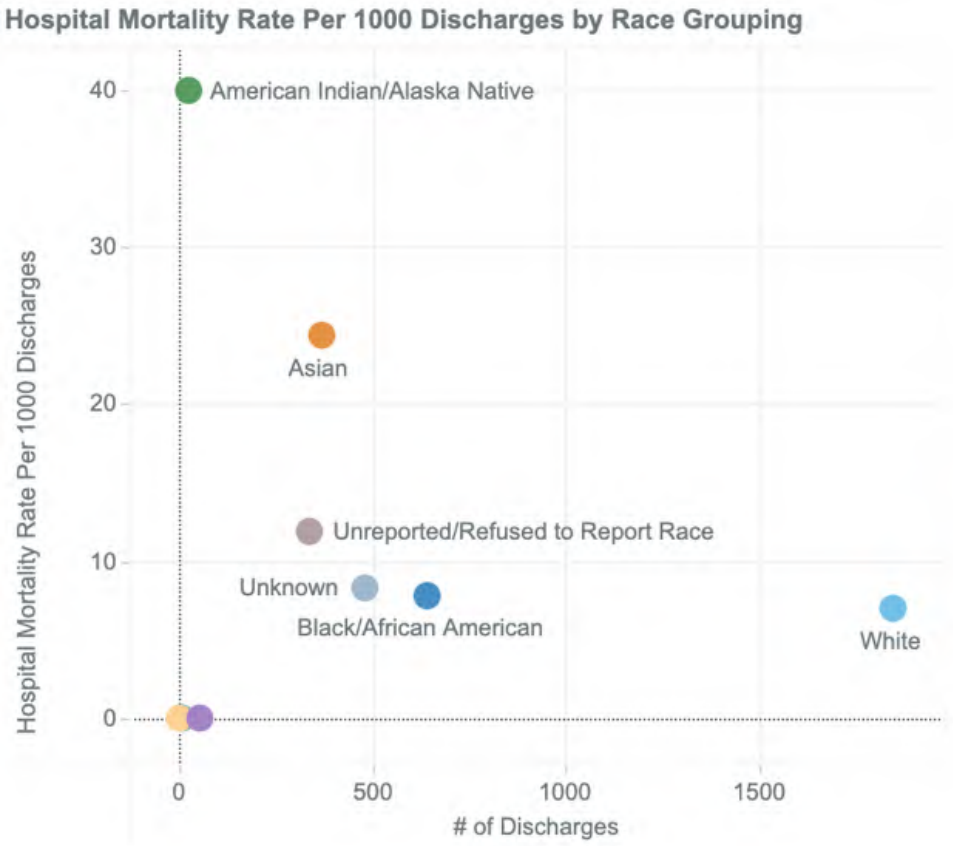
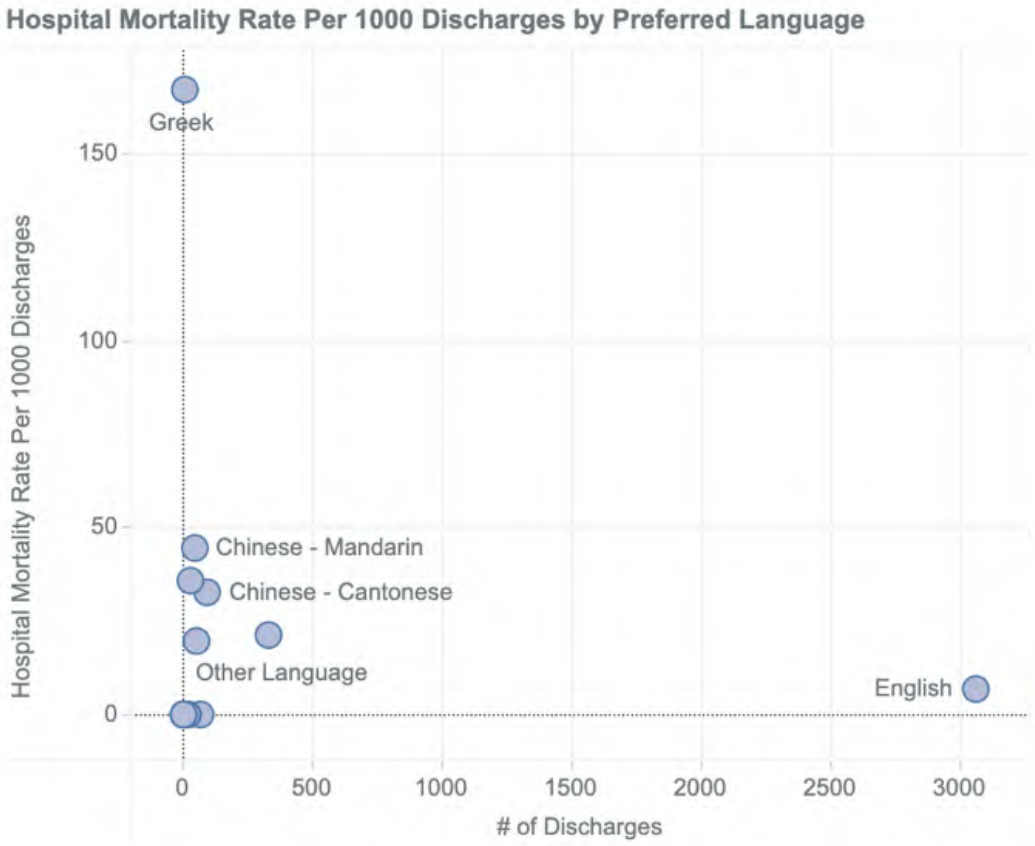
Clinical Dashboard- Neurology Mortalities

- On initial review, concern for worse outcomes among Asian patients





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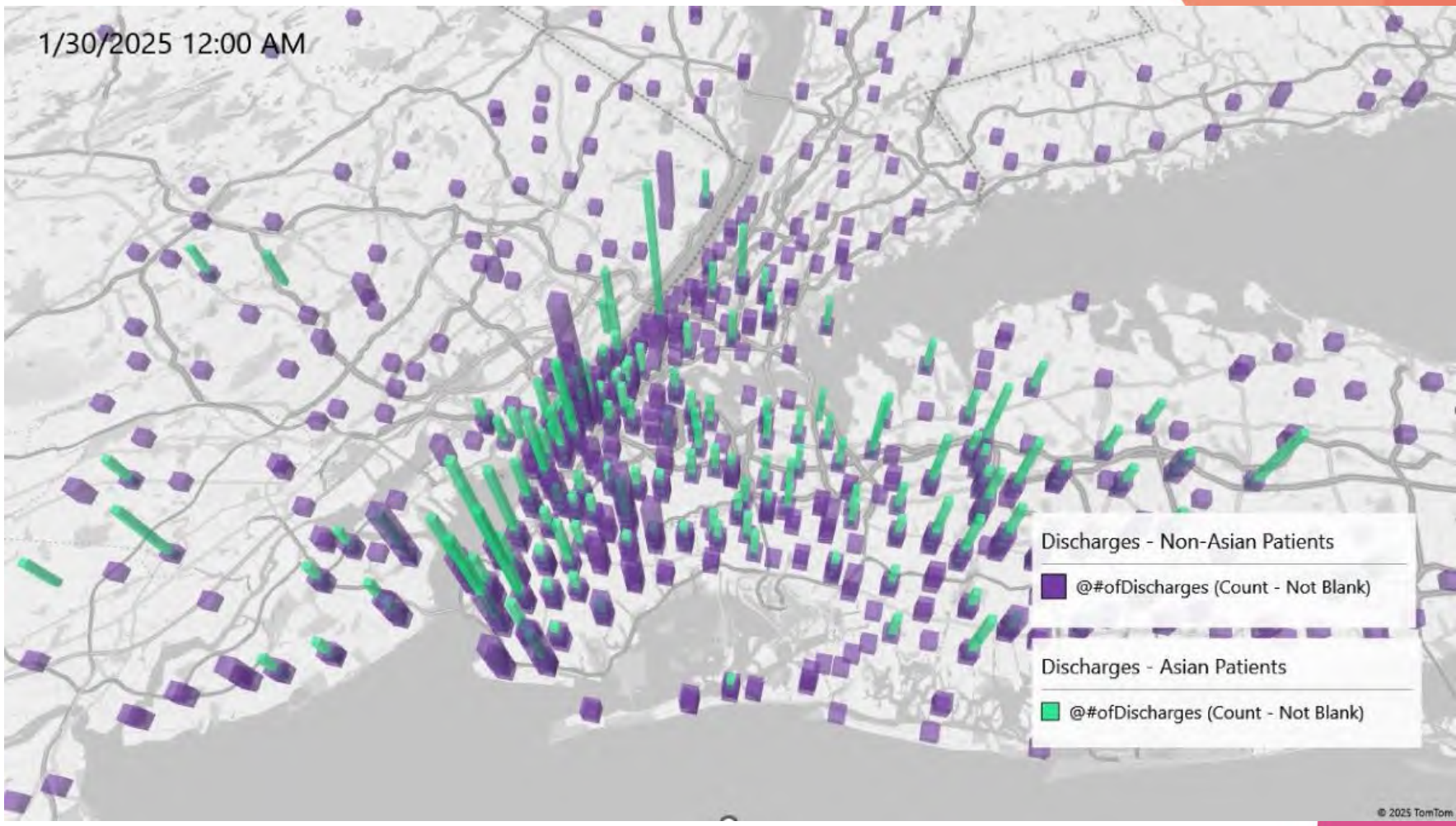
Mortality Outcome

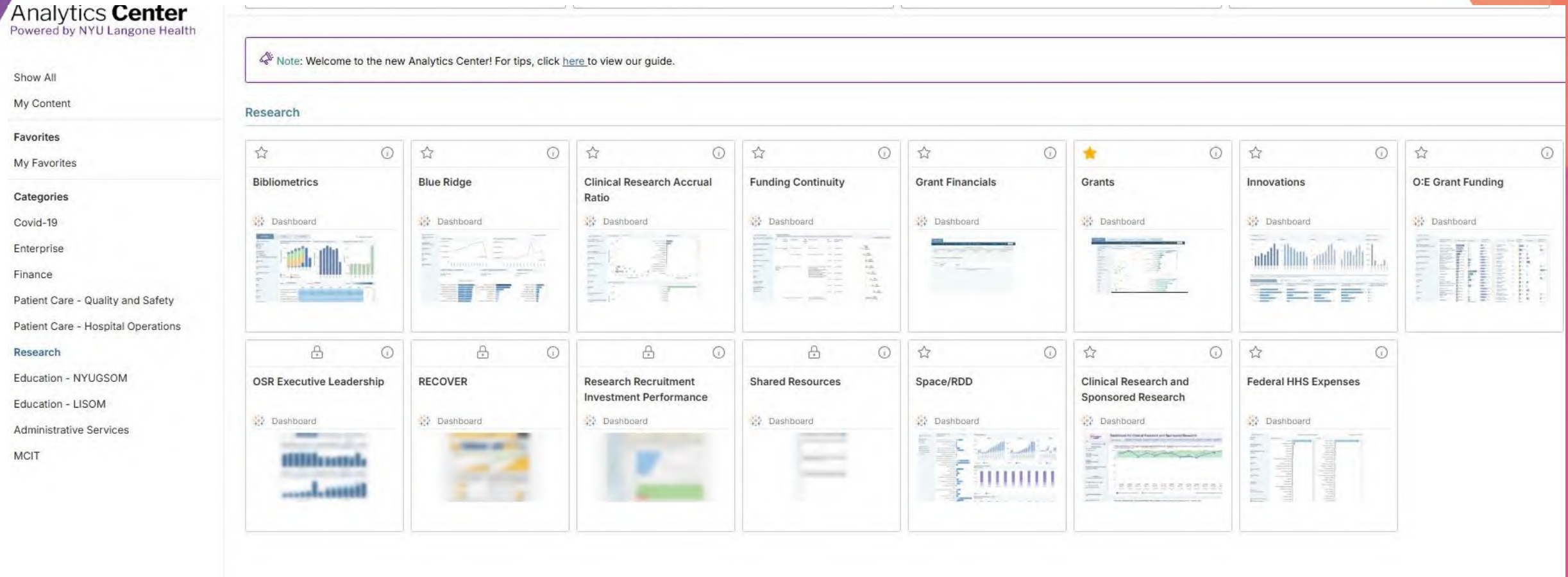
- For Intracerebral Hemorrhage and Acute Ischemic Stroke patients discharged from neurology:
  - Asian patients had a **high** rate of mortality (including DC to hospice)
  - 40/814 Asian patients compared to 234/7569 non-Asian patients
  - Odds ratio of 1.620 (95% CI 1.149-2.284, p = 0.009)

Next Steps

- Chart Review for:
  - Last known Well
  - Connection to Primary Care
  - Home meds
  - Environmental Risk Factors
- Further SDOH



Analytics Center- Research



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Research Metrics

1. Faculty Information

Full Name:	
Title(s):	
Primary Appointment: **Secondary Appointment(s):** **Administrative Division:**	
Track:	
Tenure Status:	Tenured ☐ Eligible ☐ Pending ☐ Non-Tenure Track ☐
Area of Research:	

2. Contract Requirements

Research Effort: __% **Clinical Effort:** __% **Administrative Effort:** __% **Total:** 100%

3. Observed to Expected (O:E) Grant Funding

O:E is the ratio of awarded grant funding to *adjusted* expectation.

- **Observed grant funding** = total costs (direct + indirect) you bring in as PI, MPI, or subaward PI + industry trial revenue.
  - Note: No-cost extensions (NCEs) are not factored into *current observed* because they are not attached to additional funding (i.e., NCE = $0 observed).
- **Base funding expectation** = total grant funding expectation based on rank and years
- **Adjusted funding expectation** = expectation based on rank & years, adjusted for research effort.
  - If <25% research effort, then adjusted expectation = $0 and O:E defaults to 1.
  - If 25-79% research effort, then adjusted expectation = base expectation * research effort.
  - If ≥80% research effort, then adjusted expectation = 100% effort *minus* clinical effort * base expectation.

Rank	Professor
Years at Rank	5
Research Effort	50%
Expected R01 Equivalents ($550,000 TC/year)	2.5
Base Expectation at Rank	$1,375,000
Adjusted Expectation (based on % research effort)	$687,500
Current Observed*	$800,000
Difference between Adjusted Expectation & Current Observed	**+ $112,500**
O:E Ratio	**1.16**

*As of 09/01/2025

4. Academic Excellence Commission (AEC) Requirements

AEC sets research faculty performance expectations, including required extramural funding (REF) used to cover a portion of your salary. REF includes salary support from foundations, federal sponsors, subawards (regardless of role, i.e. PI vs co-I), and industry trials.

REF Calculation

- Research salary = total salary * research effort
- If research salary ≥ NIH salary cap, then Required Extramural Funding $ = NIH salary cap * 60%
- If research salary < NIH salary cap, then Required Extramural Funding $ = research salary * 60%

Research Effort	50%
NIH Cap (at start of FY26)	$225,700
Research Salary	$112,850
Required Extramural Funding %	60%
Required Extramural Funding $	$67,710
Total FY Projected Extramural Funding $	**$70,000**
Difference between REF & Projected EF	**+ $2,290**

*Based on MSS allocation as of 09/01/2025

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Grant Funding & Submission Plans

Discussion of current and planned research portfolio

- **Current Funding:** Overview of existing grants and funding sources
- **Future Plans:** Strategies for upcoming grant submissions
  - Identify potential funding opportunities
  - Discuss timelines and effort distributions

7. Funding Continuity: Active, Pending & Planned Submissions

Use the table below to provide a snapshot of your active, pending, and planned extramural funding submissions for the previous, current, and next three fiscal years, including industry-sponsored trials. List effort (%) as of the start of each fiscal year (September 1).

GRANTS: PI or MPI	FY 2025	FY 2026	FY 2027	FY 2028	FY 2029
ACTIVE					
[Grant Title]	__% effort	__% effort	__% effort	__% effort	__% effort
[Grant Title]	__% effort	__% effort	__% effort		
PENDING					
[Grant Title]		__% effort	__% effort	__% effort	__% effort
[Grant Title]			__% effort	__% effort	__% effort
PLANNED					
[Grant Title]			__% effort	__% effort	__% effort

Research Metrics

Discussion of metrics applied to all research faculty, adjusted for % research effort

- **O:E (Observed to Expected ratio)**
  - Metric of incoming **total research funds** relative to expected research income
  - Titrated to academic level (e.g. Assistant Professor = 1 R01, full Professor = 2.5 R01s)
- **AEC (Academic Excellence Commission)**
  - Metric of percent of **salary** brought in through research- **usually at least 60 percent of research effort**
- **Submission Timeliness**
  - Metric of meeting institutional deadlines for grant submissions
- **RDD (Research Dollar Density)**
  - Metric of amount of lab space relative to indirect funds

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Department of Neurology

Thank you!

Preliminary Findings

- For Intracerebral Hemorrhage (ICH) and Acute Ischemic Stroke (AIS) patients discharged from neurology:
  - More Asian patients had **intracerebral Hemorrhage** than non-Asian patients.
  - 21% Asian patients compared to 13% non-Asian patients
  - Odds Ratio of 1.749, (95% CI 1.318-2.20, p <0.001)

- Within the Asian population, patients with ICH had significantly higher mortality
  - 15/275 (5.4%) in ICH compared to 10/75 (13.3%) in AIS
  - Odds Ratio of 0.375, (95% CI 0.161-0.873, p < 0.001)
  - More Asian patients **dual eligible for medicare-medicaid** than non-Asian patients