

# Response time

**URMC moves quickly after its CEO suffers a serious injury**

By WILL ASTOR

When Mark Taubman M.D. heard about the bicycle accident of his boss and long-time friend, University of Rochester Medical Center CEO Bradford Berk M.D., he was halfway through a 10-day vacation in China. He got on a plane back as soon as he could.

Taubman, whom Berk appointed chief of the URMC department of medicine in 2006, said he cut short his vacation solely out concern for Berk and learned only after he arrived back in Rochester that he would be called on to step in for Berk.

Their careers have intersected since their days as young doctors in training at Harvard Medical School's Brigham and Women's Hospital several decades ago. Their paths continued to cross with Taubman taking over URMC jobs Berk had held previously—first as chief of cardiology and later as chief of medicine. Both men are 58 and are practicing cardiologists and researchers as well as administrators.

The headlong tumble Berk had taken on a steep country road left him facing a recovery of unknown duration with no certainty that he would regain use of limbs he can so far move only slightly. Shortly after Taubman deplaned, roughly a day after Berk's fall, Taubman learned he would have the delicate job of temporarily replacing Berk.

Still jetlagged a day after a 13-hour flight across the international dateline, Taubman stepped up to a podium Monday afternoon to address a bank of TV cameras and several hundred URMC employees. UR President Joel Seligman's introduction ranged from emotional statements of support for Berk to assurances that Taubman would be the right man to step into Berk's role now and then to step back out when Berk is well enough to resume his duties.

Considerable delicacy would be re-



Photo by Kimberly McKinzie

**Mark Taubman M.D., right, confers Monday with UR president Joel Seligman, center, and UR board chairman emeritus Robert Witmer Jr.**

quired to be able to lead forcefully in Berk's absence and fade gracefully at his return. But that might not be the greatest of Taubman's challenges.

As interim CEO, he inherits the recently announced resignation of David Guzick M.D., dean of the UR School of Medicine and Dentistry, who leaves July 1 to take a job heading the University of Florida's medical school and its associated health system. Taubman also must deal with the leadership void he leaves as he steps away from the chief of medicine post.

In prepared remarks Monday, Seligman ticked off a laundry list of challenges URMC and Taubman would face: an ambitious but stalled \$250 million expansion plan for Strong Memorial, the medical center's perennially overcrowded teaching hospital; cuts in state funding that would hit Strong and URMC's community hospital, Highland, as well as its two nursing homes; and managing the CEO's day-to-day oversight of URMC's medical and nursing schools and extensive research facilities.

Seligman's remarks did not address the

new challenges created by Berk's unexpected removal from the scene.

The president acknowledged that university officials continue to formulate plans for dealing with the holes that Guzick's departure and Taubman's move to the CEO's office leave in the managerial ranks of its largest division, the 12,000-employee URMC.

"Those are very interesting questions. We don't have all the answers yet. It's a lot of what we've been talking about," he said.

When Guzick announced his impending departure last week, URMC quickly named Elizabeth McAnarney M.D., pediatrics department chairwoman emerita, to serve as acting dean while the school undertakes a national search for a new dean. With URMC now forced to adapt to unanticipated multiple leadership challenges, the search for a medical school dean has been delayed until the fall.

"Not much is going on in academic circles over the summer, anyway. Things are generally on hold," Seligman said.

Taubman raises another key point in favor of delaying the dean search: Berk's

accident creates uncertainty about the UPMC CEO position, and first among the things any candidate for the dean's job would want to know is whom he or she would work for.

On the upside, Taubman said, "Dr. McAnarney knows this place inside and out, and in that regard there is no need to rush the dean search."

Besides, managing the CEO's job without the "luxury Brad had" of being able to rely on a chief of medicine to take some of the management burden promises to be job enough, Taubman added.

The head of the UPMC department of medicine oversees 1,000 physicians and researchers in 10 units. The holder of the post is responsible for \$150 million of UPMC's more than \$1 billion budget. One upside of sorts, Taubman said, is that he hired a new chief of cardiology May 1. For three years he had handled the duties of both the chief of cardiology and the chief of medicine. Dealing with his own leave of absence

from the chief of medicine post would be trickier, however, Taubman said.

"If I were just stepping up as CEO, it would be easier," he said.

Not that Taubman is angling for Berk's job. His wishes for Berk's speedy and full recovery and rapid return to work are clearly heartfelt. Still, Taubman said, in asking candidates to temporarily step in as department of medicine chief, he also would be asking them to step aside as he must do when Berk recovers. The chief of medicine job, like the CEO position, requires a broad range of administrative talents, medical expertise and willingness to be on call around the clock, Taubman said. Finding a candidate able and ready to step into the job could be a challenge in itself.

Taubman said his 10 department chiefs are more than capable and all UPMC staff members have shown an esprit de corps in the face of Berk's injury. The latter point was evidenced by the standing ovation that UPMC workers gave Taubman on Monday.

And in the end, Taubman said, it is not as if he will be on his own. Neurosurgeons who operated on Berk after he was airlifted to Strong on Saturday stressed that whatever the outcome of Berk's physical recovery, his mental acuity is not an issue.

Paul Maurer M.D., who led the team that operated on Berk, commented that Berk's pre- and postoperative interest in his own treatment was acute enough to warrant reminders that Maurer, the neurosurgeon, and not Berk, the CEO, was running the show. While unwilling to predict how fully Berk might recover at this early stage, Maurer said signs so far are positive.

Taubman, who had seen Berk soon after surgery, said that while Berk had a tube in his throat and could not speak, he was clearly alert and tuned in to events. As Berk's recovery continues, Taubman said, he plans to visit the injured CEO often, not only to keep Berk abreast of developments but to seek his counsel.

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