If one could use just two words to describe the department’s clinical activities in the year 2006, those words would be “growth” and “planning.”

Growth came in many forms: in the numbers of patients our faculty saw in outpatient clinics and inpatient hospital units, in the numbers of specialized clinics that gave our patients access to multiple specialized faculty at once, and in the number of square feet needed to accommodate all our patients, clinical trials, faculty and staff. But also, growth came in the form of donated funds to create programs that wouldn’t otherwise exist—and in our need for further such support to innovate for the future.

The entire U-M Health System continues to experience an ever-burgeoning demand for patient care services of all kinds, a demand that at times has placed strain on our people and facilities. Through creative teamwork with the hospital administration, we have introduced new ways of handling the constant surge, including the expansion of our hospitalist service (see page 24).

The hiring of new faculty for this service and in other divisions has helped us meet demand. And while the launch of several new multidisciplinary clinics, such as those for scleroderma and hypertrophic cardiomyopathy (see page 16), has placed increased demands on physical space, they also ultimately increase efficiency by allowing patients to be assessed by several specialists in one visit.

The other hallmark of this year, planning, has positioned us well for success in 2007 and beyond. One of the largest planning efforts has been for the opening of the Cardiovascular Center in midyear, which will give our patients access to much of their outpatient and inpatient care in one state-of-the-art building—while also freeing up clinic and hospital space for other services.

Likewise, we’re planning for the move of much of our Allergy outpatient activity to new leased space at Domino’s Farms in 2007, again giving much-needed “breathing room” to our clinics in the Taubman Center.

Two other major planning efforts this year have involved the use of technology to share information with other clinicians at U-M and in the community. The Carelink system, which will allow our faculty to order tests, procedures and medications entirely online, has begun to be implemented in other areas of the Health System and is coming to Internal Medicine-run inpatient units and other venues.

At the same time, our faculty have been instrumental in designing a regional health-information network for laboratory test results, allowing physicians outside U-M to see the results for their patients’ tests from U-M visits and admissions, and allowing our specialists access to results from other labs. As we plan for a future that will undoubtedly feature more growth in all of our clinical activities, these kinds of technology-aided initiatives will be crucial to our continued success.