UAMS College of Medicine

Strategic Plan
2013-2017

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Executive Summary

In the fall of 2012, the University of Arkansas for Medical Sciences (UAMS) College of Medicine (COM) embarked on a comprehensive strategic planning process to guide and monitor the College's progress in education, clinical care and research, as well as in financial and administrative stewardship to support those missions, during the next five years.

Three mission-focused, daylong retreats were held to identify key strengths, challenges, priorities and emerging issues in each of those areas. With a combined attendance of 214 faculty and leaders from throughout the COM, the retreats yielded broad, thoughtful perspective on how to ensure continued growth and improvement amid unprecedented changes in the health care system and uncertainty in the federal funding environment.

Following the retreats, COM leaders drafted proposed goals for each area and presented them, along with an overview of corresponding objectives and strategies, at the Fall Faculty Meeting on December 11, 2012. No questions or concerns were expressed by faculty during the meeting. COM leaders subsequently developed detailed objectives, measurable outcomes and timelines for each goal. Debra H. Fiser, M.D., who served as Dean through April 30, 2013, sent a draft plan to faculty for review on March 16, 2013, and accepted comments via email and at an open forum on April 12. Dean G. Richard Smith, M.D., will present the revised plan to faculty for approval at the June 11 Spring Faculty Meeting.

The Strategic Plan set forth in this document will ensure the most effective allocation of COM resources in an increasingly challenging economic and federal funding climate. In addition, the plan reflects the College of Medicine's role within the broader institution of UAMS. The COM plan fully dovetails with the previously released UAMS "2020 Vision" Strategic Plan, which outlines strategies to guide the entire campus in 2011-2020.

Both plans consider the particular context of health care system reform at the national and state levels and build on the assessment that UAMS, with its intersection of education, research and clinical programs, is uniquely positioned to lead health care improvement in Arkansas. As the campus-wide plan asserts, UAMS' status as the only academic health center in the state, its statewide network of centers for public health education and clinical outreach, its unique capacity for translational research, its emphasis on population health, and its leadership in informatics and statewide information technology all bolster UAMS' role (and thus the COM's role) as Arkansas' health care leader in a rapidly changing health care environment.

While delineating the COM's own focused goals and objectives, the COM Strategic Plan inherently embraces the five overarching goals of the UAMS plan:

- Create an integrated, patient-centered health care environment that effectively and efficiently produces better health outcomes, enhances the patient and family experience, and fosters clinical program growth at UAMS;
- Educate culturally competent health professionals equipped with the knowledge, skills and abilities to adapt to changes in the health care field;

- Continue to develop and expand nationally recognized, multi-disciplinary research programs aligned with health needs in the state and nation;
- Develop research, educational and technical assistance expertise in population-health strategies to promote prevention efforts for high-priority health issues and to improve the health of Arkansans; and
- Support the talent-rich environment at UAMS through employee support programs, enhanced organizational communication and employee development.

The COM Strategic Plan is organized by mission area, with a final section outlining goals and objectives relating to finance and administration. Measurable outcomes and timelines are presented for each goal and objective, ensuring a means of monitoring progress.

The overriding commitment in the COM clinical enterprise is the triple aim of improving care, enhancing patients' experiences and lowering costs. In a rapidly evolving health care environment, the COM continues to depend heavily on clinical revenue to support all facets of its mission. The goals and objectives outlined in this plan will support continued growth through program development, implementation and effective use of UAMS' new electronic medical records (EMR) system, network-building and additional strategies. Many of our clinical objectives are system-based, requiring close collaboration with and support for clinical improvement initiatives of UAMS Medical Center and our affiliate facilities.

The evolving health care system is also reshaping the COM's educational mission. The Strategic Plan outlines major curricular and other initiatives that place greater emphasis on active learning, interprofessional education, evidence-based medicine, the economics of health care, social determinants of health and health disparities, patient safety, and patient- and family-centered care. Substantial efforts are planned in graduate medical education (GME), which continues to face significant funding threats. Nonetheless, the College remains committed to maintaining and substantively enhancing GME programs.

In the research arena, the COM plan outlines strategies to ensure continued competitiveness on federal grants and program growth across the spectrum of research despite unprecedented threats to the traditional funding base. Objectives are presented for recruiting and retaining research-focused faculty, improving infrastructure, and supporting team-based, collaborative investigations that bridge basic, clinical and translational research and have high potential for impacting health. Crucially, the COM will actively work to align research with the health issues that impact Arkansans. The plan also addresses the need to broaden the funding base through new partnerships with industry and greater philanthropic support.

As previously noted, the Strategic Plan will help to ensure effective allocation of limited resources to advance all of the College's vital missions. The finance and administration section outlines goals and objectives relating to effective cost accounting analytics, health care finance reform and new payment structures, cost containment, philanthropic growth and management of financial and administrative risk. Just as importantly, this section of the plan asserts the COM's strong commitment to support faculty development, engagement and satisfaction as well as enhanced career development and recognition activities for non-faculty staff members.

Education

The College of Medicine's current and future students will practice in a rapidly evolving health care system that is vastly different than that of the past. This environment will continue to drive major curricular and other initiatives, with greater emphasis on interprofessional education, evidence-based medicine, the economics of health care, patient safety, and patient- and family-centered care. Many additional factors will play into the development of our academic programs over the next five years. External factors include the need to satisfy accreditation requirements from the various agencies that oversee our educational efforts as well as uncertainty regarding future state funding. Internal factors include funding decisions and allocation of resources among the various needs of the campus as a whole and within the College of Medicine itself. The following goals will steer our academic efforts to better achieve the COM's overarching goal to produce well-trained and compassionate physicians to serve the needs of the citizens of Arkansas and the nation in the decades ahead.

GOAL 1: Proceed with the faculty-approved curriculum reform, emphasizing active learning and developing a fully modular, organ-based system for the preclinical curriculum.

Measurable Outcome: Organ system modules used throughout the curriculum; discipline-based/departmental courses dissolved.

Timeline: For freshman class, implement in the 2013-14 academic year; sophomore class in 2014-2015.

GOAL 2: Improve the quality of medical student teaching through development of a robust teaching skills program for housestaff and faculty.

Measurable Outcome: Coordinated housestaff and faculty teaching program developed and implemented.

Timeline: By July 2014.

GOAL 3: Improve longitudinal integration of the undergraduate medical curriculum through development of longitudinal themes, encouragement of

student participation in research, and greater incorporation of basic science into the third and fourth years while emphasizing inter-professional education, patient safety, and patient- and family-centered care.

Objective 1. Develop a specific plan for longitudinal themes.

Measurable Outcome: Specific plan for longitudinal themes developed and approved by the curriculum committee.

Timeline: Planning complete by December 2013; implementation by the 2014-15 academic year.

Objective 2. Expand participation in the Honors Research Program.

Measurable Outcome: Percentage of students completing the program increases.

Timeline: Participation increases from the current 10% to 20% by the end of the 2016-17 academic year.

GOAL 4: Improve Step 1 scores and reduce the failure rate.

Objective 1. Develop a Step 1 practice question bank and further develop this resource over time.

Measurable Outcome: Question bank active and used by students; bank updated annually.

Timeline: Initial availability in 2014-15 academic year.

Objective 2. Develop and deploy a test-taking skills program for students.

Measurable Outcome: Test-taking program available and utilized by students.

Timeline: 2013-14 academic year.

Objective 3. Work with the campus to enhance educational technology.

Measurable Outcome: Robust and user-friendly lecture capture and information delivery system in place to facilitate education on campus and to distance locations such as the NW campus.

Timeline: Initial availability in the 2013-2014 academic year.

GOAL 5: Maintain and enhance graduate medical education programs in full compliance with Accreditation Council for Graduate Medical Education (ACGME) requirements.

Objective 1. Transition all ACGME-accredited training programs to the ACGME Next Accreditation System (NAS).

> **Measurable Outcome:** All ACGME programs will be fully and successfully transitioned to the NAS, with no programs under orders by the ACGME to complete "Detail" requirements (equivalent to probation or accreditation with warning).
>
> > **Timeline:** Emergency Medicine, Internal Medicine, Neurosurgery, Orthopaedics, Pediatrics, Radiology and Urology will be transitioned by the end of the 2013-14 academic year (June 30, 2014); all remaining programs will be transitioned during the 2014-15 academic year, as required by the ACGME.

Objective 2. Persons in GME and teaching hospital positions will be informed of requirements, laws and imminent changes in GME regulations and funding.

> **Measurable Outcome:** Program Director educational meetings and follow-up email summaries will cover most relevant legal topics; GME office will continue to do "house calls" to any program that needs assistance or has questions on ACGME issues; UAMS Hospital leaders will continue to be educated on their role through CLER visits to the hospital.
>
> > **Timeline:** Measures are ongoing and responsive to needs analysis. The incoming UAMS Hospital Chief Executive Officer will be briefed on ACGME expectations as soon as possible after her February 2013 arrival.

Objective 3. Engage residents in the development and implementation of quality improvement and patient safety projects.

> **Measurable Outcome:** Safety programs established in all residencies.
>
> > **Timeline:** Implementation to begin immediately in 2013 and be fully implemented by June 30, 2016.

Objective 4. Incorporate a hospital quality improvement officer into the College of Medicine Graduate Medical Education Committee (GMEC).

> **Measurable Outcome:** Officer regularly attends the GMEC meetings.

Timeline: By July 2013.

GOAL 6: Implement the NWA Internal Medicine residency.

Measurable Outcome: Residency recruitment will commence.

Timeline: ACGME application has been submitted and is pending review; residency recruitment may commence as early as the 2014-15 academic year.

GOAL 7: Prepare for the possibility of GME funding cuts.

Objective 1. Develop a repository for state workforce data to inform Residency Position Allocation Committee decisions if GME funding is reduced.

Measurable Outcome: Data bank of relevant data regarding needs of the state, number of graduates staying in Arkansas, needs of training sites and the percentage of cuts that need to be made is maintained.

Timeline: Compile updates of workforce needs as they are published, beginning in 2013; annually monitor the locations of our past residents after all training has ended.

Objective 2. Develop alternative funding opportunities for GME to replace as much of the funding lost to health care cuts as possible.

Measurable Outcome: Will have explored at least 5 alternatives to traditional funding whether implemented or rejected.

Timeline: By end of FY15.

GOAL 8: Maintain a graduate medical education environment that assures commitment to and responsibility for promoting patient safety, quality improvement, and patient- and family-centered care.

Objective 1. The Sponsoring Institution will ensure that residents/fellows report errors, adverse events, unsafe conditions and near misses in a protected manner that is free from reprisal and

contributes to interprofessional root cause analysis or other similar risk-reduction teams, while involving them in quality improvement and patient- and family centered care initiatives.

Measurable Outcome: Introduce use of simulation for training in this area.

Timeline: By July 2014.

Objective 2. Ensure that the Sponsoring Institution and its programs provide humanistic educational and work environments where residents and faculty members demonstrate responsiveness to patient safety and patient needs that supersedes self-interest.

Measurable Outcome: Improved Learning Environment for Professionalism (LEP) Survey results. Data sources (outcomes) will be established to measure resident and faculty participation. (The ACGME may provide this data.)

Timeline: Discussion of possible usable outcome data will begin immediately in 2013; decisions will be made in 2014, when ACGME data feedback mechanisms are released.

Learning Environment for Professionalism (LEP) Survey						
Selected Professional Behavior (All Clerkships)	**Value human contact w/ patients as important component of patient care**		**Concerned for overall wellbeing of patients, not just their presenting complaints**		**Place needs of patient ahead of own self-interest**	
Year	**Residents**	**Attendings**	**Residents**	**Attendings**	**Residents**	**Attendings**
2011-12 *(Baseline)*	3.52	3.57	3.46	3.54	3.22	3.23
2013-14 *(Interim target)*	3.65	3.65	3.65	3.65	3.5	3.5
2016-17 *(Target)*	3.75	3.75	3.75	3.75	3.70	3.70
Rating scale: 1= never; 2= occasionally; 3= frequently; 4= consistently						

Objective 3. Oversee the educational experiences in each program that lead to measurable achievement of educational outcomes. (Each of the 57 programs and the institution will have a new set of requirements in either 2013 or 2014.)

Measurable Outcome: Continued institutional ACGME accreditation.

Timeline: Immediate preparation beginning in 2013.

GOAL 9: Enhance diversity and foster a culture of inclusion throughout the College of Medicine.

Objective 1. Increase the number of African Americans and Hispanics among our students, residents, and faculty by 20% over the next five years, and maintain the programs currently in place to ensure representation among students from rural backgrounds.

Measurable Outcome: 20% increase of African Americans and Hispanic students, residents, and faculty with no decrease in representation among students from rural backgrounds, using June 30, 2012, as baseline.

Timeline: As projected in the table below, with 20% overall increase by June 30, 2017.

	Medical Students		Residents		Faculty	
	African-American	Hispanic	African-American	Hispanic	African-American	Hispanic
6/30/12 *Baseline*	39	22	24	15	43	30
6/30/13	41	23	25	15	45	31
6/30/14	43	24	26	17	47	32
6/30/15	45	25	27	17	49	33
6/30/16	46	26	28	18	50	34
6/30/17	**47**	**27**	**29**	**18**	**52**	**36**

GOAL 10: Ensure that students and trainees are equipped for the realities of medical practice now and in the future.

Objective 1. Increase education in evidence based medicine and in the economics of health care.

Measurable Outcome: Course work available for students and residents in evidence based medicine and in the economics of health care.

Timeline: Over the next five years beginning in fall 2013.

Clinical

Although strategic planning for clinical care in an academic medical center has never been more challenging, the College of Medicine remains steadfast in its commitment to improve patient care, enhance patients' experience, and lower costs. In a rapidly changing health care environment, we continue to depend heavily on clinical revenue to support our all of our mission areas. With the need to control health expenditures, we risk a drop in revenue unless we are innovative in our approach, continue to grow, and can successfully reduce unnecessary costs and improve efficiency. A move toward episode reimbursement and, eventually, to the formation of accountable care organizations will create additional challenges, necessitate infrastructure support, and require network-building. Implementation of a new electronic medical records (EMR) system at UAMS during the next two years will add additional challenges while also providing many opportunities for improvement.

Many of the clinical goals and objectives outlined in this plan are system-based, requiring close collaboration among the College of Medicine, the Faculty Group Practice (FGP), UAMS Medical Center and our affiliate hospitals and partners. UAMS Medical Center and major affiliates such as Arkansas Children's Hospital (ACH) have different operational needs, and while many of the specific objectives outlined in this document pertain to operations at UAMS, we share common overarching goals and principles for providing the very best patient care in Arkansas.

GOAL 1: Support robust practice growth through selective workforce expansion, particularly in primary care, and by improving access and operational efficiencies.

Objective 1. **Increase ambulatory visits at UAMS.**

> **Measurable Outcome:** Increase outpatient visits from current volume (286,000) by 5% per year for the next five years.
>
> > **Timeline:** 5% (300,300) by end of FY14; 25% (357,500) by end of FY17.
>
> **Measurable Outcome**: Patients/room/day increases from current level to 5 or more.
>
> > **Timeline**: Increase from 2.8 to 4.0 by end of FY14; to 5.0 by end of FY15; to 6.0 by end of FY17.
>
> **Measurable Outcome**: Increase in clinic sessions employing standard appointment times from the current level of 31% of total sessions within guidelines (per KSA).
>
> > **Timeline**: All specialties' appointment times standardized by end of FY 15.

Measurable Outcome: Increase in number of clinics with same day/work-in availability in their clinics from the current level of six (Internal Medicine North, South, and West, Family Medical Center, Thomas and Lyon Longevity Center, and Urology).

> **Timeline:** All clinics with same day appointments by end of FY 14.

Objective 2. **Increase overall Faculty Group Practice (FGP) collections.**

Measurable Outcome: Increased FGP collections from all sources.

> **Timeline:** 2.3%, from $156,862,862 to $160,470,707, by end of FY14; 9.5%, to $171,764,833, by end of FY17.

Measurable Outcome: Reduction of missed charges (no baseline data available at present, will work towards developing report in Epic).

> **Timeline**: Develop missed charge report in Epic by end of FY14.

Objective 3. **Improve functioning of UAMS Appointment Center (AC).**

Measurable Outcome: Enhance staffing and establish clinical positions and oversight of AC per KSA recommendations.

> **Timeline**: End of first quarter FY14.

Measurable Outcome: Establish AC steering committee with patient representation.

> **Timeline**: second quarter FY14.

Measurable Outcome: 100% preregistration of all patients calling AC for appointments

> **Timeline:** third quarter FY14

Measurable Outcome: Decrease in average phone hold time for patients calling AC; lower call abandonment rate for patients calling the AC. (No baseline data for these parameters at present; will work toward replacement of phone system to capture phone data.)

> **Timeline**: Will work with hospital to replace phone system and establish call abandonment and hold time standards by end of FY14.

Measurable Outcome: Increase in patient appointments made through portal. (Unable to obtain current baseline; will configure report in Epic.)

> **Timeline**: Primary care clinic patients can make appointments online by October 2013; all patients can make follow-up appointments online by end of FY15.

Measurable Outcome: Integrate appointment scheduling of the remaining ambulatory clinics not currently using the AC (Baseline: As of January 2013, 11 ambulatory clinics are currently not using the AC).

> **Timeline**: All ambulatory clinics participating in AC by end of FY 15, if adequate staffing and functioning has been ensured.

Measurable Outcome: Reduction in clinics rescheduled or canceled by physicians.

> **Timeline**: Establish baseline and improvement targets in first quarter FY14 following Epic implementation.

Objective 4. **Expand number of providers, including use of APNs and PAs, in clinical shortage areas to improve access and grow FGP practice.**

Measurable Outcome: FGP standard (scheduling patient an appointment within 14 days, if desired) for appointment access is met by all clinics. Baseline: appointment availability in the following areas (current third next available for any physician, new appointment):

a. Dermatology (40 days)

b. Neurosurgery (no data)

c. Neurology (26 days)

d. Physical Medicine & Rehabilitation (98 days)

e. Rheumatology (38 days)

f. Pulmonary (38 days)

> **Timeline**: Incrementally decrease and eliminate the number of departments not meeting the standard by FY16.

Measurable Outcome: Increase number of new patient appointments at UAMS primary care clinics, including after hours and urgent care clinics. Baseline levels from FY12: Family Medicine, 3,498; Internal Medicine, 2,505; Geriatrics, 2,299.

> **Timeline**: Evaluate the addition of a second distributed primary care practice by end of FY14; three additional distributed practice sites by end of FY17; after-hours clinic at WLR clinic by end of FY14; on-campus urgent care clinic by end of FY15.

Objective 5. **Expand community and regional presence for selected clinical services.**

Measurable Outcome: Completion of planning and establishment of Rodney Parham clinic.

> **Timeline:** Plan completed by end of FY14; open facility by end of FY16.

Measurable Outcome: Develop regional clinics where appropriate and feasible.

    Timeline: Complete a plan for developing regional clinics by end of FY14.

Measurable Outcome: Through the Center for Distance Health, expand the Arkansas e-Link infrastructure to include workplaces, schools and nursing homes, pursuing both contractual funding and reimbursement for a growing volume of encounters. (FY12 baseline: 4,333 encounters with outside practices.)

    Timeline: Develop FGP telemedicine expansion plan by end of FY14; set volume/reimbursement targets by end of FY15.

Objective 6. **Enhance personalized/precision medicine at UAMS through engagement of partner groups and cross-functional teams to expand the FGP practice.**

Measurable Outcome: Implement full-spectrum precision diagnostics testing panels in molecular oncology and/or genomics.

    Timeline: At least one per year starting in FY14.

Measurable Outcome: Initiate renovation of campus space for the Center for Innovation in Precision Medicine.

    Timeline: Work begins in FY14 and is projected to take 2-3 years.

Measurable Outcome: Develop and disseminate plan for increasing clinically appropriate and cost-effective molecular diagnostic testing at UAMS.

    Timeline: Appoint and implement a Laboratory Advisory Committee in FY13; complete and disseminate plan by end of FY14.

Objective 7. Increase procedures performed at UAMS facilities.

Measurable Outcome: Increase in number of surgical procedures (13,342 cases FY12) and endoscopy procedures (7,330 cases FY12).

    Timeline: 5% or greater increase in surgical (14,009 cases) and endoscopy procedures (7,696 cases) by end of FY14.

Measurable Outcome: Increase percentage of cases meeting targets for OR and endoscopy turnover times. (For sample week in main OR 12-24-12, 55% of cases met target time of 25 minutes.)

    Timeline: 5% increase in cases achieving OR and endoscopy turnover target times by end of FY14.

Measurable Outcome: Decrease OR and endoscopy case cancellations. (120 endoscopy case cancellations in FY12; OR baseline data pending.)

> **Timeline:** 10% or greater decrease in case cancellations by end of FY14. (Endoscopy decrease from 120 to 108.)

Objective 8. With the hospital, develop a product line development plan.

Measurable Outcome: Written plan developed with hospital.

> **Timeline:** By end of FY14.

Objective 9. Enhance UAMS referral base by improved marketing and referring physician communication.

Measurable Outcome: Written marketing plan; number of messages sent through SHARE program; number of logons to Epicare Link.

> **Timeline:** Marketing plan by July 2013; AR SHARE participation by UAMS faculty by July 2013; Epicare Link established by end of Epic rollout in 2014.

Objective 10. Collaborate with Arkansas Children's Hospital to develop programs to transition older "children" with chronic disease and adults with developmental disabilities into adult medical programs or appropriate specialty clinics.

Measurable Outcome: Number of programs established for transitional care.

> **Timeline:** Establish two or more clinics for transitional care by end of FY14.

Objective 11: Initiate chronic pain clinic.

Measurable Outcome: Establish pain clinic at UAMS.

> **Timeline:** End of FY15.

GOAL 2: Build a more patient- and family-centered care environment at UAMS.

Objective 1. **Ensure timely responses to patients who call UAMS clinics.**

Measurable Outcome: Improve outpatient satisfaction survey results; decrease phone call response intervals. (No baseline data; will work toward development of reports in Epic.)

> **Timeline**: Measure baselines and set improvement targets in first quarter FY14 (following implementation of Epic and new Press Ganey ambulatory survey).

Objective 2. **Involve patients in design of the care process by broadly engaging patient advisors at UAMS.**

> **Measurable Outcome:** Increase in patients actively involved in clinic councils and committees.

> > **Timeline:** Patient advisory councils in all primary care clinics by end of first quarter FY14; at least 5 additional councils by end of FY15; patients on 50% or more of FGP committees by end of FY16.

Objective 3. Eliminate delays in making patient appointments caused by internal screening processes and referral requirements (unless required by payers).

> **Measurable Outcome**: Decrease number of clinics that are out of compliance with FGP policy of responding to referring physician requests within one business day. (Baseline: 8 clinics required referrals for all patients and 2 clinics required referrals for self-pay patients as of January 2013.)

> > **Timeline**: Develop individual improvement plans with out-of-compliance clinics by end of FY13; successful implementation of improvement plans resulting in 100% compliance with FGP policy by end of end of FY14.

Objective 4. Improve patient satisfaction.

> **Measurable Outcome:** Improve Press Ganey Scores (July-September 2012 raw score 84.4, 24th percentile); improve Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) scores (current top box score 70%, 55th percentile in UHC group).

> > **Timeline:** Demonstrate steady improvement on Press Ganey scores, with achievement of 60th percentile by end of FY15 (86.7 based on current raw score), 70th percentile by end of FY16 (87.1 raw score), and 80th percentile (87.7) or better by end of FY17. (Physician specific scores are 87.1, 47th percentile, going to 88.0, 88.5 and 89.1 for same intervals as above.)

> **Measurable Outcome**: Increase number of services conducting multidisciplinary bedside rounding. (As of January 2013, 13 services routinely round as a multidisciplinary team, with another 5 services routinely rounding with nursing staff; practice remains attending-dependent.)

> > **Timeline:** All services using multidisciplinary bedside rounding by end of FY15.

GOAL 3: Improve patient safety and quality of care through effective review of clinical performance, using the data to develop a corrective approach to problems and deficiencies.

Objective 1. Utilize EMR to improve quality of care at UAMS; encourage and support EMR adoption at Arkansas Children's Hospital as soon as possible.

    Measurable Outcome: Achieve meaningful use incentives.

        Timeline: Initial qualification for primary care group by end of calendar year 2013; expansion to other clinics by end of FY14; full participation in FY15 and FY16.

    Measureable Outcome: Number of Epic evidence-based order sets implemented.

        Timeline: By end of Epic rollout, end of FY15.

Objective 2. **Reduce readmissions by ensuring post-discharge contact and timely follow up after discharge from hospital (in addition to robust care management in hospital and effective appointment system for discharges).**

    Measurable Outcome: 30-day readmission rate.

        Timeline: Reduce current (FY13) 30-day readmission rate (13.65%) by 10% or more by end of FY14, to 12.29**%**; 40% by 2017 or 9.65%.

GOAL 4: Develop a robust population management model using Patient Centered Medical Home (PCMH) teams as a pilot.

Objective 1. **Obtain National Committee for Quality Assurance (NCQA) PCMH recognition for all primary care clinics at UAMS.**

    Measurable Outcome: NCQA recognition for the remaining clinics that are not NCQA-recognized (IM South and IM West).

        Timeline: All clinics recognized by first quarter of FY14; maintain on-going certification by clinics after recognition.

Objective 2. Demonstrate improvement on key parameters in chronic disease index conditions, such as Diabetes, via favorable pre- and post-comparison analysis.

Measurable Outcome: Diabetes, average HgbA1c; Hypertension, average blood pressure; Hypercholesterolemia, total cholesterol.

Timeline: End of FY13 – Complete report format, plan for physician review and outcome goals for conditions; End of FY14 – Document routine review of report by all primary care physicians; End of FY15 – Demonstrate 10% or greater improvement in average Hgb A1c levels and total cholesterol levels for diabetes and hypercholesterolemia populations.

Goal 5: Reduce costs by actively engaging faculty and trainees in workgroups, with adequate staff and data support, to participate and lead in the Arkansas Payment Improvement Initiative (APII) and other payment reform initiatives.

Objective 1. Using established COM work groups, develop and implement plan for achieving positive performance on all episodes in APII.

Measurable Outcome: Positive margins as reflected by aggregate reports of episodes.

Timeline: Groups functioning and plans in place by end of FY13; positive margins in all episodes by end of FY14.

Objective 2. **Utilizing UAMS data resources such as Crimson, the University HealthSystem Consortium (UHC) and others, engage medical staff in reducing average costs.**

Measurable Outcome: Reduce overall average costs for hospital admission on Crimson dashboard.

Timeline: Establish process for review of each admitting physician's average cost of admissions by the end of FY13 and set targets for reduction based on peer benchmarks by end of FY14.

Objective 3. **Develop process for reducing unnecessary lab and image ordering by physicians.**

Measurable Outcome: Reduction in lab and imaging charges for selected index conditions in Crimson (e.g. headaches and CT scans) to levels at or below benchmark values through application of evidence-based medicine and development of practice protocols.

Timeline: Select 5 index conditions for reduction in first quarter of FY14, including assignment of workgroups for each condition; implement practice protocols for select conditions by end of FY14; meet or exceed benchmark levels in charges for select conditions by end of FY16.

Objective 4. **Fully involve physicians in antibiotic stewardship program to reduce pharmacy costs.**

Measurable Outcome: Favorable performance for hospital pharmacy costs vs. benchmarks.

Timeline: Identify institutions as benchmark performers for cost per patient day for anti-infective expenditures by end of FY14 and set improvement targets; improve performance against benchmark institutions with goal of equaling benchmarks by end of FY16.

Objective 5. **Address physician preference issues that increase hospital costs through participation on Supply Chain Physician Preference Item Committee.**

Measurable Outcome: Reduce supply chain costs for physician preference items with individual cost greater than $750 or total annual cost greater than $5,000.

Timeline: Implement savings of approximately $700,000 on six identified items in FY13; complete review for remainder of identified items and implement savings in FY14; in FY13 and forward, participate in process for review of physician preference requests for new items and periodic review of current items meeting cost threshold.

GOAL 6: Develop a UAMS integrated clinical network with a financial model capable of bearing risk, through telemedicine, referring physician support and affiliation with community providers, facilities and payers.

Objective 1. **Ensure smooth transition from RapidFax system to Epic communication tools, maintaining continuity of referring physician communication during the process.**

Measurable Outcome: Number of Epicare Link logons by referring physicians.

Timeline: Transition from RapidFax to Epic completed with Epic-based system used by all clinics by end of FY15.

Objective 2. Develop network of affiliated facilities to assist in smooth transition of care from UAMS hospital to other care levels (e.g. skilled nursing facilities, long-term acute care, rehab, etc.).

Measurable Outcome: Work plan for affiliations completed.

Timeline: Plan for affiliations completed by end of FY14; functioning network, as defined in plan, by end of FY17.

Research

Robust basic, translational and clinical research with high potential to improve health is an important component of the overall mission of the College of Medicine. Traditionally, COM research has been supported largely by federal funding, with limited support from other extramural sources such as state agencies, industry partners, private foundations and philanthropists. With increasingly tight federal and state budgets and the threat of substantial federal funding cuts ahead, the challenges facing the research enterprise have never been greater. The COM must substantially broaden its funding base through new partnerships with industry and greater philanthropic support. The evolving funding environment, as well as Arkansas' specific health needs, will necessitate thoughtful strategic planning to maintain and enhance the ability of COM faculty to be competitive on grants and to continue the cutting-edge research that is vital to improving the health of the citizens we serve. The following goals and objectives will ensure that the COM research enterprise continues to thrive.

GOAL 1: Align COM research with the critical health issues that impact the citizens of Arkansas.

Objective 1. Capitalize on strengths in health services, patient-centered and community-based research in order to devise better approaches to deliver evidence-based treatments to the citizens of Arkansas. Develop stronger research partnerships with UAMS Regional Programs as well as other health systems through which evidence-based treatments can be delivered.

> **Measurable Outcome:** Increase the number of publications coauthored by College of Medicine faculty and either UAMS Regional Programs faculty/staff, or physicians/staff employed by other health care systems. Improvements in health status indicators for Arkansans.

>> **Timeline:** Annual increase of 5% in coauthored publications in the areas of health services and patient-centered/community-based research. Significant improvement in health status indicators by 2018.

Objective 2. Develop additional research capacity in nanomedicine through partnerships with investigators with primary appointments at the University of Arkansas, the University of Arkansas at Little Rock, and the National Center for Toxicological Research, and through recruitment of additional faculty with expertise in nanomedicine.

> **Measurable Outcome:** Annual increase of 5% in publications authored by College of Medicine faculty in the area of nanomedicine. Growth of 5% annually in the number of extramural grants that support nanomedicine research.

>> **Timeline:** Increases in publications and extramural grant funding beginning in FY14.

Objective 3. Capitalize on technology and collaborative assets to develop a multidisciplinary clinical neuroscience initiative conducting patient-oriented (T2) research throughout the human lifecycle. Use this initiative as a translational research bridge between basic science (T1) and population-based (T3) research.

Measurable Outcome: Annual increase of 5% in neuroscience-related publications authored by College of Medicine faculty. Annual growth of 5% in the number of extramural grants that support neuroscience-related research.

Timeline: Increases in neuroscience-related publications and extramural grant funding beginning in FY14.

Objective 4. Capitalize on the strengths of the Arkansas Children's Nutrition Center to expand the capacity of the COM to address nutritional issues across the human lifespan.

Measurable Outcome: Recruitment of additional faculty expertise in human nutrition and the development of a research group led by a nationally-recognized clinician scientist.

Timeline: Recruitment of an established human nutrition researcher in 2014 with the expectation that the research group will be largely established by 2016 and have significant extramural funding by 2017.

Objective 5. Support efforts of the Winthrop P. Rockefeller Cancer Institute to increase its capacity to provide cutting-edge treatments for cancer to Arkansans.

Measurable Outcome: National Cancer Institute (NCI) funding increases.

Timeline: Submission of NCI Center Grant application to the NCI in 2015 with the expectation that the grant would be awarded in 2016. Funding from the NCI to cancer researchers increases by 5% annually over the baseline of $8.1 million received in federal FY12.

Objective 6. Expand capacity in cardiovascular research to provide improved care to Arkansans with heart and other cardiovascular disease.

Measurable Outcome: Increased extramural funding of 5% annually, including one or more Center Grants from the National Heart, Lung and Blood Institute (NHLBI) in the next five years. (In federal FY12, COM investigators working in cardiovascular research received approximately $3.5 million in extramural support from all sources.)

Timeline: Steady increase in extramural grants from the NHLBI and American Heart Association as well as other federal agencies and private foundations to investigators in the

UAMS Cardiovascular Center beginning in 2014.UAMS Cardiovascular Center obtains one or more center or multi-investigator grants by 2016.

Objective 7. Support efforts by UAMS researchers at the Arkansas Children's Hospital Research Institute (ACHRI) to increase programs in areas related to children's health issues.

Measurable Outcome: Recruitment and sustainability of children's health research programs by established and new clinician scientists with enhanced interdisciplinary collaborations to include lifespan priorities.

Timeline: Interdisciplinary research team recruitments will be accomplished in at least two areas by 2014. The programs will obtain a center or multi-investigator grant(s) by 2016.

Objective 8. Expand research efforts to understand the aging process, diseases associated with aging and the needs of older individuals.

Measurable Outcome: Continued extramural support for the Arkansas Claude D. Pepper Older Americans Independence Center as well as recruitment of additional investigators with interests in aging and/or lifespan research. Development of additional multidisciplinary groups supported by extramural grants that conduct aging research.

Timeline: Development of two additional interdisciplinary research teams will be accomplished by 2015. The programs will obtain a center or multi-investigator grant(s) by 2016, and the Arkansas Claude Pepper Older Americans Independence Center grant will be renewed in 2017.

GOAL 2: Provide support and incentives for team-based, collaborative interdisciplinary research that has a high probability for translation into new understanding of treatments for human disease.

Objective 1. Invest in basic biomedical research in order to provide a strong base for the application of fundamental scientific discoveries to clinical and community settings.

Measurable Outcome: Productive extramurally funded basic science research as measured by publication of highly cited articles in scientific journals. This research should lead to increased translational research that has high potential to improve human health.

Timeline: Annual growth of 2-5% in publications from basic science researchers. Annual increase of at least 5% in the number of productive collaborations between basic and clinical scientists, as measured by the number of multi-investigator grants and multi-authored publications.

Objective 2. Through the commitment of COM faculty and administration, support the efforts of the Translational Research Institute (TRI) leadership to renew the Clinical and Translational Science Award (CTSA) grant.

Measurable Outcome: Successful renewal of the CTSA grant (NIH UL1 TR000039-05).

Timeline: Submission of the competitive renewal application to meet the NIH deadline, with an anticipated award date of April 1, 2014.

Objective 3. Adopt a standard research incentive plan for investigators in clinical departments.

Measurable Outcome: Implementation of a formal plan that provides incentive for faculty in clinical departments to perform translational research.

Timeline: Fully implement the new incentive plan by the start of FY14.

Objective 4. Increase efforts to create and expand translational research partnerships across basic science, clinical and health services research by offering pilot study funding to multidisciplinary teams.

Measurable Outcome: Establish pilot study funding as per timeline below, resulting in an annual increase of 5% in multi-investigator extramural grants and multi-authored publications. For National Institutes of Health (NIH) program project grants, the COM will increase the number from the current total of three to five by the end of federal FY17. Baseline and increases in multi-authored publications to be determined after acquisition of Elsevier SciVal software implementation in 2014.

Timeline: Announce special pilot study opportunities from the UAMS Translational Research Institute (TRI) pilot studies fund in 2013 and annually thereafter. Submission of extramural applications from multi-investigator teams will increase beginning in 2014, with the expectation that awards will begin to increase in 2015.

Objective 5. Facilitate collaborative interdisciplinary research by providing increased networking opportunities for COM faculty.

Measurable Outcome: Implement software to facilitate the linkage of scientists to each other and to resources technology and other research opportunities. Success will be measured by outcomes described under Objective 2.

Timeline: Immediate implementation of Profiles and eagle-I in 2013.

GOAL 3: Recruit, retain and train research-focused faculty, especially clinician scientists and translational investigators.

Objective 1. Ensure that current faculty engaged in research are able to maintain and/or grow programs by providing resources necessary for their competitiveness for extramural funding.

Measurable Outcome: Growth in annual extramural research funding and peer-reviewed publications.

Timeline: Beginning in 2014, expect growth of 2-5% annually in research funding from all extramural sources above the UAMS FY12 baseline of $143 million, and in the number of peer-reviewed publications above the FY12 baseline of approximately 900.

Objective 2. Recruit additional faculty with the ability to engage in biomedical research, especially investigators who perform translational research, and strengthen existing research programs.

Measurable Outcome: Additional translational investigators in the COM hired after January 1, 2013, with a concomitant increase in scholarly publications and extramural funding that supports these investigators.

Timeline: Five to ten new clinician investigators working on cancer by end of 2015; similar number of new translational investigators in other targeted research areas (e.g., Psychiatry, Pediatrics) by end of 2016.

Objective 3. Provide clear institutional support and priority for research training grants and career development awards.

Measurable Outcome: Increased number of training grants (e.g., NIH T awards), educational (e.g., NIH R awards), as well as faculty career development awards (e.g., K awards and COBRE grants).

Timeline: Renew the existing T32 and R25 awards, and grow the number of T32 training grants to five by 2015. By 2016, secure 15 additional faculty development grants with emphasis on K23 and KL2 awards that support clinical research faculty development.

GOAL 4: Improve and maintain infrastructure that supports the full range of biomedically relevant research, from basic to clinical to population based.

Objective 1. Assess and provide support to core facilities that are crucial to the success and productivity of COM research.

Measurable Outcome: Highly successful core facilities, as determined by the annual evaluation performed by the Research Council, that provide needed services and expertise to COM investigators in an efficient and effective manner.

> **Timeline:** Annual review and evaluation of the performance of existing core facilities with consideration of updating equipment in existing core facilities and the addition of new core facilities as needed.

Objective 2. Ensure the safety of subjects participating in COM research.

Measurable Outcome: Continued accreditation of the human research protection program by the Association for the Accreditation of Human Research Protection Programs (AAHRPP) and the laboratory animal research program by the Association for Assessment and Accreditation of Laboratory Animal Care International (AAALAC).

> **Timeline:** AAHRPP re-accreditation begins in early 2015. The AAALAC re-accreditation site visit is scheduled for April 2013.

Objective 3. Ensure that UAMS research support offices are compliant with federal and state regulations and responsive to the needs of investigators.

Measurable Outcome: No reportable compliance infractions to federal agencies. Efficient and timely review of protocols by the Research Support Center, Institutional Review Board (IRB) and Institutional Animal Care and Use Committee (IACUC), with the goal of initiating human and animal research studies within 90 and 30 days, respectively, of submission of a complete protocol.

> **Timeline:** Annual review of the quality of services provided by UAMS and COM offices that support COM research.

Objective 4. Enhance infrastructure that supports COM researchers and their information technology needs including growing capacity to utilize large-scale data.

Measurable Outcome: Expansion of enterprise analytical solutions, including computational resources, increased data storage and specialized software, for researchers who need information technology resources to conduct their research efficiently.

> **Timeline:** Annual review of the suitability of services to COM research efforts that are provided by the UAMS Division of Information Technology.

GOAL 5: Broaden the support base for COM research beyond the traditional extramural funding resources.

Objective 1. Develop new research partnerships with industry that have the potential to accelerate the discovery process and yield new funds through licensing and royalty revenue that can support basic research.

Measurable Outcome: Increase in number of disclosures, licensing agreements and technology-based start-up companies that arise from COM research above the current three-year averages for each category (current average of 25 disclosures submitted annually to Patent & Copyright committee; two licensing agreements executed by BioVentures staff; two start-up companies formed).

Timeline: By the end of 2017, average annual disclosures will increase to 27; average annual license agreements will increase to three; and start-up companies based on COM intellectual property will increase to an annual average of three.

Objective 2. Conduct comprehensive philanthropic fundraising to support the COM research enterprise. *[This objective, measurable outcomes and timelines are discussed under Goal 2 of the Finance & Administration section of this plan. Please see page 24.]*

Finance & Administration

The College of Medicine's Finance & Administration group exists to support and encourage the primary missions of the College of Medicine in a manner that ensures financial integrity. The greatest challenge on the horizon is anticipating and responding to the fiscal challenges of health care reform. The next five years will bring convulsive, transformational change in health care financing models and practice. Cost containment will be essential as the traditional medical school revenue streams are certain to shrink. Philanthropic sources of revenue will be more important than ever. Meanwhile, it will be imperative for the College of Medicine to support and encourage career development activities for faculty and staff, to enhance employee recognition programs, and to foster job satisfaction among faculty and employees.

GOAL 1: Understand and fashion sound business strategies to meet the market-driven challenges of health care finance reform, sequestration and other eventualities.

Objective 1. Maintain an open channel of communication with Arkansas payers on the Arkansas Payment Improvement Initiative (APII).

> **Measurable Outcome:** COM representation at all workgroup and general meetings of providers with APII payers; financial results of APII show that costs are fully covered.
>
> > **Timeline:** Continuous representation beginning in FY13; confirmation that APII costs are fully covered when cost information becomes available in FY14.

Objective 2. Develop models for sharing bundled payments in conjunction with UAMS Medical Center, Arkansas Children's Hospital and other partners.

> **Measurable Outcome:** Structures and formulas established and put into practice; financial results of payment bundling show that costs are fully covered.
>
> > **Timeline:** FY14 and thereafter.

Objective 3. Expand and refine the COM cost accounting system and system and embrace performance analytics in support of the clinical mission as well as for research and education.

> **Measurable Outcome:** Refined COM mission-based accounting structures and reports; Successful implementation of the McKesson cost accounting and performance analytics products, in partnership with UAMS Medical Center; meaningful reports used by department and COM leadership for decision making, strategic planning and business development.

Timeline: McKesson analytics implemented in FY13-14; use of resulting reports FY14 and thereafter.

GOAL 2: Ensure a steady growth in philanthropic contributions to sustain and enhance all missions of the College of Medicine and to help offset federal funding shortfalls.

Objective 1. Cultivate new donors for COM priority initiatives.

Measurable Outcome: Total giving to the COM increases above the FY12 baseline of $6 million ($6M) by an average of at least $1M in each of the next five fiscal years.

Timeline: Achieve total giving of $7M or more in FY13; $8M in FY14; $9M in FY15; $10M in FY16; $11M in FY17.

Objective 2. Complete fundraising for endowed chairs in Maternal Fetal Medicine, Anesthesiology, Neurology, Emergency Medicine and Genetics.

Measurable Outcome: Endowment levels obtained for specified programs.

Timeline: By end of FY14.

Objective 3. Conduct comprehensive fundraising to support the COM research enterprise.

Measurable Outcome: Annual increases in number of endowed chairs and professorships that support COM research faculty. (FY13 baseline: 56 endowed chairs; 6 endowed professorships supporting research.)

Timeline: Add 4 new endowed chairs, convert 3 endowed professorships to chairs, and add 4 new professorships by the end of 2017, for a total of 63 endowed chairs.

Measurable Outcome: Creation and annual growth of an endowment that provides discretionary funds for activities such as research faculty recruitment, core facility establishment and enhancement, and pilot project funding, and to offset potential reductions in extramural grant funding.

Timeline: Announcement to establish endowment in 2013; first $1M in fund by the end of 2014; at least $5M in fund by end of 2017.

Objective 4. Substantially increase the endowment for College of Medicine scholarships.

> **Measurable Outcome:** At least $2 million raised over the next four years.

> > **Timeline:** FY13-FY16.

GOAL 3: Develop programs to better assess and manage risk in the financial and administrative arena with a primary focus on compliance with COM policies and procedures and on business processes that are not subject to regular review by other external, system or campus parties.

Objective 1. Establish an Office of Risk Assessment to review financial and administrative processes, controls and transactions.

> **Measurable Outcome:** No internal audit findings.

> > **Timeline:** Hire director and staff in FY 13; no internal audit findings in February 2013 and thereafter.

Objective 2. Develop educational program in administrative ethics for COM administrators in departmental and college leadership positions.

> **Measurable Outcome:** Administrative Ethics Academy meets regularly for presentations and discussion of ethical issues pertaining to academic medicine; all participants attend 75% or more of sessions during each fiscal year.

> > **Timeline:** FY13 and thereafter.

GOAL 4: Support the talent-rich staff in the College of Medicine through enhanced career development opportunities and employee recognition.

Objective 1. Provide training to managers of five or more non-faculty employees in career development and employee recognition, resulting in improved scores on the next Morehead Employee Satisfaction Survey.

> **Measurable Outcome:** No organizational units will be ranked as Tier III (the lowest performance level) on the fall 2013 survey, as compared with 11 Tier III units among the 30 organizational units within the COM that received scores on the fall 2011 survey.

Timeline: Training during calendar year 2013; assessment of objective upon receipt of results of the fall 2013 survey.

Objective 2. Establish COM staff awards for exemplary support of each of the three primary mission areas of the college.

Measurable Outcome: Criteria are published and awards are presented.

Timeline: FY13 and annually thereafter.

GOAL 5: Enhance College of Medicine faculty engagement.

Objective 1. Participate in the AAMC Faculty Forward survey.

Measurable Outcome: Faculty Forward survey is administered to all COM faculty members.

Timeline: April 2013.

Objective 2. Follow up on opportunities for improvement identified by the survey.

Measurable Outcome: Plans will be formatted, vetted and implemented. Progress will be assessed on a follow-up survey.

Timeline: Summer 2013 and thereafter.