UC Irvine Academic Health Center

Strategic Plan FY2011-2015

August 2010
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I. GLOBAL DIRECTION

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Global Direction

Mission

Vision

To be among the best academic health centers in the nation by:

- Providing Clinical Excellence
- Broadening the Impact of Our Clinical Expertise
- Advancing Premier Research
- Educating for the Future
- Fostering an Outstanding Team
- Building Financial Sustainability
- Strengthening Image and Community Partnerships

Note: Tagline “Your Health, Your Life…Our Passion” to be tested in branding study as outlined in Strategy VII.1.
Vision Themes and Supporting Goals

I. Providing Clinical Excellence
   1. Provide high quality, accessible, patient-centered clinical care.
   2. Develop integrated, interdisciplinary Centers of Excellence.
   3. Establish UC Irvine Academic Health Center as the leading tertiary and quaternary care provider in the region.
   4. Be recognized as a leader in primary health care and prevention of disease development.

II. Broadening the Impact of Our Clinical Expertise
   5. Identify and promote research strengths at UC Irvine School of Medicine.
   6. Develop disease-focused multidisciplinary and translational research.
   7. Place UC Irvine at the forefront of medical education.
   8. Provide outstanding educational experiences for students, residents, post-doctoral scholars and post-graduates.

III. Advancing Premier Research
   9. Establish strong, consistent and committed leadership.
   10. Recruit and retain top-quality physicians, scientists, staff, students and trainees.
   11. Instill a culture of pride, accountability and teamwork across the organization.
   12. Strengthen administrative services, processes and infrastructure.
   13. Recognize and promote diversity.

IV. Educating for the Future
   15. Develop a culture of philanthropy.
   16. Enhance the image and strengthen the identity of UC Irvine Academic Health Center.
   17. Establish strong collaborations and partnerships throughout Orange County and the region.
Our Core Values … *Principles that Guide the Organization’s Behavior*

**ARISE:**

**Accountability** – We are each responsible for the achievements and successes of UC Irvine Academic Health Center.

**Respect** – We foster an environment of mutual respect and trust amongst ourselves and with all whom we serve.

**Integrity** – We tell the truth and strive to earn the trust of those around us.

**Innovation** – We seek ideas and approaches that can change the way the world discovers, teaches and heals.

**Service through Teamwork** – As departments, units and individuals, we collaborate to effectively and compassionately serve our patients, each other and our community.

**Excellence** – We are committed to achieving the highest level of excellence in patient care, discovery and education.
II. STRATEGIC DIRECTION

Presented by Vision Themes as Follows:

Theme I: Providing Clinical Excellence
Theme II: Broadening the Impact of our Clinical Expertise
Theme III: Advancing Premier Research
Theme IV: Educating for the Future
Theme V: Fostering an Outstanding Team
Theme VI: Building Financial Sustainability
Theme VII: Strengthening Image & Community Partnerships
Theme I: Providing Clinical Excellence
Goals and Strategies Support the Vision

I. Providing Clinical Excellence

**GOAL 1:** Provide high-quality, accessible, patient-centered care.

1. Provide compassionate, patient-centered care.
2. Execute the Performance Improvement Plan For Organization-Wide Quality and Patient Safety.
3. Position UC Irvine Academic Health Center to respond to health reform.
4. Deploy state-of-the-art technology to improve care, access and service.
Strategy I.1: Provide compassionate, patient-centered care.

RATIONALE:
Care that is truly patient-centered considers patients’ cultural traditions, their personal preferences and values, their family situations, and their lifestyles. It makes the patient and their loved ones an integral part of the care team who collaborate with health care professionals in making clinical decisions. Patient-centered care puts responsibility for important aspects of self-care and monitoring in patients’ hands — along with the tools and support they need to carry out that responsibility. Patient-centered care ensures that transitions between providers, departments, and health care settings are respectful, coordinated, and efficient. When care is patient centered, unneeded and unwanted services can be reduced. (Institute for Healthcare Improvement.

Recommended Tactics for Consideration:

a. Elevate the provision of patient-centered care to the highest institutional priority.
   i. Identify individuals who will spearhead the organizational transformation needed to provide patient-centered care.
   ii. Provide professional development to improve institutional understanding of patient-centered care.
   iii. Empower departmental leaders and medical directors with the responsibility of improving patient centered care, provide them with the resources to do so and hold them accountable for implementation.
   iv. Develop a patient-centered code of conduct for all faculty, staff, students and trainees; consider adherence to the code of conduct in annual performance reviews and evaluations.
   v. Empower all employees and students to improve patient-centered care through proactive communication with leadership.
      • Develop feedback systems to gather employee input in developing Recommended Tactics for Consideration to improve patient care.
Strategy 1.1

Provide compassionate, patient-centered care. (cont’d)

Recommended Tactics for Consideration:

b. Identify best practices for patient-centered clinical care.
   i. Assess best-practice models; include UCLA Health System as a benchmark given their patient-centered care model.
   ii. Keep abreast of the literature.

c. Explore alternative care models and practices to enhance patient service and convenience.
   i. Create a seamless patient-centered care system that crosses departmental boundaries.
   ii. Facilitate consults between departments and create a team approach to patient care.

d. Set formal institutional standards that define clinical service obligations for faculty; consider the following:
   i. Cancellation policy and rules for coverage of clinical commitments when faculty members are unable to attend to clinical duties.
   ii. Expected hours of operation and consequences for failure to meet these standards (e.g., on-time clinic starts).
   iii. Timely availability to clinic staff for patient related questions and concerns.
   iv. Timely communication for patients, families and referring physicians.
   iv. Turn-around times for signature of dictations.

e. Make appointment scheduling easy and efficient for patients and referring physicians.
   i. Streamline call handling process to shorten the length of time it takes to get an appointment.
   ii. Reduce physician-driven appointment cancellations.
   iii. Increase office hours.
   iv. Create a mechanism for patients to be seen in the same day in outpatient facilities.
Theme I: Clinical Excellence

Strategy I.1
Provide compassionate, patient-centered care. (cont’d)

Recommended Tactics for Consideration:

f. Provide clinical sites with appropriate leadership, staffing, and knowledge to improve patient flow.
   i. Track/monitor outcomes such as wait times at individual sites.
      • Create scheduling/templates to reduce waiting time for patients in exam room.
      • Reduce the amount of time it takes to register a patient.
      • Develop metrics to evaluate time patient spends with clinician in exam room.
   ii. Ensure discharge information includes referral appointments to other UCI clinicians or services.
   iii. Identify and prioritize areas that need improvement.
   iv. Provide support to implement changes.
   v. Hold leadership accountable for key patient flow measures.
   vi. Ensure office staff can provide triaging, education, case management and problem solving for patients.

g. Monitor and reward service excellence in support and ancillary departments.
   i. Consider internal constituents, including institutional referring physicians, as "customers" of these services.
   ii. Examine approaches and practices used in hospitals known for superior ambulatory services.
   iii. Ensure that patient bills are timely, understandable and accurate.
   iii. Make it as easy and friendly as possible to refer patients for studies and tests.
h. Improve amenities for families and patients.
   i. All patients and family to access their health care information (a personal health record sites i.e. health vault for UC Irvine patients).
   ii. Allow patients and family to access their health care information (a personal health record sites Ensure that patient waiting rooms have patient and family amenities (e.g., Wi-Fi.).
   iii. Develop relationships with local hotels for patient families.
   iv. Insure all clinical practices sites have adequate parking.

i. Measure and monitor performance with respect to patient-centered care.
   i. Survey patients regarding access, wait time, bedside manner of staff, quality of care, etc.
   ii. Conduct focus groups of patients and families to identify areas of excellence and areas of improvement.
   iii. Survey UC Irvine employees regarding their use of, and satisfaction with, clinical services.
   iv. Develop dashboards to track the success of patient-centered care initiatives.
      ▪ Disseminate tracking data within UC Irvine Academic Health Center.
Theme I: Clinical Excellence

Strategy I.2
Execute the Performance Improvement Plan For Organization-Wide Quality and Patient Safety.*

**RATIONALE:**
UC Irvine Academic Health Center must strive to provide the highest quality care to all patients. Without a strong commitment to quality, the institution will not be competitive in the marketplace or be able to recruit and retain talented faculty, staff or students. The tri-partite missions of an academic health center are tied to the quality of its patient care.

**Recommended Tactics for Consideration:**

a. Mandate that performance data evaluating clinical conditions or systems be collected, prioritized and reported.

b. Aggregate and analyze performance data to identify and stabilize processes, trends, variances and opportunities to improve patient care and health care delivery.

c. Use information from data analysis and measurement to identify and implement changes that will improve the quality of care, treatment, services and reduce risk to patients while improving patient safety.

d. Use Rapid Cycle improvement teams and processes to evaluate the effectiveness of implementing improvements on a system-wide basis.

e. Create a proactive risk reduction program to identify and reduce unanticipated adverse events and safety risks to patients.

f. Coordinate performance improvements across the organization.

g. Communicate and train all staff regarding performance improvement initiatives via staff orientation, annual performance training, emails, posters and performance improvement website.

*Plan has already been established and will be attached to the Strategic Plan as an appendix.
Theme I: Clinical Excellence

Strategy 1.2

Execute the Performance Improvement Plan For Organization-Wide Quality and Patient Safety. (cont’d)

Recommended Tactics for Consideration:

h. Develop an annual performance improvement work plan that synchronizes with the vision, mission and strategic goals of the UC Irvine Academic Health Center.

i. Develop and support quality implementation team.

j. Mandate that governance of quality improvement shall be comprehensive and include all patient care (inpatient, ambulatory and faculty practice).

k. Develop and maintain an organizational structure to ensure quality improvement across the entire organization.

l. Incorporate outpatient sites into the overall quality improvement plan.
   i. Identify the chain of responsibility for ensuring quality in the ambulatory sites.
**Recommended Tactics for Consideration:**

**a. Develop a Committee on Health Reform Implementation with the following governance structure:**

i. The executive leadership team will guide the work of the Committee and will make final decisions on proposed strategies.

ii. The Committee will gather data on the expected impact of health reform and recommend strategies to prepare for health reform in all mission areas.

**b. Charge the committee with examining the impact of health reform in the following domains:**

i. Clinical Care

   • Determine how best to position UCI Irvine as an Accountable Care Organization.
   
   • Outline organizational changes that will be needed to accomplish the approach identified in question ‘a’ above.
   
   • Identify operational changes and infrastructure needed to operate with greater accountability for service, quality, safety, outcomes and cost.
Recommended Tactics for Consideration:

b. Charge the committee with examining the impact of health reform in the following domains: (cont’d)

   ii. Research
       - Determine how UC Irvine Academic Health Center can leverage its expertise in research to:
         o Participate in comparative effectiveness research initiatives under health reform.
         o Demonstrate superior outcomes for the patient care provided.

   iii. Education
       - What changes will be needed in our educational programs to prepare students and trainees to meet the changing landscape in clinical care?
       - How will we ensure sufficient time and resources to fulfill our educational mission under growing pressure for efficiency and cost containment?
       - What role, if any, should UC Irvine Academic Health Center play in helping to increase the number of primary care providers (MDs’ and Allied Health Professionals) that will be needed?
Recommended Tactics for Consideration:

c. Charge the committee with projecting the impact of health reform on the following strategies in the strategic plan.

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Theme I: Clinical Excellence

**Strategy I.4**
Deploy state-of-the-art technology to improve care, access and service.

**RATIONALE:**
Technology will be an important factor in improving efficiency, safety and effectiveness in healthcare. Providers and patients desire secure and timely access to health information, eliminating the use of paper recordkeeping. Linking clinical data and research data will be critical to realizing potential opportunities for translational research.

**Recommended Tactics for Consideration:**

a. Complete the implementation of the inpatient electronic medical record (EMR) at UC Irvine Medical Center.

b. Implement outpatient EMR in all ambulatory clinics.

c. Install bedside medication administration system.

d. Develop web-based portals for patients and referring physicians to access EMR.

e. Develop clinical and research data warehouse.
   i. Construct data warehouse in alignment with plans for a UC-wide federated data warehouse.
   ii. Provide virtual desktop portals for researchers to access data.
   iii. Ensure data storage and retrieval processes are HIPAA compliant.
   iv. Include microarray and tissue bank data in research data warehouse.
   v. Ensure sufficient bioinformatics resources to support researchers using data.

f. Implement new integrated decision support system.

g. Ensure that technology meets definition of “meaningful use” to secure additional ARRA financial support.
Theme II:
Broadening the Impact of Our Clinical Expertise
Goals and Strategies Support the Vision

**II. Broadening the Impact of Our Clinical Expertise**

**GOAL 2**: Develop integrated, interdisciplinary Centers of Excellence.

**GOAL 3**: Establish UC Irvine Academic Health Center as the leading tertiary and quaternary care provider in the region.

**GOAL 4**: Be recognized as a leader in primary health care and prevention of disease development.

1. Promote and invest in selected clinical services where UC Irvine Academic Health Center can provide unique value and expertise to the community.

2. Cultivate referral relationships with physicians in Orange County and surrounding communities.

3. Develop and deploy a comprehensive primary care integration strategy.

4. Use clinical trials to differentiate UC Irvine Academic Health Center as the only academic medical center in Orange County.
Strategy II.1

Promote and invest in selected clinical services where UC Irvine Academic Health Center can provide unique value and expertise to the community.

RATIONALE:
Due to limited resources, UC Irvine Academic Health Center cannot be comprehensive in all clinical services but needs to select niche areas of expertise that, with investment, can provide unique services to the community including: state-of-the-art patient care, access to clinical trials, and care provided by a highly skilled workforce.

Recommended Tactics for Consideration:

a. Consider clinical focal points for investment and development using the following criteria.

- Current high volume vs. Educational excellence
- Provide unique services vs. Good quality and outcomes
- Breadth of services offered vs. Leadership in place
- Research strength vs. Manpower in place
- Patient friendly facilities vs. Specialized equipment available
- Patient-centered care; access vs. Program reputation
- Financial potential vs. Meets a market need
- Contribution to bottom line vs. Emerging vs. new programs
Promote and invest in selected clinical services where UC Irvine Academic Health Center can provide unique value and expertise to the community. (cont’d)

Recommended Tactics for Consideration:

b. Produce business plans based on both qualitative and quantitative data to evaluate the following programs to be positioned as **centers of excellence**.

   i. Trauma/Burn
   ii. Urology
   iii. Comprehensive Digestive Disease Center*
   iv. Cardiovascular Service*
   v. Chao Comprehensive Cancer Center*
   vi. Maternal Fetal Medicine/NICU*
   vii. Other Surgical Services*
   viii. Otolaryngology

* Identified as a clinical focal point for Accelerated Clinical Growth by UC Irvine Medical Center; detailed Recommended Tactics for Consideration for each of these centers are listed on the following pages.
Recommended Tactics for Consideration:

c. Invest in selected clinical programs to achieve **accelerated growth** in clinical income.

i. Increase inpatient procedures and surgeries through the development and implementation of a **Clinical Neuroscience** service line.*
   
   • Develop and implement efficient and integrated operations across the entire Clinical Neuroscience service line with a focus on specialty programs including stroke and cerebrovascular, epilepsy, brain tumor, spine, neuro modulation, and neuro trauma.
   • Purchase specialized equipment to support the program.
   • Increase community awareness of Neuroscience service line and subspecialty services offered.
   • Increase net reimbursement by coordinating with Contracting through the development/enhancement of “B/C payor” agreements.
   • Collaborate with Advancement on opportunities for donation.
   • Ensure sufficient access to primary care neurology.
   • Hire departmental chair.
Theme II: Broadening the Impact of Our Clinical Expertise

Strategy II.1

Promote and invest in selected clinical services where UC Irvine Academic Health Center can provide unique value and expertise to the community. (cont’d)

Recommended Tactics for Consideration:

c. Invest in selected clinical programs to achieve accelerated growth in clinical income. (cont’d)

ii. Grow/sustain NICU volume by developing a vigorous Maternal Fetal Medicine/NICU practice, both internally through community outreach and externally through affiliation agreements.*

- Provide cost-effective care that consistently meets/exceeds patients’ expectations in terms of clinical outcomes, service, facilities and equipment.
- Increase overall increase market share through the development/enhancement and implementation of payor, transfer, and affiliation agreements.
- Increase community awareness of OB/NICU services through the development and implementation of Community Outreach and Education Programs.
- Increase overall market share (% B and C payors) through the development and implementation of a marketing and communication plan that supports the business development plan.
- Protect and grow sources of referral (i.e. high risk obstetrics and general obstetrics)
- Market full service obstetrics including NICU on site.
  - Promote CHOC affiliation with respect to continuity of care.
  - Market to labor and delivery and NICU services to UC Irvine employees.
- Develop and promote perinatal and fetal intervention program.

* Source: Strategic Business Plan.
Recommended Tactics for Consideration:

c. Invest in selected clinical programs to achieve accelerated growth in clinical income. (cont’d)

  iii. Grow profitable inpatient and outpatient volume to UC Irvine Medical Center and the \textit{Chao Comprehensive Cancer Center}. *

  ▪ Increase access to Comprehensive Cancer Center through select faculty recruitment, enhanced patient services and renovated ambulatory space to increase MD referrals, outpatient visits, infusion referrals, and inpatient admits.

  ▪ Recruit / retain physicians and staff to support accelerated growth plan.

  ▪ Purchase specialized equipment to support the program.

  ▪ Increase physician and community awareness of Comprehensive Cancer Center services offered through outreach programs.

  ▪ Renegotiate existing contracts to increase rates.

  ▪ Increase overall hematology oncology fee-for-service market share through the development and implementation of a marketing and communications plan.

  ▪ Develop philanthropy base to support Comprehensive Cancer Center accelerated growth plan.

  ▪ Develop/provide meaningful data and reports to monitor and evaluate accelerated growth plan.

  ▪ Identify niche programs to differentiate UC Irvine Academic Health Center in the community (i.e. lung cancer, GI, robotic surgery, young adults).

* Source: Strategic Business Plan.
**Recommended Tactics for Consideration:**

c. Invest in selected clinical programs to achieve accelerated growth in clinical income. (cont’d)

   iv. Grow profitable inpatient and outpatient volume at the UC Irvine Medical Center and the **Comprehensive Digestive Disease Center** as projected by the accelerated growth plan.*

   - Increase access to Comprehensive Digestive Disease Center through select faculty recruitment, enhanced patient services and renovated ambulatory space to increase MD referrals, outpatient visits, infusion referrals, and inpatient admits.
   - Recruit / retain physicians and staff to support accelerated growth plan.
   - Purchase specialized equipment to support the program.
   - Increase physician and community awareness of Comprehensive Digestive Disease Center services offered through outreach programs.
   - Renegotiate existing contracts to increase rates.
   - Increase overall gastroenterology FFS market share through the development and implementation of a marketing and communications plan.
   - Develop philanthropy base to support Comprehensive Digestive Disease Center accelerated growth plan.
   - Develop/provide meaningful data and reports to monitor and evaluate accelerated growth plan.

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* Source: Strategic Business Plan.
Promote and invest in selected clinical services where UC Irvine Academic Health Center can provide unique value and expertise to the community. (cont’d)

Recommended Tactics for Consideration:

- **Invest in selected clinical programs to achieve accelerated growth in clinical income. (cont’d)**
  
  - Maximize utilization of UC Irvine Medical Center Douglas Hospital **Surgical Services** for the benefit of the clinical enterprise.*
    - Enhance practices of top contributing surgeons.
    - Enhance practices with capacity to reach full potential.
    - Recapture surgical cases currently outsourced to community hospitals.
    - Develop and enhance new surgical practices.
    - Invite community surgeons to develop surgical practices at UC Irvine.
    - Maximize contractual relationships to increase reimbursement and market share.
    - Develop comprehensive Marketing and Communications Plan to support the surgical business development plan.
  
  - Develop a business plan for accelerated growth of **Cardiovascular Services**.*
    - Increase access to cardiovascular services though the recruitment of key faculty, increased utilization of community cardiologists, and the development of new programs.
    - Provide cost-effective care that is patient centered.
      - Maintain and development of database management system that will monitor, patient satisfaction, access, coordination of care, outcome measures, compliance, cost containment and evaluate new benchmarks.

* Source: Strategic Business Plan.
Recommended Tactics for Consideration:

c. Invest in selected clinical programs to achieve accelerated growth in clinical income. (cont’d)

vi. Develop a business plan for accelerated growth of Cardiovascular Services. (cont’d)
   ▪ Expand program services and locations.
   ▪ Increase percentage of B and C market share though contracting, development of protocols for referrals/transfers, and the development and implementation of a marketing and communication plan.
   ▪ Increase the interventional clinical lab program though expansion of referral network and new contracts.
   ▪ Increase community awareness of cardiovascular services though the development of community outreach programs.

d. Foster outpatient services that are primary destinations as well as gateways to support targeted inpatient focal points. Consider those with cross marketing potential.

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<th>Additional Capacity Needed</th>
<th>New Concepts for Further Development</th>
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<td>Dermatology</td>
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<td>Urgent Care / Telemedicine</td>
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<td>Obstetrics &amp; Gynecology</td>
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<td>Cardiology</td>
<td>Coordinated care for chronic disease</td>
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* Evaluate additional medical subspecialties for those with potential as major feeder

* Source: Strategic Business Plan.
Recommended Tactics for Consideration:

e. Ensure that investments in Accelerated Clinical Growth (ACG) programs are properly managed to generate planned return on investments.
   
i. Identify physician and administrative leadership to manage each program.
      - Include ACG performance in annual performance reviews.
   
ii. Ensure patient capacity and service components are in place to accept new patients.
      - Determine how best to incorporate outpatient services into each program.
      - Strategically direct hospital and physician revenue streams to support services (e.g., imaging, concierge services, OR management) needed to ensure the success of the ACGs.

iii. Inform UC Irvine faculty and staff about the existence of the ACGs and encourage referrals to the programs.

iv. Track and monitor performance of ACGs on a regular basis; consider patient care revenue, quality of care, community reputation, research potential, and educational opportunities, outside referrals, and patient satisfaction.

f. Create a mechanism to ensure reinvestment in successful clinical programs.
Strategy II.2

Cultivate referral relationships with physicians in Orange County and surrounding communities.

RATIONALE:
If UC Irvine Academic Health Center is to become a leading provider of tertiary and quaternary care, it must develop meaningful and mutually beneficial relationships with referring physicians.

Recommended Tactics for Consideration:

a. Develop business relationships with private physicians, medical groups and other hospitals and health systems.
   i. Identify a point person to oversee business development.

b. Organize clinical services to better meet patient needs and convenience.

c. Ensure excellent service and access for referring physicians.
   i. Develop a phone appointment system, with the appropriate number of trained staff to operate it.
   ii. Ensure that referring physicians receive timely and comprehensive feedback on their patients.
   iii. Establish patient-centered care teams to improve communication and relationships between physicians.
   iv. Consider offering EMR access to affiliated physicians in their offices.
   v. Provide referring physicians access to progress notes via the web.

d. Increase visibility and availability of UC Irvine faculty to community physicians.
   i. Increase community physician lectures.
   ii. Develop CME courses for community physicians.
   iii. Open up grand rounds to the community.

e. Offer telemedicine services to support community physicians in management of complex cases.
Cultivate referral relationships with physicians in Orange County and surrounding communities. (cont’d)

Recommended Tactics for Consideration:

f. Survey community physicians regarding their academic interest (e.g., voluntary faculty appointments, mentoring students, participation in clinical research).
   i. Develop programs to meet identified interests.
   ii. Utilize telemedicine to support community physicians.
   iii. Increase the user-friendliness of the volunteer appointment process for community physicians.

g. Develop a public relations campaign that positions UC Irvine as the “tertiary care provider of choice” due to excellent outcomes and service. (Links to Team C)
   i. Leverage the new hospital facility to distance UC Irvine from its old image as a County hospital.
Develop and deploy a comprehensive primary care integration strategy.

**RATIONALE:**
Expansion of the primary care patient base will increase the number of visits to secondary and tertiary care services, provide training opportunities for medical students and residents, and will increase access to patients for clinical trials. In addition, an expanded primary care base will almost certainly be required to compete in the new era under health reform.

**Recommended Tactics for Consideration:**

a. Develop a workgroup that will be charged with positioning UC Irvine Academic Health Center to restructure primary care service in anticipation of health care reform. *(Links to Strategy I.3)*
   i. Increase institutional knowledge on the impact of health care reform.
      • Evaluate new alternative care models such as: interdisciplinary outpatient programs, medical homes, accountable care organizations.
   ii. Look at best practices at other institutions.
   iii. Consider the need for becoming an integrated delivery system.

b. Identify existing primary care assets within the UC Irvine Academic Health Center.

c. Evaluate the feasibility of expanding the primary care base using the following approaches.
   i. Purchase small, existing primary care practices as feeders to UC Irvine
   ii. Purchase large primary care practices.
   iii. Hire additional primary care physicians.
   iv. Expand affiliations in the community.
      • Evaluate the credentialing process for affiliated primary care physicians.
Recommended Tactics for Consideration:

d. Identify the optimal locations for expansion.

e. Outline systems and procedures that will help the expanded base function as an integrated network.

f. Ensure that specialty services have capacity to absorb increased referrals.
   i. Increase productivity of existing faculty.
   ii. Develop standard for coverage and referrals to ensure rapid access for referring primary care physicians.
   iii. Develop relationships with community physicians to accommodate referrals that cannot be accommodated internally.

g. Identify a funding model that will support primary care in the context of the larger health network.
Strategy II.4

Use clinical trials to differentiate UC Irvine Academic Health Center as the only academic medical center in Orange County.

**RATIONALE:**
Clinical research, particularly clinical trials, represent an important opportunity for distinguishing UC Irvine Academic Health Center from the other clinical providers in Orange County. Clinical trials provide patients access to the most current disease treatments and cures. A strong clinical trials program will aid in both the recruitment of patients and faculty.

**Recommended Tactics for Consideration:**

a. Provide seed funding and organizational infrastructure support for clinical trials.

b. Educate clinical faculty and staff regarding the benefits of clinical research.

c. Develop plan to promote the value of clinical trials to prospective patients.

d. Increase the efficiency and ease of use of the IRB.

e. Develop research financial systems that can accurately track and disburse funding across multiple PIs, departments and centers.

f. Increase bioinformatics to facilitate clinical & translational research.

g. Increase the involvement of community physicians in UC Irvine clinical trials by increasing the efficiency and ease of use.
Research at UC is clearly linked to the future of California, as stated in the report of the UC Commission on the Future: [http://www.senate.uci.edu/ItemsUnderReview/cotf_wg_first_recs.pdf](http://www.senate.uci.edu/ItemsUnderReview/cotf_wg_first_recs.pdf)

“Excellent research plays a central role in making the University of California the world’s leading university system. UC researchers create new knowledge about nature, society, art, and technology, and pass this knowledge to future generations by integrating research and teaching. UC research touches the lives of everyone in the nation through discoveries that improve health, technology, welfare and the quality of life. It is a major factor in sustaining and renewing our economy, which relies increasingly on new knowledge.”
GOAL 5: Identify and promote research strengths at UC Irvine School of Medicine.

GOAL 6: Develop disease-focused multidisciplinary and translational research.

1. Provide researchers with the infrastructure and resources needed to conduct high-quality research.
2. Identify and develop areas of research for future investment and growth while preserving academic diversity.
3. Strengthen translational research that builds upon strong basic science and enhances collaboration between basic and clinical researchers.
4. Foster greater research collaboration between faculty at the School of Medicine and the main campus.
Strategy III.1

Provide researchers with the infrastructure and resources needed to conduct high-quality research.

RATIONALE:
While recognizing our strengths, we also recognize that we can be so much better! To thrive and compete, we will need to reorganize, re-energize and find the means to provide additional support.

Recommended Tactics for Consideration:

a. Develop a SOM Office of Research headed by a Senior Associate Dean for Research and having a significant annual budget - derived from fund raising, clinical revenue, and ICR - and responsible for:
   i. Activities of the Associate Deans for Research, Clinical Research and Trials, ICTS, Graduate Education, and a liaison to campus Office of Technology Alliances.
   ii. Staff and seed money to support and promote multi-investigator project applications
   iii. Monitoring of existing, supported programs.
   iv. Fund raising with SOM leaders, foundations and private institutions for high priority research areas.
   v. Participation in departmental annual reviews to track departmental research activity.
   vi. Coordination of pre-grant reviews of clinical and junior basic science faculty to maximize success.

b. Increase the amount of money available to the SOM for research infrastructure by optimizing Indirect Cost Returns (ICR). (Links to Strategy VI.6)
Provide researchers with the infrastructure and resources needed to conduct high-quality research. (Cont’d)

Recommended Tactics for Consideration:

c. Address gaps in research infrastructure that continue to be barriers to research-program development and recruiting top-quality scientists.
   i. Develop cores or provide support for existing cores and centers in areas of high impact. Highest priority are: bioinformatics/genomics, proteomics/metabolomics, and imaging. These either do not exist or are not adequately supported.
   ii. Evaluate cores and equipment needs through faculty polls and SOM Office of Research to develop requests for new equipment in facilities and shared instrument grants.
   iii. Coordinate core administration across campus including support for senior technical staff for core facilities to insure stability and ability to recruit high quality individuals.

d. Work with the Office of Research and the Advancement Office to increase and diversify the research portfolio.
   i. Involve faculty in efforts to increase philanthropic funding and endowment development.
   ii. Target high-level donors who want to leave a legacy.
   iii. Consider prioritizing the naming of the School of Medicine in exchange of substantial donation and future commitment by the same donor.
   iv. Dedicate additional resources to fundraising specifically for research.
   v. Vigorously pursue industry partnerships.
   vi. Foundation support.
   vii. Clinical revenue.
Identify and develop areas of research for future investment and growth while preserving academic diversity.

**Rationale:**
Strategy Design Team A recognizes that while strategic planning is about making hard choices, there should be recognition that priority given to a few research areas does not mean the exclusion of others. This dichotomy is recognized as a key principle that balances the need to focus resources with the need to have diversity of scholarly activities and academic freedom. We defined criteria for prioritization of research areas based upon existing strengths and future opportunities.

**Recommended Tactics for Consideration:**

a. Apply the following research criteria for identifying research priorities and future programmatic development.
   
i. Existing research strengths.
   
ii. Future need (clinical and research).
   
iii. Funding opportunities including NIH trends.
   
iv. Alignment with clinical priorities of UC Irvine Medical Center.
   
v. Relevance to core mission of UC Irvine School of Medicine.
   
vi. Campus potential for interdisciplinary research.

b. Based on these criteria, develop existing research strengths in Neuroscience, Cancer, and Immunology / Infectious Disease as priority research areas for continued development through recruitment and infrastructure support (these three research areas currently account for 58% of UC Irvine School of Medicine research funding).

c. Based on existing strengths and on growth potential, develop Genomics, Epigenetics, and Metabolomics; Regenerative Medicine; and Molecular Medicine / Personalized Medicine as research areas of future opportunity.
Identify and develop areas of research for future investment and growth while preserving academic diversity. *(cont’d)*

**Recommended Tactics for Consideration:**

**d.** Focus future faculty recruitment efforts on outstanding junior or senior faculty working in the priority areas.

**e.** Encourage accelerated development of two new Centers: Genomics / Epigenetics / Metabolomics; Molecular Medicine. These will extend existing strengths in basic science, promote translational research, enable program projects and collaborative research, and enable pursuit of disease-specific RFAs from NIH to be pursued.

  i. Target Centers and Institutes for naming philanthropy opportunities.

  ii. Use Centers and Institutes for creation of training grants, program project grants, and SOM PhD programs.

  iii. Use Centers and Institutes to support systematic development and administration of advanced shared facilities.

  iv. Modify current practices so that SOM receives University and NIH financial “credit” and administrative activities of medically-focused Centers/Institutes and activities to which it contributes faculty or resources.
Theme III: Advancing Premier Research

**Strategy III.3**

Strengthen translational research that builds upon strong basic science and enhances collaboration between basic and clinical researchers.

**RATIONALE:**

NIH Roadmap and resource allocation is directed towards large multidisciplinary programs that include both basic and clinical research. Interactions among clinical and basic scientists is required for UCI to benefit from this trend which extends to foundation and philanthropy support and applies to technology transfer. Proposed targeted development can occur in areas of alignment and opportunity; building upon these initiatives will further strengthen the overall research enterprise.

**Recommended Tactics for Consideration:**

a. Maintain as high priority SOM existing Centers and Institutes:

<table>
<thead>
<tr>
<th>Center / Institute</th>
<th>Institution</th>
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<tbody>
<tr>
<td>Cancer Center / Cancer Research Institute</td>
<td>Institute for Clinical and Translational Sciences (ICTS), Office of Clinical Research and Trials (OCRT)</td>
</tr>
<tr>
<td>Institute for Immunology</td>
<td>Beckman Laser Institute</td>
</tr>
<tr>
<td>Institute for Memory Impairments and Neurological Disorders (UCI MIND)</td>
<td>Epilepsy Research Center (EpiCenter)</td>
</tr>
<tr>
<td>Brain Imaging Center</td>
<td>Reeve-Irvine Center for Spinal Cord Research</td>
</tr>
<tr>
<td>Stem Cell Research Center</td>
<td>Southwest Regional Center for Biodefense and Emerging Infections</td>
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</tbody>
</table>

b. Increase collaborative interactions between clinical and basic scientists through seed grants, training grants, ORUs and Centers, exchange venues, symposia, special events.

c. Use Associate Dean for Graduate Education office to develop shared mentorship between clinical and basic scientists for graduate students and post-doctoral fellows.
Recommended Tactics for Consideration:

d. Work through the SOM Office of Research, described on the next slide, to strengthen the academic culture within clinical departments to promote translational research. In addition to activities noted above:
   i. Recruit Chairs with academic strength and experience. *(Links to Strategy V.2)*
   ii. Hold Department Chairs accountable for academic excellence and productivity within their department.
   iii. Recruit clinician scientists with a strong primary research focus.
   iv. Ensure protected time of faculty investigators with monitoring by Associate Dean for Faculty Development.
   v. Increase the number of joint and split appointments between basic and clinical departments. *(Links to Strategy V.1)*

e. Develop a Statistical Analysis Plan (SAP) to maintain a competitive edge in grant applications and to produce papers that can be published in high-impact clinical and translational science journals.
   i. SAP would optimize quality and availability of statistical consultation to serve translational science in the School of Medicine and across campus.
      • Develop a set of common policies (e.g., cost, consultation, etc.).
      • Obtain input of key partners including: Department of Statistics; ICTS; Cancer Center; Department of Epidemiology; and Program in Public Health.
Recommended Tactics for Consideration:

f. Continue to build strong clinical research and a clinical trials programs.
   i. Explore opportunities to utilize VA FTEs to support the academic mission. *(Links to Strategy V.2)*
   ii. With Associate Dean for Clinical Research and Trials, increase trials enrollment by educating and training faculty.
   iii. With Office of Biomedical Informatics, strengthen bioinformatics and data capture to support clinical research.
   iv. With Associate Dean for Clinical Research and Trials, increase the efficiency and ease of use of the IRB.
   v. It is viewed by the strategic planning committee as essential that UCI successfully obtains and remains competitive for continued CTSA funding.
   vi. Use ICTS and Office of Research resources to provide seed funding and organizational infrastructure support for clinical trials and to develop plan to promote clinical trials to distinguish UCIMC.
   vii. Develop research financial systems to track and disburse funding across multiple PIs, departments and centers.
Foster greater research collaboration between faculty at the School of Medicine and the UC Irvine main campus.

**RATIONALITY:**

a. Biomedical research is increasingly interdisciplinary and based upon wide-ranging expertise. School of Medicine researchers can increasingly benefit from and contribute to research in the Schools of Biological Sciences, Engineering, and Chemistry. Moreover, research collaborations bring down existing barriers on sharing resources across campus.

b. Appropriate crediting (BLI, HPR, Reeve Irvine, IBAD, IMIND and the Stem Cell Center) will move the School of Medicine up in the national rankings, with tremendous positive impact on the School’s national reputation and faculty and student recruitment.

**Recommended Tactics for Consideration:**

a. Improve status of SOM in local and national perception by constructive reporting mechanisms of NIH grant revenue for ranking purposes.

   i. Determine an effective approach for handling ORU grants and split FTEs.

   ii. Evaluate the addition of federal grants coming to the VALBHS to the UC Irvine School of Medicine grant total.

b. Build upon strong research collaborations with relevant campus Schools and Programs including Biological Sciences, Engineering, Chemistry, and Information and Computer Sciences, and with Health Sciences programs and Departments: Pharmaceutical Sciences, Nursing, and Public Health.

   i. Support and develop Centers/Institutes and Cores that are magnets for campus activity.

   ii. Support Centers and Cores that span the campus including satellite facilities for distributed cores as appropriate.

   iii. Support seed grants for interdisciplinary graduate training grants (e.g., such grants as Life-Chips, BIT, Virology, MD/PhD, and Cancer Center training grants)
Theme III: Advancing Premier Research

**Diseases and Interdisciplinary Systems**
- Neurological Diseases (Dementia, Stroke, Epilepsy, Parkinson’s, etc.)
- Cancer
- Infectious Diseases
- Global Health, Emerging Diseases
- Optimal Health, Fitness, Personalized Medicine, Pharmacogenomics, Aging
- Diabetes and Obesity
- Regenerative Medicine

**Priority Research Areas**
- Neuroscience
- Immunology
- Cell & Molecular Biology
  - Growth Factors, Differentiation

**Enabling Infrastructure** (including cores)
- Structural Biology
- Stem Cell Center
- Genomics & Epigenetics
- Proteomics
- Nanotechnology & Bioengineering
- Imaging & Flow Cytometry
- Model Systems Cores-Mice
- ICTS
Theme IV:  
Educating for the Future
Goals and Strategies Support the Vision

Vision Theme

IV. Educating for the Future

GOAL 7: Place UC Irvine at the forefront of medical education.

GOAL 8: Provide outstanding educational experiences for medical and graduate students, residents, post-doctoral scholars and post graduates.

1. Develop technological solutions that enhance educational experiences across the School of Medicine and Medical Center.

2. Increase connectivity between campuses and affiliated sites.

3. Develop an innovative medical school curriculum using state-of-the-art teaching modalities.

4. Continue to develop new, combined educational programs.
Develop technological solutions that enhance educational experiences across the School of Medicine and Medical Center.

**RATIONALE:**
Our faculty have outlined plans, through guidance of our recent LCME site survey, to increase active learning in our curriculum. We can achieve such and gain greater student satisfaction through novel instructional technological solutions.

**Recommended Tactics for Consideration:**

- **a.** Take full advantage of the new Medical Education building and technological enhancements.
- **b.** Develop online classes for students.
- **c.** Increase ability to record, retrieve and store clinical activities in operating and procedure rooms for educational purposes.
- **d.** Connect UCI with national and international experts in “Grandest Rounds” for enhanced CME learning experiences.
  - i. Develop website and facilitate podcasts of outstanding professorial lectures that can then be taped, archived and used for small group instruction.
  - ii. Offer online courses.
- **e.** Develop strong search engines and integrate them into the electronic medical record.
Develop technological solutions that enhance educational experiences across the School of Medicine and Medical Center. (Cont’d)

Recommended Tactics for Consideration:

f. Designate physician telemedicine carts in the new Medical Center to enhance communication across departments, faculty and trainees more easily.
   i. Develop business model for clinical telemedicine.

g. Create searchable podcasts for students, trainees and faculty.

h. Collaborate with UCI Extension to provide additional on-line resources, courses and certificate programs.
Theme IV: Educating Future Leaders

**Strategy IV.2**

Increase connectivity between campuses and affiliated sites.

**RATIONALE:**
Our School suffers from the physical distance between our campuses. As we strive for greater translational research, we must meet the need for greater translational education as well—linking bench to bedside. Faculty often find difficulties in providing instruction as a result of the physical separation between Irvine and Orange. By providing technological connectivity between the campuses, we can provide greater basic science teaching to the clinically focused sessions of the curriculum and clinical integration to the basic science courses.

**Recommended Tactics for Consideration:**

a. Select portable mobile device for uniform use by incoming medical students to increase connectivity.

b. Obtain preferred contracts with mobile technology companies (e.g., Apple, AT&T, etc.) to provide cost-effective resources that enhance instructional technology for our faculty and students.

c. Address authentication issues.

d. Renovate Room 2107 and 53 Auditorium to be used for dedicated grand rounds at the Medical Center.

e. Establish connectivity of Room 2107 to the main campus.
Develop an innovative medical school curriculum using state-of-the-art teaching modalities.

**RATIONALE:**
By enhancing our education through small group, active learning modalities, we will attract the best and brightest students and will enhance our teaching outcomes (e.g. USMLE scores, placement of students in excellent graduate training programs, etc.).

**Recommended Tactics for Consideration:**

a. Focus on small group teaching, simulation and non-invasive clinical assessment.

b. Maintain a clear focus on quantitative and qualitative objectives for medical education at UC Irvine.
   i. Monitor the following measurable objectives on a regular basis:
      • Match results
      • USMLE scores
      • Board scores
   ii. Create an environment and model behavior that produces physicians with the following traits:

c. **Ensure UC Irvine graduates high quality medical students.**
   i. Develop excellent mentor and mentee relationships between faculty and students.

d. **Create a School of Medicine Alumni Relations office to build stronger alumni relations and monitor the quality of UC Irvine’s physician graduates.**
   i. Engage students and set expectations for philanthropic giving to alma mater while students are at UC Irvine;
   ii. Promote alumni donations and how funds benefit students and programs.
   iii. Improve tracking of alumni.
   iv. Hold 5-year reunions for medical school classes.
Theme IV: Educating Future Leaders

Recommended Tactics for Consideration:

d. Develop a mechanism to compensate departments without significant FTE funds to support teaching.
   i. Assess the provision of financial incentives.
   ii. Provide tenure and promotion incentives.
   iii. Develop a mechanism to compensate departments with FTEs and/or funds to teach medical students.
   iv. Ensure professional fees from student tuition are earmarked and returned to the School of Medicine to support the educational mission.

e. Continue to use cutting-edge developments in information technology to optimize the educational process.

f. Increase student exposure to and involvement in research.

g. Create a Research Academic Society as part of the academic societies.

h. Increase stipend support for residents and fellows assigned to UC Irvine Medical Center through governmental support (i.e., GME funds), clinical revenues and educational grants.

i. Develop a curriculum that increases the use of active learning at the expense of passive lectures.
   i. Increase contact hours in years I-II, up to 50 percent, that are dedicated to active learning.
   ii. Continue with work underway to update the medical school curriculum.
   iii. Curriculum assessment task forces are meeting to integrate curriculum and eliminate redundancies.
   iv. Strategies have been identified to institute academic societies within the medical student curriculum.
Recommended Tactics for Consideration:

j. Provide support to the Biomedical and Translational Science Masters Degree Program.
   i. Increase the number of UC Irvine students who pursue Master of Clinical Science degrees by investing and promoting these programs to existing and prospective students.

k. Consider the development of an Academy of Medical Educators.
   i. Academy to be comprised of:
      • Academic Society Chairs (to be developed)
      • Clerkship Directors
      • Course Directors
      • Core Teachers
   ii. Consider how to involve all School of Medicine faculty in the development of novel approaches to medical education.
   iii. Offer competitive grants to incentivize innovations in medical student education curriculum.
   iv. Analyze UCSF model for creating endowment to fund Academy of Medical Educators.
Theme IV: Educating Future Leaders

Strategy IV.4

Continue to develop new, combined educational programs.

RATIONALITY:
As the need for physicians continues to grow, UC Irvine SOM should expand its student enrollment. Such enrollment expansion will lead to increases in FTE assignments and student fee resources. The expansions can be achieved by growth in the MD class as well as through creation of novel dual-degree programs such as MD/MS-BATS, MD/Master’s in Education and growth in our existing programs: MD/Ph.D., MD/MBA and MD/MPH.

Recommended Tactics for Consideration:

a. Create a new Ph.D. program with a translational component for future graduate programs.

b. Establish MS-BATS program.

c. Establish a combined M.D./Master’s in Education program in collaboration with the School of Education.

d. Develop a wider array of UC Irvine master’s degree programs (e.g., clinical science, mentored translational research).

e. Develop a School of Medicine Ph.D. program in translational or molecular medicine.
   i. Identify new sources of revenue to support this program.

f. Foster academic societies to provide medical students with a structure to advance common interests.
   i. Create a research society that would include MD/PhD students.
   ii. Create a society focused on underserved communities that would include the PRIME-LC students.
   iii. Create a business-oriented society to include the MD/MBA students.
   iv. Create a society that includes members of all 4 medical school classes to enhance communication across classes and facilitate senior students mentoring junior students.
   v. Create a society focused on global health; increase clinical and research opportunities with medical schools around the world for both medical students, graduate students and junior faculty.
   vi. Attach academic societies to an existing research-oriented structure (e.g., Cancer Center, Immunology Institute).
Theme IV: Educating Future Leaders

Strategy IV.4

Continue to develop new, combined educational programs. (Cont’d)

Recommended Tactics for Consideration:

g. Pursue T35 awards through Institute of Medicine to advance basic and translational science for medical students.

h. Contribute to undergraduate education.
   
   i. Continue to offer research experiences through the 199 undergraduate program, with appropriate crediting.
   
   ii. Explore opportunities to contribute to teaching in Pharmaceutical Sciences, Public Health, and Nursing
Theme V:  
Fostering an Outstanding Team
## Goals and Strategies Support the Vision

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<td><strong>GOAL 10</strong>: Recruit and retain top-quality physicians, scientists, staff, students and trainees.</td>
<td>2. Recruit and retain faculty and department chairs of the highest caliber.</td>
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<td><strong>GOAL 11</strong>: Instill a culture of pride, accountability and teamwork across the organization.</td>
<td>3. Strengthen teamwork across UC Irvine Academic Health Center.</td>
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<td><strong>GOAL 12</strong>: Strengthen administrative services, processes and infrastructure.</td>
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<td><strong>GOAL 13</strong>: Recognize and promote diversity.</td>
<td>5. Recruit and retain medical and graduate students.</td>
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<td>6. Increase the diversity of students and trainees.</td>
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Theme V: Fostering an Outstanding Team

**Strategy V.1**

Effectively utilize FTE positions for faculty recruitment and retention.

**RATIONALE:**
UCI School of Medicine basic science departments are under severe and imminent threat due to a "triple whammy" stemming from accelerating faculty departures, retirements, and the hiring freeze. The status quo is unsustainable as it will result in a downward spiral toward mediocrity. We must protect our campus investment in its most important resource: the quality of its faculty.

**Basic Science Recommended Tactics for Consideration:**

a. Create a pool of basic science FTEs (~one-third of SoM FTEs) to maintain the core research and teaching missions of the five basic science departments and to increase their financial self-sufficiency. Specifics proposed to utilize basic science FTEs are as follows:

i. Vacancy positions will result in discussion of recruitment needs among basic science department Chairs, Vice Chairs, Associate Deans for Research and Education to determine recruitment priorities based upon identified priority research areas and those targeted for future development. Money from vacated and unfilled FTE lines flows to the joint FTE pool and constitutes the primary source of funding for all regular FTE recruitments.

ii. For this plan to work effectively, it is absolutely necessary to have at least 60 (12 per each of the five basic science departments, approximating the current situation) FTEs in the basic science pool, so that the unfilled FTE lines can generate enough money in the pool for recruitments.

• **Explanation:** Even if we assume a relatively high 10% unfilled FTE position ratio (6 of 60), the pool would generate ~ $600k per year for recruitment, enabling recruiting one position per year across five departments. Therefore, fewer than 60 FTE lines in the total pool would make the plan unworkable.

iii. In return, startup packages would come from the basic science departments, with cost-sharing (to be discussed) with the Dean’s office and the EVC. An exception to equitable cost-sharing is only envisaged in rare, highly exceptional cases (unique individuals of international fame, including Academy members and Nobel winners) where competitive recruitment costs would likely be correspondingly unusually high.
Effectively utilize FTE positions for faculty recruitment and retention. (Cont’d)

Other Recommended Tactics for Consideration:

b. Encourage recruitment of research-oriented clinicians and physician scientists by creating a pool of split FTE positions.
   i. The Dean’s office determines the pairing of Departments for Recruitments, which would occur with full participation of both Departments to gain the strongest possible applicant pool. Team A recommends that this constitute 1/10th of FTE to SOM.

c. Allocate remaining FTEs (57%) to Clinical Departments.
   i. Utilize these FTEs as a valuable resource designated for the academic missions of teaching and research.
   ii. Encourage clinical departments to employ FTEs for strategic recruitments of outstanding individuals and in support of the priority growth areas of the School of Medicine.

d. Highlight the benefits of this FTE utilization strategy (see additional detail of each on the next page).
### STRATEGY V.1: BENEFITS AND EXPLANATION

1. **Increased financial self-sufficiency of the basic science departments.**
   
   **Explanation:** When an FTE becomes vacant (due to departure or retirement), the FTE line money (usually around $100k per year for a full processor) would continue to flow directly to the basic science departments' common pool, and the five department chairs would then decide between themselves when and in what area of research they would want to recruit. Therefore, the proposed structure would increase self-governance and financial self-reliance, because the primary source of the recruitment would be the FTE money from the freed-up FTE lines.

2. **Enhanced stability of the dean's (and EVC's) budget.**
   
   **Explanation:** In the current system, each recruitment presents a large (up to one million $) unplanned "hit" for the dean's and the EVC's budgets. Under the proposed solution, these unbudgeted hits would significantly decrease by at least 50% or more (depending on the actual implementation).

3. **Significant cost-savings across the board.**
   
   **Explanation:** In the current system, there is no incentive for the department chair to offer the minimum amount necessary to recruitment candidates for setup money and other recruitment-associated costs, because the money comes primarily from somewhere else (the dean's office or from the EVC), not from the chair's budget. In the proposed system, the departments will share at least 50% or more of the recruitment costs, therefore, they will have a much larger self-interest in limiting costs and getting the "biggest bang for their buck".

4. **Increased cross-departmental links through joint recruitment, fostering interactions and collaborations for teaching, research and service.**
   
   **Explanation:** The expected outcome is that the basic science chairs would opt to enhance the number of joint recruitments resulting in split FTEs, increased inter-departmental interactions and collaborations, which will likely translate to new opportunities for research and training grants.

5. **Increased faculty morale.**
   
   **Explanation:** The proposed system will be a huge boost for the morale of the basic science department faculty, as it empowers them by giving them a significantly larger say in how they build their own future.

6. **Self-regulation of the FTE pool.**
   
   **Explanation:** In the current system, the FTEs that have been promised to the chairs at the time of their appointments vastly outstrip the number of available FTEs and/or the financial resources available for recruitment. Under the proposed system, there would be an inherent self-regulatory element because the more FTEs are freed, the more new recruitments can be realized.

7. **Incentivization of the chairs to support unproductive faculty who consider early retirement.**
   
   **Explanation:** In the current system, there is basically no incentive for the chairs to support the early retirement of faculty who may have become unproductive (in fact, the contrary is true, because even unproductive faculty can at least anchor the FTE to the department and thereby preventing the immediate loss of the FTE line for the department). Under the proposed system, there would be a very significant incentive to help faculty who approach the chairs about plans for early retirement.
Recruit and retain faculty and department chairs of the highest caliber.

**Rationale:**
The quality of the faculty/people is the most important ingredient in a successful organization.

**Recommended Tactics for Consideration:**

a. **Develop a five-year recruitment plan for every department.**
   i. Outline manpower needs to implement strategic plan over a 3-5 year horizon.
   ii. Align new faculty recruitments with Strategic Plan and set clear expectations for performance.
      - Develop recruitment criteria for new positions that are consistent with the strategic plan.
      - Identify resources for recruitment packages to address identified manpower shortages.
      - Create recruitment packages including clear expectations for productivity, professionalism, adherence to policy and procedure and financial incentives for reaching or surpassing goals and consequences for not attaining goals.

b. **Establish succession planning to address impending wave of aging faculty retirements.**
   i. Assess faculty demographics on a department-by-department basis.
   ii. Implement **Strategy V.1** – Utilization of the FTE pool – to return vacant FTEs to the pool of basic science FTEs, to enable filling of departmental needs. Employ similar strategy for clinical departments needs.
   iii. Establish FTE councils in basic science and for the split FTE pool decide on recruitment strategies with oversight from the Dean’s office*.
   iv. Determine the best approach to ensure faculty retirement when productivity is not up to par.
Recruit and retain faculty and department chairs of the highest caliber. (Cont’d)

Recommended Tactics for Consideration:

c. Support faculty through resources, infrastructure and organization to recruit and retain excellent faculty.
   i. Ensure start-up packages are competitive.
      • Benchmark faculty start-up packages across UC Irvine professional schools.
   ii. Increase endowments for research and education.
   iii. Utilize the VA and other affiliates for joint recruitment of faculty.

d. Develop Office of Research in School of Medicine Dean’s Office. Successfully complete the recruitment of the Senior Associate Dean for Research in the School of Medicine to address research faculty recruitment and retention issues. (See Strategy III.1 for projected responsibilities of this position.)

e. Provide leadership opportunities (e.g., division chiefs, program directors) to recruit and retain young academic talent who might be recruited as a faculty member at another competitive institution.
   i. Create Vice Chair positions in every clinical department.
      • In large clinical departments, create opportunities for leadership roles in Vice Chair positions in Academic Affairs, Research and Education.
   ii. Utilize affiliate chiefs as candidates for Vice Chair positions.
Recommended Tactics for Consideration:

f. Promote success of assistant professors in their academic careers.
   i. Encourage junior faculty to participate in leadership councils.
   ii. Mandate that every FTE assistant professor have a faculty mentor and successfully pursue a K award before going through CAP review.
      • Provide workshops for assistant professors on grantsmanship and K award applications.

g. Decrease dependence upon campus for start-up packages.
   i. Establish endowments to recruit and retain excellent faculty.

h. Ensure top quality School of Medicine faculty members are retained.
   i. Develop systematic, objective approaches to consider retention decisions.
   ii. Place increased emphasis on "pre-retention", by enmeshing key faculty in positions of authority and encouraging them to create their visions. Identify discontent before it festers. Involve AARAC in identifying faculty issues that cause discontent.
   iii. Inform Senior Associate Deans when issue of possible retention arises.
   iv. Use quantitative metrics (e.g., publications, H factor, etc.) to assess faculty qualifications.

i. Recognize and feature School of Medicine research faculty and their research programs in UC Irvine public relations campaigns and related materials.

j. Create a mentoring program for junior faculty.
   i. Provide support for senior faculty mentors.
Theme V: Fostering an Outstanding Team

Strategy V.2

Recommended Tactics for Consideration:

j. Recruit and retain academically-oriented department chairs.
   
i. Recruit and retain excellent clinical department chairs who can maintain research excellence with the additional duties of running a clinical enterprise.
   
   • Fill all open clinical department chair positions with faculty of the highest academic caliber, based upon evaluation using objective metrics.

   ii. Provide appropriate resources to new chair recruits to, in turn, recruit select junior faculty stars.
   
   • Engage clinical chairs to maximize their use of FTEs to recruit junior faculty stars.
   
   • Encourage use of split FTEs,

   iii. Promote the opportunity to build an academic department.
   
   • Determine the most appropriate means of providing FTE support to build an academic department.

   iv. Ensure start-up packages are competitive.
Strengthen teamwork across UC Irvine Academic Health Center.

RATIONALITY:
The complexity of medical research and patient care requires harnessing of all the assets within the university and the medical center. Performance standards, transparency, and rewarding of outstanding performance are needed to avoid future scandals as well as accelerating the growth of quality. Behaviors that do not respect these values cannot be tolerated.

Recommended Tactics for Consideration:

a. Recognize and reward behavior that is team-oriented, embraces core values and accomplishes goals.
   i. Establish an annual awards and recognition program to reward individuals and/or units that excel at teamwork.

b. Ensure that UC Irvine Academic Health Center leadership embodies teamwork in all that they do.

c. Ensure career development opportunities are available to employees.

d. Initiate a succession planning process across the organization.

e. Foster organizational pride throughout the School of Medicine and Medical Center with the new Strategic Plan.
   i. Clearly communicate the strategic plan with all; emphasize the new mission and vision statement as well as the core values and how they will guide organizational behavior.
   ii. Hold Town Hall meeting at various sites and times during the day for leadership to share the new strategic plan.
   iii. Implement an UC Irvine Academic Health Center “pride campaign.”
      • Create a button for all employees and faculty to wear that shares the mission and vision of UC Irvine Academic Health Center.

f. Showcase UC Irvine Academic Health Center achievements through, branding, marketing and public relations campaigns as described in Theme I strategies.
**Recommended Tactics for Consideration:**

**g. Enhance internal promotion of organizational accomplishments.**
  i. Optimize communication from senior leadership to the entire organization, across sites.
  ii. Ensure regular, weekly communication to all throughout the organization on individual, unit and organizational accomplishments; streamline multiple messages from throughout organization for maximal impact.

**h. Establish standards of performance at individual and group levels as well as a system of accountability.**
  i. Create a process by which departments develop annual, transparent goals that support the goals of UC Irvine Academic Health Center.
  ii. Establish transparent, clearly articulated metrics to monitor performance at all levels; develop performance dashboards or report cards.
  iii. Ensure that individual performance reviews are conducted annually and that individual goals are aligned with unit goals.
  iv. Link compensation to performance for all employees.
  v. Develop standardized performance evaluation systems, forms, etc. across the School of Medicine and Medical Center.
  vi. Identify and apply best practices from other University of California schools of medicine and medical centers.
  vii. Have leadership review progress towards organizational goals on a regular basis in leadership meetings.

**i. Evaluate reduction of “academic protection” rules that protect under-performers who sap the resources of the university.**
Recommended Tactics for Consideration:

j. Build a team-oriented, patient-focused culture.
   i. Ensure all aspects (e.g., call center, signage, parking, inpatient and outpatient experience, billing) of patient experience are easy to navigate.
   ii. Utilize volunteers to enhance customer service in clinical areas (e.g., Gottschalk, Regents Point to Hospital, etc.).

k. Improve faculty teaching and mentoring of housestaff and medical staff on the importance of customer service and compassionate care.

l. Implement the Culture of Caring Charter to deliver superb care and build high-quality relationships for our patients and their families while creating a work environment that is conducive to the promotion of the health and well-being of all of our faculty and team members; key components should include:
   i. Create care standards that create both informative and memorable experiences for our team members, patients and their families.
   ii. Initiate two-day orientation for all faculty and staff employees to support this significant cultural change initiative.
      • Include modules on patient sensitivity and compassion.
   iii. Review current standards (UCICARE) to determine relevancy and completeness.
   iv. Define and reach consensus among ALL healthcare staff on what leads to engagement, loyalty and promotion of our medical center by those who receive care at UCIMC.
   v. Develop new, comprehensive patient caring standards.
   vi. Identify barriers to implementing caring standards and methods to overcome each of these impediments to progress.
Recommended Tactics for Consideration:

j. Create a concierge program that allows for full navigation throughout the continuum of care and fosters communication and coordination within Development, Patient Relations, Business Development International Relations, Volunteer Services and Point of Care Services.
   i. Ensure program encompasses all services.
   ii. Reflect organization’s institutional commitment to exemplary customer service, quality care, education and research.
   iii. Develop web portal for on-line appointment requests, messages and general communication with the concierge.

k. Recruit and retain employees who embrace the culture and core values of UC Irvine Academic Health Center.

l. Promote faculty physicians as health care providers to all employees.
Cultivate the next generation of institutional leadership.

**RATIONALITY:**
UC Irvine Academic Health Center is operating in an extremely complex business environment. The organization is retaining many new chairs and administrators to move the organization through the next stage of its development. Physicians, scientists and administrative leaders need to be highly skilled managers of both financial and human resources to meet the challenges ahead. It is critical to provide sufficient mentoring and professional development to enable these individuals to work to their full potential.

**Recommended Tactics for Consideration:**

a. Provide professional development for chairs, vice-chairs, department administrators and prospective future leaders to strengthen leadership skills.

b. Identify key faculty (*both senior & mid career) with potential to assume leadership roles in the organization.

c. Develop a formal training course to foster skills in financial management, organizational leadership, human resource management, etc.

d. Continue development of Health Science Administrator learning series.

e. Identify mentors to support new chairs.

f. Consider offering tuition support for leaders to pursue MBAs.

g. Work with UC Irvine Business School to develop in-service education programs.
Recruit and retain top medical and graduate students.

**RATIONALE:**
*The caliber of SOM research is dependent on attracting intelligent, creative, and energetic students. These also enhance UCI’s funding potential and eventually its reputation and stature.*

**Recommended Tactics for Consideration:**

a. **Increase stipend and training grant support.**
   i. Increase the number of training grants by including training grants in the review process for departmental chairs.
   ii. Eliminate administrative obstacles to submitting and obtaining training grants.
   iii. Assess increasing stipend support through teaching program/clinical revenue at affiliate hospital sites.

b. **Create an interdisciplinary training opportunity in the Molecular Medicine Graduate Training Program.**

c. **Reward good mentors who are attentive to the career development needs of students and trainees.**

d. **To improve quality of graduate students at UC Irvine.**
   i. Establish a recruitment office within the School of Medicine.
   ii. Continue to develop the Office of Graduate Studies in the Dean’s Office.
   iii. Educate faculty of clinical departments about graduate programs.
   iv. Strengthen alumni relations, including tracking of students via database.
Increase the diversity of students and trainees.

**RATIONALE:** Underrepresented minorities make up approximately 40 percent of the population of California but only about 20 percent of first year enrollees in California medical schools. An even greater disparity exists in the proportion of practicing physicians relative to the population of underrepresented minorities. The lack of a diverse physician workforce impacts access, quality and outcomes of care for underrepresented minorities. Increasing the diversity of the students and trainees at UC Irvine will have an important impact on the future of health care in the state and the nation. The Recommended Tactics for Consideration outlined below are based upon successful models that have been employed in other California schools of medicine.¹

**Recommended Tactics for Consideration:**

a. **Engage leaders from all sectors of UC Irvine Academic Health Center in advancing diversity.**
   i. Consider diversity accomplishments in evaluations of leadership performance.

b. **Measure and monitor diversity in all mission areas including education, clinical care and research.**

c. **Develop policies and practices that address diversity in the following domains:**
   i. Outreach and recruitment
   ii. Admissions
   iii. Retention
   iv. Curriculum reform
   v. Student financial aid
   vi. Campus environment
   vii. Educational and healthcare partnerships
   viii. Cross-cultural education and training

¹ Lee, PR, Frank PE. *Diversity in U.S. Medical Schools: Revitalizing Efforts to Increase Diversity in a Changing Context, 1960s-2000s.* Phillip R. Lee Institute of Health Policy Studies, School of Medicine, University of California, San Francisco, December 2009.
Recommended Tactics for Consideration:

d. Mentor underrepresented minority students and trainees throughout their educational experience as well as in the early stages of their careers.

e. Strengthen relationships with K-12 schools to develop a pipeline of well-prepared students.

f. Build upon the lessons learned in the PRIME-LC program.

g. Provide clear guidance on meeting the requirements of state and federal law.
Theme VI: Building Financial Sustainability
Goal 14: Develop a sustainable financial future for UC Irvine Academic Health Center.

1. Create a comprehensive financial plan for UC Irvine Academic Health Center.
2. Form a Financial Cabinet to support the Dean in immediately reducing deficits in the School of Medicine.
3. Strengthen financial stewardship.
4. Examine contracting, billing and collections to increase professional fee income.
5. Increase indirect cost recovery to the School of Medicine.
6. Facilitate the disclosure, patenting, and licensing of intellectual property.
7. Continue to strengthen development and fundraising.

Goal 15: Develop a culture of philanthropy.

VI. Building Financial Sustainability
Theme VI: Building Financial Sustainability

**Strategy VI.1**

Create a comprehensive financial plan for the UC Irvine Academic Health Center.

**RATIONALE:**
In order to continue to educate health care professionals, provide quality health care and discover new methods in disease prevention and treatment, UC Irvine Academic Health Center must have a financial plan that integrates all mission areas.

**Recommended Tactics for Consideration:**

a. Develop an explicit funds flow model for every department, Center and Institute in the School of Medicine.

   i. Clearly identify all sources of funds as follows:

      - Research direct costs;
      - Clinical income from professional fees;
      - Purchased services agreements negotiated directly between the department and the Medical Center.
      - 19900 Funds (possibly allocated based on teaching activity); and
      - Other sources of income.

   ii. Identify direct costs as follows:

      - Salaries and benefits; and
      - Other direct non-salary expenses.

   iii. Allocate expenses currently covered in Dean’s office to departments based on an equitable step-down model in exchange for a reduction in the deans tax; consider:

      - Malpractice insurance;
      - Rent for space occupied by department (may charge differential rates for different types of space);
      - Lab Animal Medicine subsidy (if there is one); and
      - Other costs to be determined.
Recommended Tactics for Consideration:

b. Ensure that faculty compensation is aligned with contributions to all missions of the UC Irvine Academic Health Center.

   i. Support chairs in annual review of negotiated component (Y) for each faculty member, with appropriate adjustments made at the time of reappointment based on productivity and availability of funds.
      • Ensure existing clinical incentive plan (Z) are used as a minimum standard applied and enforced by all departments.
      • Create standard performance reports for leadership to use in evaluating personnel performance and tie this to the financial/compensation reward.
      • Create a central repository of productivity information to be shared with chairs.

   ii. Identify funding pool to be used to reward productive faculty.

   iii. Address cultural resistance to pay for performance.

   iv. Evaluate the need for new faculty within the context of productivity of existing faculty.

   v. Ensure information (productivity measures, salary and practice cost) is shared within the department.
      • Create a central database where faculty can review their personal productivity data.

   vi. Showcase and recognize productive departments.
Theme VI: Building Financial Sustainability

Recommended Tactics for Consideration:

c. Develop an integrated budget process with the Medical Center and the School of Medicine
   i. Include clinical department leaders and administrative department leaders in the budget negotiation process.
   ii. Include volume and service measures in the department budgets as follows:
      ▪ Patient volume/units of service;
      ▪ Clinic cancellation rates; and
      ▪ Others TBD.
   iii. Commitments should be tied to performance measures.

d. Create a five-year plan for faculty recruitment and capital expenditures.
   i. Link long-term plans to Strategic Plan including:
      ▪ Accelerated growth plans for both inpatient and outpatient services; and
      ▪ Research focal points.
   ii. Assess pending faculty retirements and project when start-up packages will be needed to replace retiring faculty.

e. Once financial solvency is achieved, develop a strategic investment fund for faculty recruitment, capital expenditures, and development of new programs.

f. Prepare for future resource demands aligned with succession planning.
Recommended Tactics for Consideration:

**g. Create incentive programs to reward clinical revenue growth. Examples include:**

i. Reduce dean’s tax on increased revenue so that department retains a larger share of revenue.

ii. Commit a portion of the dean’s tax on additional revenue to a fund for clinical investment priorities.

**h. Create incentive programs to reward growth in indirect cost reimbursement. Examples include:**

i. Return a portion of indirect costs to department.

ii. Commit a portion of the additional indirect cost reimbursement to a fund for research program investments.

**i. Identify untapped sources of funding or cost savings.**

i. Revise billing and collection practices.

ii. Reduce clinic cancellations.

iii. Reconfigure the distribution of residency slots; align with strategic plan resources and budgets.
Strategy VI.2: Form a Financial Cabinet to support the dean in immediately reducing deficits in the School of Medicine.

RATIONALE:
The UC Irvine School of Medicine has a large accumulated debt and escalating deficits stemming from many years of deficit spending due to inadequate financial controls and historic obligations that have been difficult to discontinue. Continued deficit spending prevents the organization from making important strategic investments and diminishes institutional morale. Ideally, department chairs and administrators would be able to address these deficits but for a variety of reasons including high turnover, chair vacancies and complex university policies, deficit spending persists. Given the serious nature of the financial situation, Team B recommend the establishment of a financial cabinet to work with the Dean, providing input and recommendations regarding key financial issues. This Cabinet should be called together, presented with its charge, and begin work as soon as possible.

Cabinet Composition, Roles and Operating Principles:

a. The membership of the Cabinet will be determined by the Dean.

b. The Cabinet, not designed to be permanent; its charge will be to review the five departments with largest budget deficits and make recommendations for remediation.

c. The Cabinet should be limited in size (i.e. six members); suggested membership includes:
   
i. Faculty representatives from both clinical and basic science departments;
   
ii. A representative from the general campus Planning and Budget Office;
   
iii. A representative from the Finance Office for the School of Medicine;
   
iv. A representative from the Finance Office of the Medical Center.
Theme VI: Building Financial Sustainability

Strategy VI.2

Form a Financial Cabinet to support the dean in immediately reducing deficits in the School of Medicine. (cont’d)

Cabinet Composition, Roles and Operating Principles:

d. The Cabinet should include ex officio members who can provide specialized content knowledge as follows:
   i. A representative with extensive knowledge of the compensation plan, academic personnel policies, and federal guidelines (e.g., STARK).
   ii. One member of the Cabinet will be The Chair of the Planning, Budget, and Finances (PBF) Committee of the Academic Senate for the Health Sciences or his/her representative.

e. The following principles will guide the work of the Cabinet:
   i. The Cabinet will be advisory to the Dean of the School of Medicine.
   ii. The Cabinet will have a chair and co-chair; these individuals should be recognized leaders with extensive knowledge of the overall financial operation of the School of Medicine.
   iii. Department Chairs will interact with the Cabinet on an as-needed basis when items of relevance to their department are under discussion.
   iv. Cabinet meetings must occur within the context of a "safe" environment for the exchange of ideas. Confidentiality of the meetings must be a very high priority and members of the committee must understand the importance of this concept.
   v. The Financial Cabinet will define its operational needs (e.g., the time and circumstances under which it will meet) in consultation with the Dean.
   vi. The effectiveness of the cabinet will be evaluated on an annual basis to determine if services are still needed.
Strengthen financial stewardship.

**Rationale:**
A major contributor to the financial problems within the School of Medicine has been insufficient financial management and weak financial controls. UC Irvine Academic Health Center must embrace a new culture of financial stewardship and establish tools, skills and processes that will enable department chairs, division chiefs and administrative managers to manage resources wisely.

**Recommended Tactics for Consideration:**

a. Require all departments, centers and institutes to develop and adhere to a balanced budget.

b. Clarify expectation for chairs, chiefs and health sciences administrators with respect to financial stewardship.
   i. Develop job descriptions for departmental chairs and health sciences administrators to specify performance expectations relative to financial management.
   ii. Consider financial management in performance reviews.
   iii. Increase the frequency of chair evaluations in departments operating at a deficit.
   iv. Hold department chairs accountable for annual performance reviews

c. Develop strategic business plans for all new programs that require major investments of institutional funds.
   i. Provide professional development and assistance to chairs and administrators to support the development of business plans.
   ii. Create a mechanism to review business plans for feasibility.
   iii. Create a mechanism to review performance against plan if program is approved.
Strengthen financial stewardship. (cont’d)

Recommended Tactics for Consideration:

d. Institutionalize departmental processes to increase financial transparency and stewardship.
   
i. Develop a routine process whereby department administrators and chairs apprise faculty on the financial condition of their departments (i.e. monthly income statements, productivity reports, etc.)
   
ii. Monitor individual faculty productivity on a monthly basis and take progressive action to address productivity concerns.
       ▪ Meet with faculty member to determine factors leading to the problem.
       ▪ Develop a plan of action to increase productivity if it is possible to do so.
       ▪ If increased productivity is not possible, assign duties that are of service to the department but are not revenue generating.
       ▪ If productivity and service contribution are not commensurate with compensation, consider decreasing faculty member’s percent appointment.
   
iii. Consider making financial and individual productivity data available to all faculty members in the department.

e. Provide chairs and administrators with information, support and data needed to manage their units effectively.
   
i. Ensure that department chairs and administrators understand all issues involved with changing APUs and making other adjustments to total compensation.
   
ii. Develop a transparent and up-to-date space inventory.
   
iii. Distribute CARTS data on regular basis to ensure faculty effort is in line with expectations.
   
iv. Convene a “Summit of Chairs” to offer intensive consultation and assistance to departments having difficulty with financial stewardship.
Theme VI: Building Financial Sustainability

**Strategy VI.4**
Examine contracting, billing and collections to increase professional fee income.

**RATIONALE:**
UC Irvine Academic Health Center needs to insure that it maximizes patient care revenues. Therefore Team D recommends that existing billing, collection and contracts be reviewed to ensure that clinical efforts are appropriately compensated.

**Recommended Tactics for Consideration:**

a. **Evaluate strategic changes in billing & collection that emphasizes high reimbursements procedures, departments and payers.**
   i. Move every department to a common billing platform.
   ii. Organize billing and collections by payor type.
   iii. Centralize coding to increase accuracy and supervision.

b. **Review contracts.**
   i. Evaluate the demand-supply elasticity & cost benefit of lower priced contracts to increase volume.
   ii. Develop specialty-specific agreements for physicians with unique services (not included in group contracts) in order to develop new referral relationships.

c. **Consider establishing more office-based practices/surgicenters to be more cost competitive in patient billing & contracting.**

d. Ensure timely charting and adequate documentation to maximize billing and collections.

e. Increase compliance staff and timely response.
Increase indirect cost recovery to the School of Medicine.

Rationale:

a. The School of Medicine seeks increased role and autonomy in fund raising, recruitment, and oversight of tech transfer, decreasing central campus burden while incentivizing revenue growth. According to the 2009-2010 Overhead Recovery Distribution report, the SoM receives $2.9 million in ICR distribution, ~9% of the amount generated and 41% of the amount distributed to all academic units on campus. The SOM believes that increasing ICR will enhance the ability of the school to generate more funding; which will benefit central campus revenues.

b. The status quo is not tenable because the amount of ICR passed on to Departments does not cover costs of Departmental grants-related operations to effectively manage research programs.

Recommended Tactics for Consideration:

a. Make the distribution of ICR more transparent and equitable by:
   i. Supporting campus (system)-wide efforts to increase the NIH overhead rates;
   ii. Adhering to the principle that ICR return to the Originating Units should be in direct proportion to the amount of indirect cost generation;
   iii. Including funds swept from UCIMC profits in calculations aiming to provide for more substantial return to support biomedical research;
   iv. Insuring that SOM is appropriately compensated for ICR given its clinical responsibilities, its share of building and its participation in split FTE and Centers/Institutes/ORUs;
   v. Requesting annual reports on ICR distribution from Central Administration.

b. Maximize the generation of additional funds together with Central campus by:
   i. Establishing centers of academic excellence that will promote new grant opportunities and philanthropy;
   ii. Hiring of new faculty with existing grant support, by cost-sharing on setup packages;
   iii. Supporting core facilities that increase research capabilities and efficiency beyond individual laboratories;
   iv. Working with the SOM Dean to encourage philanthropy fund raising by and for the SOM.
Facilitate the disclosure, patenting, and licensing of intellectual property.

**RATIONALE:**
At present UC Irvine Academic Health Center has only six possible lines of income: clinical, grants, philanthropy, state funds, tuitions, and intellectual property. Of all of these, the least developed is intellectual property. Thus, this is an area that has great potential to generate additional income based on discoveries that are made in the School of Medicine.

**Recommended Tactics for Consideration:**


b. Facilitate availability of Proof-of-Concept funding, from within the university (OR technology development fund), UCOP (through PARC), and externally.

c. Provide educational and business mentoring opportunities for faculty interested in commercializing their inventions, such as through OCTANe.

d. Establish SoCal BioAccel in the Research Park, a local version of BioAccel, the successful Arizona-based university startup Proof-of-Concept center.

e. Reduce or remove institutional barriers to technology transfer, through modification of institutional policies and procedures, availability of resources (in-person and on the web), and interaction with UCOP and/or the Regents.

f. Consolidate these activities into the Office of Research and Business Development (Jacob Levin), which will be tightly associated with OCRT to construct a clear simple plan for development and commercialization of campus IP.
Theme VI: Building Financial Sustainability

Strategy VI.7
Continue to strengthen development and fund-raising.

RATIONALE:
Academic medical centers face major financial disadvantages compared to the non-academic competition, due to administrative complexity and the missions to teach and perform research. The only offsetting advantage is philanthropy. Fortunately, Orange County is home to individuals with both the means and the understanding of the importance of philanthropy.

Recommended Tactics for Consideration:

a. Establish a culture of philanthropy at UC Irvine Academic Health Center under new leadership.
b. Continue to develop robust development functions to support UC Irvine Academic Health Center.

Major Gifts

i. Align major gift staff with strategic priorities for the program.
ii. Develop a list of naming opportunities associated with specific levels of donor support.
iii. Create formal mechanism to partner faculty with the Advancement Office team to solicit major gifts.
iv. Ensure that Advancement Office staff who are assigned to specific programs are well-versed in programmatic details and faculty they are supporting.

v. Cultivate grateful patients with a more patient-focused environment; continue to train faculty physicians in identifying potential grateful patients and building donor relationships.

vi. Create a concierge program to increase patient referrals and set a path for grateful patient philanthropic support.

vii. Forge alliances with high-profile Orange County corporations to solicit major gifts.

viii. Develop a communications strategy to target high-priority donor development

• Include philanthropic messaging in existing publications.
Continue to strengthen development and fund-raising. (cont’d)

Recommended Tactics for Consideration:

b. Continue to develop robust development functions to support UC Irvine Academic Health Center. (cont’d)

   Annual Giving Campaign
   i. Re-institute a broad-based annual giving campaign to generate unrestricted funding; incorporate new constituents and articulate pathways to develop a strong pipeline for potential major gift support.
   ii. Conduct targeted appeals with specific constituent groups to capitalize on unique opportunities.
   iii. Maintain and enhance new programs focused on grateful patients.

   Endowed Chairs and Faculty Positions
   i. Increase the number of endowed chairs to support recruitment and retention of key faculty in priority areas identified in this strategic plan.
   ii. Educate prospective donors about the importance and legacy of endowed chairs.
   iii. Explore named endowment opportunities that align corporations with UC Irvine Academic Health Center in altruistic ways.

c. Explore innovative approaches for attracting philanthropic support for education.

d. Develop long-term plan to effectively staff and support Advancement to enhance philanthropic funding.
   i. Utilize AAMC development benchmark data to assist in setting staffing and budget benchmarks.
   ii. Create multi-year timeline to grow the program (staff and budget), based on strategic priorities.
Recommended Tactics for Consideration:

e. Develop a strong base of volunteer leadership to connect UC Irvine Academic Health Center with prospective donors and to cultivate these relationships.
   i. Leverage the Foundation Board of Trustees.
      • Populate advisory boards and leadership councils with trustees.
      • Identify trustees with an interest in health sciences and showcase our programs to this group.
      • Engage leadership in building effective 1:1 relationships with these key leaders.
   ii. Enhance and grow existing leadership councils; identify key areas for addition of new councils.

f. Enhance stewardship of existing donors to encourage ongoing support over time.
   i. Develop effective collateral materials and scripted conversations to facilitate stewardship of donors.
   ii. Place special emphasis on donors to endowed chairs.
   iii. Identify top donors and assign to major gift officers to develop stewardship strategies for each.
   iv. Make strategic use of events to steward and recognize donors.
Recommended Tactics for Consideration:

g. Better *align and integrate* Advancement functions across UC Irvine Academic Health Center.
   i. Leverage the organization’s collective resources to assist in enhancing advancement (i.e. IT, marketing, concierge, etc.).

h. Ensure School of Medicine Advancement Office and University Advancement Office work in concert to align fundraising efforts.
   i. More effectively engage new/under-engaged constituent groups to identify new donors (ex: grateful patients, medical residents, alumni, corporations).

j. Leverage faculty as key partners in the development process.
Theme VII:
Strengthening Image & Community Partnerships
VII: Strengthening Image & Community Partnerships

**GOAL 16:** Enhance the image and strengthen the identity of UC Irvine Academic Health Center.

**GOAL 17:** Establish strong collaboration and partnerships throughout Orange County and the region.

1. Develop a comprehensive, coordinated approach to branding, marketing and public relations.
2. Promote the academic difference of UC Irvine Academic Health Center to differentiate it from other regional providers.
3. Build strong, collaborative partnerships within the community.
4. Expand community outreach.
Strategy VII.1: Develop a comprehensive, coordinated approach to branding, marketing and public relations.

RATIONALE:
Numerous past changes to the UC Irvine Health brand have contributed to internal and external confusion about our brand and who we are as an academic health center. A leadership commitment to development of a long-term, single brand identity is a must, particularly now that the label “Academic Health Center” has been established. Immediate action can be taken by launching a branding campaign that would be well-timed with the completion of the new strategic plan.

Recommended Tactics for Consideration:

**BRANDING:**

a. Create a single, distinct brand identity for UC Irvine Academic Health Center (comprised of the School of Medicine and Medical Center).
   
   i. Immediately launch a brand platform development engagement utilizing an experienced branding firm (to include brand positioning, verbal/visual identity development, messaging, etc.).
   
   ii. Obtain leadership commitment and resources to launch branding engagement.
   
   iii. Ensure that the brand conveys the vision, values and strategic priorities from this strategic plan.
   
   iv. Consider development of a single tagline for both the SOM and MC that can be promoted with the new brand.

b. Based on the outcome of the branding engagement, communicate the new brand for UC Irvine Academic Health Center to internal and external constituency groups, the community at-large, the region and nation.
Theme VII: Strengthening Image & Community Partnerships

Strategy VII.1: Develop a comprehensive, coordinated approach to branding, marketing and public relations. (cont’d)

Recommended Tactics for Consideration:

**BRANDING:**

c. Revise existing style and graphic design standards to incorporate the new brand elements and messages.
   i. Maintain standards of consistency throughout UC Irvine Academic Health Center with brand, graphics, colors and other branded templates.
   ii. Ensure all written, presented and web-based materials reflect the brand and graphic standards for consistency.
   iii. Communicate to all that the UC Irvine Academic Health Center brand will be primary, with unit branding secondary and must be consistent with the primary brand.
   iv. Secure resources to convert existing assets to new brand across the enterprise.

d. Ensure that all websites are developed with consistent branding and imagery.
   i. Coordinate website development efforts through marketing and information technology department.
   ii. Develop a comprehensive listing of websites.
   iii. Review existing websites for style and update as needed to ensure compliance with branding standards.
Strategy VII.1

Develop a comprehensive, coordinated approach to branding, marketing and public relations. (cont’d)

Recommended Tactics for Consideration:

**MARKETING AND PUBLIC RELATIONS:**

**e.** Develop a unified marketing campaign for the UC Irvine Academic Health Center which is comprised of the UC Irvine School of Medicine and Medical Center.

i. Expand efforts to market the following targets:
   
   • Affluent baby-boomers throughout Orange County, with a focus on South County residents.
   
   • UC Irvine School of Medicine and Medical Center employees, their families and friends.

ii. Build upon the Orange County marketing and branding efforts currently underway; establish a strong position for UC Irvine Academic Health Center in that campaign.

   • Continue with advertising campaign at John Wayne Airport.
   
   • Initiate advertising campaigns at South Coast Plaza and Fashion Island.

iii. Market UC Irvine Academic Health Center as the academic difference in the region (refer to tactical details in Strategy 2).

**f.** Develop a marketing and communications approach to promote the new strategic plan.

i. Create a communications document of the strategic plan.

ii. Promote the high priority research, clinical and educational programs and focal points that will be established through the new strategic plan (this should include the accelerated growth plans of the Medical Center and priority research and clinical programs for the School of Medicine).
Develop a comprehensive, coordinated approach to branding, marketing and public relations. (cont’d)

Recommended Tactics for Consideration:

**g. Utilize both traditional and new modalities to increase awareness of UC Irvine Academic Health Center across a broad audience.**

i. Traditional: paid advertising, brochures and internet; expand budget to include funding for radio and television.

ii. New Modalities: blogs, social networking sites, YouTube.

**h. Ensure that marketing of clinical programs are coordinated and patient-centered, reflecting the provision of excellent care by both the School of Medicine and the Medical Center.**

i. Consider marketing of “senior packages” that offer well-coordinated, patient-centered care.

ii. Market patient care available at the Gottschalk site and Douglas Hospital.

**i. Align School of Medicine and Medical Center marketing with marketing and community outreach efforts of the University.**

**j. Utilize excellent public relations to shape the image of UC Irvine Academic Health Center in media and in the community.**

i. Strengthen short-term and long-term relationship with the Los Angeles and Orange County media.
   - Develop a proactive plan for releasing positive messages and addressing problem issues to the media to ensure the accuracy of communications and to better allow the University to direct the flow of information (rather than having a reactive position).
   - Develop and nurture long-term relationships between UC Irvine Academic Health Center’s leadership team and the key media contacts.

ii. Actively populate social media outlets with UC Irvine Academic Health Center promotional stories; include video streams.

**j. Once the branding campaign has been launched, utilize public relations to position UC Irvine Academic Health Center as the academic difference (refer to Strategy VII.2 on next page).**
Theme VII: Strengthening Image & Community Partnerships

Promote the academic difference of UC Irvine Academic Health Center to differentiate it from other regional providers.

RATIONALE:
UC Irvine is the only academic medical center between Los Angeles and San Diego. This unique differentiation is the foundation of technological and intellectual assets that translate into outstanding advanced health care. The lay public often is unaware of the advantages of an academic medical center.

Recommended Tactics for Consideration:

a. Promote the research and clinical care priorities identified in this strategic plan, to differentiate UC Irvine Academic Health Center as the “academic difference” in the region; utilize this in the branding campaign.

b. Continue to highlight key academic accomplishments at UC Irvine School of Medicine and Medical Center.
   i. Build a “Path of Discovery” wall in the patient admissions area that highlights UC Irvine Academic Health Center’s Nobel laureates, National Academy of Science members and “Best Doctors”.
   ii. Promote star researchers and their innovative discoveries; describe how innovative discoveries are being translated into clinical therapies and treatments.
   iii. Promote major recent accomplishments including the CTSA, National Academies of Sciences’ members, etc.
   iv. Promote high profile faculty – tell their stories.
   v. Highlight special interest patient stories, etc. to personalize UC Irvine’s academic accomplishments.

c. Leverage and promote state-of-the-art technologies, including telemedicine and new buildings.

d. Promote interdisciplinary and inter-professional approaches in clinical, research and education programs.
   i. Ensure strong collaboration and promotion of other UCI Health Sciences programs (e.g., Nursing, Public Health and Pharmacy).
Promote the academic difference of UC Irvine Academic Health Center to differentiate it from other regional providers. (cont’d)

**Rationale:**
UC Irvine is the only academic medical center between Los Angeles and San Diego. This unique differentiation is the foundation of technological and intellectual assets that translate into outstanding advanced health care. The lay public often is unaware of the advantages of an academic medical center.

**Recommended Tactics for Consideration:**

- e. Emphasize the unique advantages academic medicine brings to patient care, particularly for tertiary/quaternary care.
- f. Promote and position primary care and its contribution to the community; leverage and position for health care reform.
- g. Promote UC Irvine School of Medicine and Medical Center contributions to the community.
UC Irvine Academic Health Center – Strategic Plan FY2011-2015

Theme VII: Strengthening Image & Community Partnerships

Recommended Tactics for Consideration:

a. Enhance communication and collaboration with referring and community physicians.
   i. Strive to make UC Irvine Academic Health Center the first choice for patients and patient referrals by being accessible, patient-friendly and physician-friendly. (Link to Team B strategies and Recommended Tactics for Consideration.)
   ii. Improve follow-up with referring physicians.
   iii. Increase the number of grand rounds, lectures and consultations available to community physicians.
   iv. Invite community physicians to participate in educational activities.
   v. Increase faculty participation in the Orange County Medical Association (OCMA).
      • Promote UC Irvine AHC physicians and services within OCMA.
      • Increase faculty involvement with various OCMA committees and advocacy groups.

b. Increase number of CME events and promote them locally, regionally and nationally.
   i. Ensure each department offers a few CME events each year.

c. Position UC Irvine Academic Health Center to take a leadership role in health care reform.
Strategy VII.3

Build strong, collaborative partnerships within the community. (cont’d)

Recommended Tactics for Consideration:

d. Establish stronger ties with the University to be collaborative and build stronger community partnerships.
   i. Partner with other UC Irvine professional schools.

e. Evaluate and clarify affiliations with CHOC and other regional providers/affiliates.

f. Develop strong partnerships with community leaders and advocates to support UC Irvine Academic Health Center.
   i. Further build relationships with highly influential opinion leaders in Orange County to serve as UC Irvine Academic Health Center advocates in the community.
   ii. Enlist the support of trustees to host small group gatherings.
   iii. Promote UC Irvine Academic Health Center accomplishments, star programs, new facilities and “story” to these advocates so they can, in turn, communicate this to the community and potential donors.
   iv. Consider naming a trustee champion to promote each priority area identified in the new strategic plan.

g. Create social, bonding opportunities with community leaders and advocates to build relationships with UC Irvine Academic Health Center leadership and faculty.

h. Consider establishing a “National Board of Advisors” for UC Irvine Academic Health Center to serve as a strategic advisory role to senior leadership.

i. Enhance support of corporations and insurers of UC Irvine Academic Health Center.
Strategy VII.4

Expand community outreach initiatives.

**RATIONALE:**
The UC Irvine Academic Health Center should be the first thought of any resident of Orange County who requires health care. This requires repetitive messaging to break through the noise and embed awareness and appreciation of our unique qualities.

**Recommended Tactics for Consideration:**

a. **Consider creating a centralized Office of Community Relations for UC Irvine Academic Health Center.**

b. **Recognize UC Irvine Academic Health Center’s diverse internal and external community, in service and in composition; further strengthen ties to diverse communities.**
   
   i. Reach out to community-based organizations by building partnerships with groups, including less-advantaged residents of Orange County.
   
   ii. Collaborate with community-based organizations supportive of our clinical services (i.e., American Cancer Association, Leukemia Lymphoma Society, Susan G. Komen, etc.).

   iii. Communicate and promote opportunities for participation in clinical trials.

c. **Develop a stronger community health presence in South Orange County.**
   
   i. Consider expansion of other outpatient services and physician offices in select locations.

d. **Better demonstrate UC Irvine Academic Health Center’s commitment to the community and the region.**
   
   i. Sponsor an annual community health event (e.g., 5K run, golf tournament, health fair, etc.); conduct a cost-benefit analysis to determine which 1 to 2 events to sponsor and do those well.

e. **Develop a strong web health presence for Orange County as the source of health information for the community.**
   
   i. Continue with current efforts to optimize website.
Strategy VII.4  
Expand community outreach initiatives. (cont’d)

Recommended Tactics for Consideration:

f. Expand Continuing Medical Education programs and utilize CME events to build relationships with the community and enhance UC Irvine Academic Health Center’s brand and image.
   i. Promote international fellowship and visiting scholars programs.
   ii. Continue to expand Speakers Bureau activities within the southern CA community and beyond.

g. Strengthen outreach efforts to employees of UC Irvine Academic Health Center.
III. PLAN IMPLEMENTATION
...Planning is an on-going, continuous process

- Successful execution is key
- Balance between strategic & operational pressures must be maintained
- Goals and strategies in the original strategic plan should be periodically assessed and adjusted to meet changing market conditions – to make the Plan a “living document”
## Strategic Plan Implementation: Keys to Success

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<table>
<thead>
<tr>
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<tbody>
<tr>
<td><strong>A. Assign Accountability</strong></td>
<td>➤ Identify implementation reporting relationships, project leadership, implementation team membership</td>
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<tr>
<td><strong>B. Clarify Implementation Tasks</strong></td>
<td>➤ Charge implementation champions and teams with refining tactics and developing business plans</td>
<td></td>
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<tr>
<td><strong>C. Link Plan to Other Long-range &amp; Operational Plans</strong></td>
<td>➤ Ensure that Strategic Plan drives budgets, long-range financial planning, capital campaigns, management objectives and individual performance objectives</td>
<td></td>
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<tr>
<td><strong>D. Monitor Progress</strong></td>
<td>➤ Develop and track objective measures of implementation progress</td>
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<tr>
<td><strong>E. Communicate Results</strong></td>
<td>➤ Enhance communication of the Strategic Plan and its implementation</td>
<td></td>
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</tbody>
</table>
Implementation Infrastructure

Strategic Planning Administrative Team to Coordinate Implementation

- Strategic Planning Steering Committee to Function as Oversight Group
- Work with Strategy Champions to assemble implementation teams for each of the top priority strategies starting in Year 1.
- Develop tools and templates to guide implementation teams.
- Convene quarterly meetings with all Champions to continuously monitor progress.
- Set-up dashboards to track measures of success on a quarterly, semi-annual or annual basis.
- Coordinate communication efforts related to strategic planning.

Strategy Champions

- Identify a small number of individuals to assist with implementation of assigned strategy.
- Review and refine recommended tactics for strategy assignment.
- Identify one-time and recurring resources needed to implement strategy.
- Develop a timeline for strategy implementation.
- Submit recommended budget and timeline to implementation oversight group for review and approval.
- Report progress at regular meetings with fellow champions and oversight group.
Implementation Infrastructure

### Communications Experts

- Develop communication tool summarizing the final plan.
- Update website to unveil final plan and to post progress reports as they are completed.
- Link institutional accomplishments, changes and initiatives back to the strategic plan whenever possible.
- Reference strategic plan in internal and external communications using a variety of communication modalities.

### Other Support Needed

- Finance department to assist with development of resource requirements.
- IT specialists to assist with website and dashboard development.
- Executive leaders to champion the plan and accomplishments of strategic objectives.
### Priorities and Accountabilities

*ensure institutional focus and leadership*

<table>
<thead>
<tr>
<th>Vision Theme</th>
<th>Goals</th>
<th>Strategies</th>
<th>Resource Intensity</th>
<th>Priority (1=high; 2=mod; 3=low)</th>
<th>Strategy Champion #1</th>
<th>Strategy Champion #2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Theme I: Providing Clinical Excellence</td>
<td>Goal 1 Provide high quality, accessible, patient-centered clinical care.</td>
<td>I.1 Provide compassionate, patient-centered care.</td>
<td>$</td>
<td>1</td>
<td>Laura Mosqueda</td>
<td>Karen Grimley</td>
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<td></td>
<td></td>
<td>I.2 Execute the Performance Improvement Plan for Organization-Wide Quality and Patient Safety.</td>
<td>$</td>
<td>1</td>
<td>Zeev Kain</td>
<td>Alice Issai</td>
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<td></td>
<td></td>
<td>I.3 Position UC Irvine Academic Health Center to respond to health reform.</td>
<td>1</td>
<td>John Gilwee</td>
<td>Teresa Conk</td>
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<td>I.4 Deploy state-of-the art technology to improve care, access and service.</td>
<td>$$$</td>
<td>1</td>
<td>Jim Murry</td>
<td>Ralph Cygan</td>
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<tr>
<td><strong>Theme II: Broadening the Impact of Our Clinical Expertise</strong></td>
<td>Goal 2</td>
<td>Develop integrated, interdisciplinary Centers of Excellence.</td>
<td>Promote and invest in selected clinical services where UC Irvine Academic Health Center can provide unique value and expertise to the community.</td>
<td>$$$</td>
<td>1</td>
<td>Terry Belmont/ John Heydt/ Ralph Clayman</td>
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<td></td>
<td>Goal 3</td>
<td>Establish UC Irvine Academic Health Center as the leading tertiary and quaternary care provider in the region.</td>
<td>Cultivate referral relationships with physicians in Orange County and surrounding communities.</td>
<td>$</td>
<td>1</td>
<td>Teresa Conk</td>
</tr>
<tr>
<td></td>
<td>Goal 4</td>
<td>Be recognized as a leader in primary health care and prevention of disease development.</td>
<td>Develop and deploy a comprehensive primary care integration strategy.</td>
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<td>1</td>
<td>Terry Belmont</td>
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<td></td>
<td></td>
<td></td>
<td>Use clinical trials to differentiate UC Irvine Academic Health Center as the only academic medical center in Orange County.</td>
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</table>
# UC Irvine Academic Health Center – Strategic Plan FY2011-2015

## Priorities and Accountabilities...

*ensure institutional focus and leadership*

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</tr>
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<tbody>
<tr>
<td>Goal 5</td>
<td>Theme III: Advancing Premier Research</td>
<td>Identify and promote research strengths at UC Irvine School of Medicine.</td>
<td>III.1</td>
<td>Provide researchers with the infrastructure and resources needed to conduct high-quality research.</td>
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<tr>
<td>Goal 6</td>
<td></td>
<td>Develop disease-focused multidisciplinary and translational research.</td>
<td>III.2</td>
<td>Identify and develop areas of research for future investment and growth while preserving academic diversity.</td>
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<td>III.3</td>
<td>Strengthen translational research that builds upon strong basic science and enhances collaboration between basic and clinical researchers.</td>
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<td></td>
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<td>III.4</td>
<td>Foster greater research collaboration between faculty at the School of Medicine and the main campus.</td>
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## Priorities and Accountabilities

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<tr>
<td><strong>Theme IV:</strong> Educating for the Future</td>
<td><strong>Goal 7</strong> Place UC Irvine at the forefront of medical education.</td>
<td>IV.1 Develop technological solutions that enhance educational experiences across the School of Medicine and Medical Center.</td>
<td>$$</td>
<td>1</td>
<td>J. Chris Fox</td>
<td>Jim Murry</td>
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<td></td>
<td><strong>Goal 8</strong> Provide outstanding educational experiences for students, residents, post-doctoral scholars and post-graduates.</td>
<td>IV.2 Increase connectivity between campuses and affiliated sites.</td>
<td>$</td>
<td>3</td>
<td></td>
<td>Shahram Loftipour/ Harry Haigler</td>
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<td>IV.3 Develop an innovative medical school curriculum using state-of-the-art teaching modalities.</td>
<td>$</td>
<td>1</td>
<td>Gerald Maguire</td>
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<td></td>
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<td>IV.4 Continue to develop new, combined educational programs.</td>
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### Priorities and Accountabilities

**ensure institutional focus and leadership**

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<td><strong>Theme V: Fostering an Outstanding Team</strong></td>
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<tr>
<td>Goal 9</td>
<td>Establish strong, consistent and committed leadership.</td>
<td>V.1 Effectively utilize FTE positions for faculty recruitment and retention.</td>
<td>1</td>
<td>Allan Hubbell</td>
<td>Mike Cahalan</td>
<td></td>
</tr>
<tr>
<td>Goal 10</td>
<td>Recruit and retain top-quality physicians, scientists, staff, students and trainees.</td>
<td>V.2 Recruit and retain faculty and department chairs of the highest caliber.</td>
<td>$$$</td>
<td>1</td>
<td>Ranjan Gupta</td>
<td>Ivan Soltez</td>
</tr>
<tr>
<td>Goal 11</td>
<td>Instill a culture of pride, accountability and teamwork across the organization.</td>
<td>V.3 Ensure that faculty compensation is aligned with the contributions to all missions of the UC Irvine AHC.</td>
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<tr>
<td>Goal 12</td>
<td>Strengthen administrative services, processes and infrastructure.</td>
<td>V.4 Strengthen teamwork across UC Irvine Academic Health Center.</td>
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<td>Goal 13</td>
<td>Recognize and promote diversity.</td>
<td>V.5 Cultivate the next generation of institutional leadership.</td>
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<td></td>
<td>V.6 Recruit and retain medical and graduate students.</td>
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<td></td>
<td>V.7 Increase the diversity of students and trainees.</td>
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Priorities and Accountabilities... ensure institutional focus and leadership

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<tr>
<td>Goal 14 Develop a sustainable financial future for UC Irvine Academic Health Center.</td>
<td>VI.1 Create a comprehensive financial plan for UC Irvine Academic Health Center.</td>
<td>$</td>
<td>1</td>
<td>Mona Wapner</td>
<td>Morris Freiling</td>
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<td></td>
<td>VI.2 Form a Financial Cabinet to support the Dean in immediately reducing deficits in the School of Medicine.</td>
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<td>VI.3 Strengthen financial stewardship.</td>
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<td>VI.4 Examine contracting, billing and collections to increase professional fee income.</td>
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<td>VI.5 Increase the indirect cost recovery to the School of Medicine.</td>
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<td>VI.6 Facilitate the disclosure, patenting, and licensing of intellectual property.</td>
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<tr>
<td>Goal 15 Develop a culture of philanthropy.</td>
<td>VI.7 Continue to strengthen development and fundraising.</td>
<td>$$</td>
<td>1</td>
<td>Roger Steinert</td>
<td>Sue Totten</td>
</tr>
</tbody>
</table>
### Theme VII: Strengthening Image and Community Partnerships

<table>
<thead>
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</thead>
<tbody>
<tr>
<td><strong>Goal 16</strong> Enhance the image and strengthen the identity of UC Irvine Academic Health Center.</td>
<td>VII.1 Develop a comprehensive, coordinated approach to branding, marketing and public relations.</td>
<td>$$1</td>
<td>$2</td>
<td>Teresa Conk</td>
<td></td>
<td>Mike Stamos</td>
</tr>
<tr>
<td><strong>Goal 17</strong> Establish strong collaborations and partnerships throughout Orange County and the region.</td>
<td>VII.2 Promote the academic advantages of UC Irvine Academic Health Center to differentiate it from other regional providers.</td>
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<td>VII.3 Build strong, collaborative partnerships within the community.</td>
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<td>VII.4 Expand community outreach.</td>
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</table>
### Recommended Measures of Success… to be tracked and monitored through implementation (Dashboards to be created and monitored based on measures below)

<table>
<thead>
<tr>
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<tbody>
<tr>
<td>Theme I: Providing Clinical Excellence</td>
<td>Goal 1 Provide high quality, accessible, patient-centered clinical care.</td>
<td><em>UHC inpatient performance benchmarks</em></td>
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<td><em>Inpatient and outpatient satisfaction</em></td>
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<td><em>Physician wait time for lab and x-ray results</em></td>
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<td><em>Total outpatient visit volume</em></td>
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<td><em>New patient outpatient visit volume</em></td>
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<td><em>Work RVUs</em></td>
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<td><em>Days to 3rd Available Appointment</em></td>
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<td><em>Call Abandonment Rate</em></td>
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<td><em>Outpatient Appointment Bump (Clinic Cancellation) Rate</em></td>
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<td><em>Outpatient No Show Rate</em></td>
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## Recommended Measures of Success… to be tracked and monitored through implementation

(Dashboards to be created and monitored based on measures below)

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</table>
| **Theme II: Broadening the Impact of Our Clinical Expertise**              | Goal 2 Develop integrated, interdisciplinary Centers of Excellence. | - Total inpatient discharges in targeted clinical programs.  
- Elective inpatient discharges in targeted clinical programs.  
- Contribution margin in targeted clinical programs.  
- U.S. News rankings for targeted clinical programs.  
- Research funding related to targeted disease focal points.  
- Number of new patient referrals from internal and external sources.  
- Measured improvement in consumer and/or referring physician perceptions of targeted programs. |
| Goal 3 Establish UC Irvine Academic Health Center as the leading tertiary and quaternary care provider in the region. | Market share  
- Number of discharges from outside of Orange County.  
- Outmigration  
- Rankings in local and national publications (US News, Orange County Best Doctors, etc.)  
- Measured improvement in overall consumer and/or referring physician perceptions  
- Number of patients enrolled in clinical trials  
- Number of transfers from other facilities  
- Number of clinical fellowships and participants  
- Case mix index |                                                                                                                                                                                                                  |
| Goal 4 Be recognized as a leader in primary health care and prevention of disease development. | Research Funding related to topic  
- Papers published related to topic |                                                                                                                                                                                                                  |
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<td>Theme III: Advancing Premier</td>
<td>Goal 5: Identify and promote research strengths at UC Irvine School of Medicine.</td>
<td>Total grant funding</td>
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<tr>
<td>Research</td>
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<td>NIH grant funding</td>
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<td>Number/proportion of faculty with research funding</td>
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<td>Research funding per square foot</td>
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<td>Research funding per state-funded FTE</td>
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<td>Peer-reviewed publications (volume and impact)</td>
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<td>Goal 6: Develop disease-focused</td>
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<td>Number of collaborative NIH grants (P, T, K)</td>
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<td>multidisciplinary and translational research.</td>
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<td>Number of collaborative publications</td>
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<td>Number of new collaborative, multidisciplinary research teams</td>
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<td>Number of team-building conferences</td>
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<td>Utilization of cores ($ spent in cores; # of projects)</td>
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<td>Robust IT infrastructure in place to enable communication</td>
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</tbody>
</table>
| Theme V: Fostering an Outstanding Team | **Goal 9** Establish strong, consistent and committed leadership. | Number of training (T, K, F) grants  
Resident board certification pass rates (first-time)  
Percentage of Underrepresented Minority Students & Trainees  
Number of CME courses, CME attendance, CME satisfaction |
| --- | --- | --- |
|  |  | Number of department chair vacancies/interim appointees  
Number of administrative leadership vacancies  
Department chair turnover rates  
Administrative leadership turnover rate  
Number of leadership training programs and participants |
| **Goal 10** Recruit and retain top-quality physicians, scientists, staff, students and trainees. | Number of applications for each academic program  
Yield rate for each academic program  
MCAT/GRE and GPA for each academic program  
Number of publications for new faculty recruits  
Research funding  
Average faculty start-up package compared to benchmarks  
Average faculty salaries compared to benchmarks  
Number of joint recruitments  
Faculty and staff satisfaction ratings  
Faculty and staff turnover rates  
FTE $s returned |
| **Goal 11** Instill a culture of pride, accountability and teamwork across the organization. | Measured improvement in pride and perceptions of teamwork  
Percentage of employees who choose UCI as health care provider  
Percentage of employees receiving on-time performance reviews  
Number of employee awards and bonuses for outstanding performance |
| **Goal 12** Strengthen administrative services, processes and infrastructure. | Measured improvement in satisfaction with identified administrative services |
### Recommended Measures of Success... to be tracked and monitored through implementation
(Dashboards to be created and monitored based on measures below)

<table>
<thead>
<tr>
<th>Vision Theme</th>
<th>Goals</th>
<th>Suggested Measures of Success</th>
</tr>
</thead>
<tbody>
<tr>
<td>Theme V: Fostering an Outstanding Team</td>
<td>Goal 9 Establish strong, consistent and committed leadership.</td>
<td>Number of department chair vacancies/interim appointees&lt;br&gt;Number of administrative leadership vacancies&lt;br&gt;Department chair turnover rates&lt;br&gt;Administrative leadership turnover rate&lt;br&gt;Number of leadership training programs and participants</td>
</tr>
<tr>
<td>Goal 10 Recruit and retain top-quality physicians, scientists, staff, students and trainees.</td>
<td>Number of applications for each academic program&lt;br&gt;Yield rate for each academic program&lt;br&gt;MCAT/GRE and GPA for each academic program&lt;br&gt;Research funding, number of publications for new faculty recruits&lt;br&gt;Average faculty start-up package compared to benchmarks&lt;br&gt;Average faculty salaries compared to benchmarks&lt;br&gt;Number of joint recruitments&lt;br&gt;Faculty and staff satisfaction ratings&lt;br&gt;# of faculty in IOM or NAS&lt;br&gt;Faculty and staff turnover rates</td>
<td></td>
</tr>
<tr>
<td>Goal 11 Instill a culture of pride, accountability and teamwork across the organization.</td>
<td>Measured improvement in pride and perceptions of teamwork&lt;br&gt;Percentage of UCI employees who choose UCI as health care provider&lt;br&gt;Percentage of employees receiving on-time performance reviews&lt;br&gt;Overall work attendance (days missed)&lt;br&gt;Number of employee awards and bonuses for outstanding performance</td>
<td></td>
</tr>
<tr>
<td>Goal 12 Strengthen administrative services, processes and infrastructure.</td>
<td>Measured improvement in satisfaction with identified administrative services.&lt;br&gt;Measured improvement in turnaround time/response rates for identified administrative services</td>
<td></td>
</tr>
<tr>
<td>Goal 13 Recognize and promote diversity.</td>
<td>Percentage underrepresented minority students, faculty, staff&lt;br&gt;Percentage female students, faculty, staff</td>
<td></td>
</tr>
<tr>
<td>Vision Theme</td>
<td>Goals</td>
<td>Suggested Measures of Success</td>
</tr>
<tr>
<td>----------------------------------------</td>
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</tr>
<tr>
<td>Theme VI: Building Financial Sustainability</td>
<td>Goal 14 Develop a sustainable financial future for UC Irvine Academic Health Center.</td>
<td>Revenue by source (institutional, philanthropic, research, CME, patient) Net margin by School, Medical Center, and Department Percentage of SOM departments meeting budget Clinical productivity by department Revenue from intellectual property Bond rating</td>
</tr>
<tr>
<td></td>
<td>Goal 15 Develop a culture of philanthropy.</td>
<td>Gifts and pledges Endowment funding Number of faculty involved in fundraising Number of new and repeat donors Number of endowed chairs Alumni donations</td>
</tr>
<tr>
<td>Theme VII: Strengthening Image and Community Partnerships</td>
<td>Goal 16 Enhance the image and strengthen the identity of UC Irvine Academic Health Center.</td>
<td>Measured improvement in consumer perception Increased recognition of brand/logo Number of positive mentions in the press Number of negative mentions in the press Number of website hits</td>
</tr>
<tr>
<td></td>
<td>Goal 17 Establish strong collaborations and partnerships throughout Orange County and the region.</td>
<td>Number of sponsored community events Number of faculty and staff participating in community events Number of volunteers and advisors from the community Collaborations and joint ventures with community partners</td>
</tr>
</tbody>
</table>
APPENDICES
<table>
<thead>
<tr>
<th></th>
<th>Tactics</th>
<th>Not Started</th>
<th>Underway</th>
<th>Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>a.</td>
<td>Create a single, distinct brand identity for UC Irvine Academic Health Center (comprised of the School of Medicine and Medical Center).</td>
<td>✓</td>
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</tr>
<tr>
<td>b.</td>
<td>Based on the outcome of the branding engagement, communicate the new brand for UC Irvine Academic Health Center to internal and external constituency groups, the community at-large, the region and nation.</td>
<td>✓</td>
<td></td>
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<tr>
<td>c.</td>
<td>Revise existing style and graphic design standards to incorporate the new brand elements and messages.</td>
<td>✓</td>
<td></td>
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<tr>
<td>d.</td>
<td>Ensure that all websites are developed with consistent branding and imagery.</td>
<td>✓</td>
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<tr>
<td>e.</td>
<td>Develop a unified marketing campaign for the UC Irvine Academic Health Center which is comprised of the UC Irvine School of Medicine and Medical Center.</td>
<td>✓</td>
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<tr>
<td>f.</td>
<td>Develop a marketing and communications approach to promote the new strategic plan.</td>
<td>✓</td>
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<td>g.</td>
<td>Utilize both traditional and new modalities to increase awareness of UC Irvine Academic Health Center across a broad audience.</td>
<td>✓</td>
<td></td>
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<tr>
<td>h.</td>
<td>Ensure that marketing of clinical programs are coordinated and patient-centered, reflecting the provision of excellent care by both the School of Medicine and the Medical Center.</td>
<td>✓</td>
<td></td>
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<tr>
<td>i.</td>
<td>Align School of Medicine and Medical Center marketing with marketing and community outreach efforts of the University.</td>
<td>✓</td>
<td></td>
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<tr>
<td>j.</td>
<td>Utilize excellent public relations to shape the image of UC Irvine Academic Health Center in media and in the community.</td>
<td>✓</td>
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<tr>
<td>k.</td>
<td>Once the branding campaign has been launched, utilize public relations to position UC Irvine Academic Health Center as the academic difference (refer to Strategy VII.2).</td>
<td>✓</td>
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</tbody>
</table>
UNIVERSITY OF CALIFORNIA, SAN FRANCISCO
Strategic Planning Progress Report

Strategy: Develop UCSF Global Health Sciences (GHS) that integrate and focus UCSF’s expertise in biological, population, social/behavioral and clinical sciences, in collaboration with global partners, to eliminate major health disparities and reduce the burden of disease of the world’s most vulnerable populations.

GOAL: Position UCSF as a leader in global health

Progress to-Date

- Committed core funding by UCSF office of the chancellor through 2009 supplemented by School of Medicine funds
- Began implementing Educational Programs:
  - Developed Masters of Science in Global Health program; passed UCSF review, system wide review currently taking place
  - Developed Global Health Clinical Scholars Program with buy-in/interest from most UCSF School of Medicine residency programs and in Pharmacy, Dentistry and Nursing
  - Formed a Global Health Clinical Scholars Consortium with Johns Hopkins, Penn and Univ. of Washington to coordinate and supervise clinical scholar experiences abroad
- Received 18-month planning grant from UC Office of the President to develop a UC-wide School of Global Health
- Organized international meeting with Rockefeller Foundation to develop and promote strategies for creating Essential Surgery training programs in developing countries
- Hosted Global Health Conference at UCSF (with global health leaders across world) to address role of Global Health programs and the workforce; funded by the Gates Foundation.
- Solicited by the Gates Foundation to submit a proposal to develop and test a partnership model between American and African universities; Gates is interested in funding

Expected Outcomes 2007-2008

- Accept first class for Masters of Science in Global Health Program in 2008
- Develop PhD program in Global Health
- Emphasize Global Health educational programs in early years of concentration for students in all four UCSF schools and in basic sciences
- Expand Global Health Clinical Scholars program across UCSF schools and disciplines
- Request allocation of site in Mission Bay for building to support UCSF’s leadership in Global Health and the UC-wide program
- Launch a national search for UCSF Global Health Director of Education
- Develop proposal for UC-wide school of global Health – submit by 10/08; present to Regents by 11/08 for 2009 funding cycle
- Increase number of programs in resource constrained settings training non-physicians in surgical techniques necessary for essential preventative and life-saving services
- Launch several major capacity building and program development initiatives (academic institution building, Global Health Forum and, research support)

Key Challenges Anticipated

- Funding/financial support for education component is crucial in order to make global health a true priority. Need at least 5-year guaranteed salary to support recruitment of a Director of Education
- Leadership – need UC leadership to buy-in for GHS to take off and be successful
- Geographical separation is a barrier; need support of UCSF to dedicate land at Mission Bay and build facility to house program
Goal 8: **Provide outstanding educational experiences for students, residents, post-doctoral scholars and post-graduates.**

### Measures

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<tbody>
<tr>
<td><strong>Medical Students</strong></td>
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<tr>
<td>Student satisfaction ratings</td>
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<td>Neutral</td>
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<tr>
<td>Average USMLE Step I scores</td>
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<td>227</td>
<td>229</td>
<td>225</td>
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<tr>
<td>Average USMLE Step 2 scores</td>
<td>220</td>
<td>221</td>
<td>230</td>
<td>226</td>
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<td>Positive</td>
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<td># of students participating in research programs</td>
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<td>Neutral</td>
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<td># of students participating in exchange programs</td>
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<td>% of graduates entering top residency programs</td>
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<td>% of graduates entering academia</td>
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<tr>
<td><strong>Residents and Fellows</strong></td>
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<td>Resident board certification pass rates (first-time)</td>
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<td>% Underserved Minority Residents</td>
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<tr>
<td><strong>Graduate Students and Post-Docs</strong></td>
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<tr>
<td>% of graduates entering academia</td>
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<td>Neutral</td>
</tr>
<tr>
<td>Training (T, K, F) grants (millions)</td>
<td>$4.5</td>
<td>$4.1</td>
<td>$4.0</td>
<td>$3.6</td>
<td>$3.4</td>
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<tr>
<td>% Underserved Minority Graduate Students</td>
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<td><strong>CME</strong></td>
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<td># of Courses</td>
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<td># of attendees</td>
<td></td>
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<td>Neutral</td>
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<tr>
<td>Satisfaction Ratings</td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td>Neutral</td>
</tr>
</tbody>
</table>
Goal 8: Provide outstanding educational experiences for students, residents, post-doctoral scholars and post-graduates.

**Med School Applications & Acceptance Rate**

- 2006-07: 3,989 applications, 2.6% acceptance rate
- 2007-08: 4,536 applications, 2.3% acceptance rate
- 2008-09: 4,695 applications, 2.2% acceptance rate
- 2009-10: 4,602 applications, 2.3% acceptance rate

**1st Year Med Students GPAs and MCAT Scores**

- 2005-06: Average 1st year student MCAT 10.5, GPA 3.7
- 2008-09: Average 1st year student MCAT 10.6, GPA 3.7

**First Year Students by Race/Ethnicity**

- **2005-06**: Unknown 9%, Underrep Mnrty 17%, White 41%, Asian 33%
- **2008-09**: Unknown 12%, Underrep Mnrty 17%, White 45%, Asian 26%

**NIH Training & Career Development Awards**

- 2004: $4.5 million
- 2005: $4.1 million
- 2006: $4.0 million
- 2007: $3.6 million
- 2008: $3.4 million
Dashboard Example #2: (cont’d)

Goal 8: Provide outstanding educational experiences for students, residents, post-doctoral scholars and post-graduates.

Student Satisfaction Ratings

Other Key Med School Outcomes

USMLE Mean Scores, UC Irvine Students vs. National Average

Step 1

Step 2