

THE DECADE PLAN EXECUTIVE SUMMARY

In 2003, the Decade Plan was launched as the first combined strategic planning effort involving all components of the Health System with the overall goal of excellence defined by the creation of Models for all of US and recognition of the University of Virginia as one of the top health systems as evidenced by rankings. The plan focused on the five areas of patient care, education, research planning, community service, and cross-mission. Each Decade Committee defined specific objectives and was held accountable with periodic meetings (monthly to semi-annually) with leadership. What have we accomplished in these areas and where are we going?

In 2006, we re-evaluate the Decade Plan. We reaffirm our goals and core concepts.

Our **goal** continues to be excellence, defined as:

- The creation of Models for all of U.S. in which we can demonstrate to others innovative ways to advance the health of America through our core competency of collaboration in patient care, education, research, and service to the community;
- Recognition of the University of Virginia as one of the very top health systems as evidenced by School of Medicine, School of Nursing, and Medical Center rankings.

Since the implementation of the original Decade Plan, and reaffirmed now, our **core concepts** are:

1. Retention and recruitment of the best faculty, students, and staff who continuously innovate whether in programmatic development or individual endeavors. We have recruited Bankole A. Johnson, DSc, MD, PhD, Chair of Psychiatric Medicine; Michael D. Dake, MD, Chair of Radiology; Geoffrey R. Weiss, MD, Chief of the Division of Hematology-Oncology, and Deputy Director of the Cancer Center for Clinical Affairs and Clinical Research; Lawrence W. Gimple, MD, Chief of the Division of Cardiology; George F. Rich, MD, PhD, Chair of Anesthesiology; James M. Larner, MD, Chair of Radiation-Oncology; and Robert M. Strieter, MD, Chair of Internal Medicine.
2. Creation of the best possible facilities. We have in the planning stages facilities in each area of our mission – Medical Education Building (2010); Carter-Harrison Research Building (2008), the Applied Research and Technology (ART) Building (2007), and the Ivy Translational Research Center (2010); and Clinical Cancer Building (2010) and the Children's Hospital (2011).
3. Commitment to diversity in those who work here and those who study here, and to the elimination of disparities in the health of our citizens. Between 2002-2005, the number of under-represented minority students went from the lowest quintile among schools in the country to the top quintile.
4. Living a culture of collaboration, communication and transparency. Well over 80 percent of our faculty say they feel their work environment is collegial, there is a stronger relationship between the Medical Alumni Association and the School of Medicine, information is shared via regular meetings and electronic communications, and budgets and financial performance information is consolidated and shared quarterly.
5. Partnership. There is a strong working partnership among all the entities of the Health System: the School of Medicine, Medical Center, Health Services Foundation, School of Nursing, and Claude Moore Health Sciences Library.

Staff and faculty throughout the Health System have devoted creative effort and vision to carrying out the plans of each committee and working group. The groups realized significant accomplishments and have set additional goals for further improvement. While each individual report details the accomplishments and goals, a highlight from each group follows.

Access, Service and Communication has helped 60 percent of primary care clinics and 50 percent of specialty care clinics meet the UVa target of providing non-urgent, initial appointments within 14 days. Its two-year goal is to have 80 percent of primary care clinics and 66 percent of specialty care clinics meet the 14-day target.

Primary Care conducted an in-depth analysis of primary care and its place in the UVa Health System. An outcome of that study is a two-year plan for redistribution of primary care services within the primary service area east, which includes Albemarle County, the city of Charlottesville, and the 5 surrounding counties of Fluvanna, Greene, Louisa, Nelson, and Orange.

Health Services Foundation rebuilt net assets to \$61.5 million after they had decreased to \$24.1 million in FY02. A two-year goal includes adjusting operations for success in an environment of increased consumer responsibility and involvement in healthcare decision making. The Health Services Foundation, School of Medicine and Medical Center will continue to emphasize alignment of their goals.

Market Strategy established a two-step process for proposal review that is aligned with other internal review processes. Two-year goals include identification and prioritization of clinical areas that the Health System can market successfully based on market indicators (share, growth, financial contribution) and performance metrics (access, service, excellence, quality).

The Buchanan Endowment Awards for Clinical Programs committee developed a robust process review and established teams of physicians, nurses, and administrative staff to develop business plans that meet the Buchanan funding criteria. Over the next two years the committee will further develop criteria for a successful program including market share.

Medical Education developed and introduced the new “Cells to Society” curriculum that integrates basic science and clinical courses centered on the patient, and established two national models – the Cells to Society 3-day introduction and the Clerkship Clinical Skills Education Program. The Center for Humanism in Medicine was created to nurture humanism in medicine and to evaluate the outcomes and effectiveness of a humanism focus on the curriculum. The committee will establish a Medical Education Research Institute for basic research on medical education within the next two years. The School of Medicine will consider a 10-15% increase in the medical school class size after the Medical Education Building opens in 2010. Graduate Medical Education: A Graduate Medical Education innovation grant was created and supported studies that are impacting how we train residents. The GME curriculum will be enhanced through an Academy of Distinguished Educators Resident as Teacher program.

School of Nursing Education piloted a Clinical Nurse Leader (CNL) program, an accelerated 24 month full-time graduate course of study that intends to prepare nurses for clinical practice and leadership at the point of care. Two-year goals include increased collaborative opportunities in the areas of international, global health, informatics, and simulation.

The Claude Moore Health Science Library helped to incorporate quality information resources in major Health System initiatives (e.g., Patient Safety, Patient and Family Education, Health Sciences/MPH). The Persona Project – the development of personalized information delivery systems for medical students as well as educational modules based on preferred learning styles – is a major two-year goal.

Research Infrastructure, Programs, and Faculty implemented a translational research training program designed to fund and bring to market promising translational projects. Among its two-year goals is increased support for faculty researchers and to ensure that the Office for Clinical Research is fully functioning with research cores for study design and statistics. We will build upon our existing strengths in investigating disease (such as cancer, endocrinology, cardiovascular, neuroscience, addiction, aging, digestive health, and biodefense) and in basic science disciplines (such as cell signaling, inflammation, morphogenesis and regenerative medicine, imaging, epigenetics, and structural biology) by adding expertise in Personalized Medicine using the power of genetics, genomics, and proteomics. We will develop the Virginia Institute for Clinical and Translational Research to complement our strong basic science accomplishments.

Graduate Programs consolidated over 20 entry programs into 7 umbrella Biomedical Sciences Graduate Programs that cross departments and schools. A major two-year goal is to improve mechanisms to better integrate Ph.D. training and application of basic research findings to advances in clinical medicine.

School of Nursing Research increased its NIH ranking from 28 in FY02 to 16 in FY03 and FY04, and it has the third largest number of Individual National Research Student Awards. Its two-year goals include increasing research partnerships with the SOM and across Grounds, and increasing NIH-funded R01 research.

Community Service participates in a multi-organization collaboration to provide safety net screening and care to uninsured Appalachian citizens, which has increased the patient volumes served in the July Wise event threefold. Over the next two years, it will work with the Office of Medical Education to evaluate and track service learning outcomes.

Faculty Development established the Faculty Leadership Program as a developmental model reflecting the stages of a faculty career and has presented it as a national model. A two-year goal is to improve retention, defined as 90 percent of retention efforts are successful.

Public Health established the MPH degree and saw significant growth in the MPH program. The Consumer Health Education Institute was established to teach consumers how to choose health care, and the Center on Health Disparities will investigate ways to reeducate health professionals and eventually eliminate disparities in the delivery of health care to minorities, the poor, rural residents, and others with limited access. Two-year goals include creating the Health Disparities and Global Health tracks in the MPH program and beginning to develop ways to reduce disparities (e.g., Telemedicine for rural health care).

The Center for Global Health launched its Fogarty Global Health Framework grant, which enabled new course development in the SOM and across the University. Among its two-year

goals is the initiation of a program in which all 4th-year students have the opportunity to participate in an annual “class project” in an underserved country.

The Health System Development campaign has booked \$194,682,622 in gifts/pledges through 1/31/06, or nearly 39 percent of the \$500 million campaign goal. A two-year goal is to integrate basic science with clinical programs in fundraising efforts. We must exceed our target of \$500 million in order to carry out the Decade vision and to provide the capital, endowment, and operating funds that will sustain the programs.

Over the next ten years, we aspire to be among the premier academic health centers in demonstrating the value of the interaction among our missions: patient care, education, research that converts promising outcomes into what Jefferson called “usable science,” and service to the community. We will develop the Virginia Institute for Clinical and Translational Research that will take us from “cell to bedside” and a School of Public Health that will move from “bedside to society.” Our excellence will be evidenced by 20 new Models for all of US and achieving high rankings such as the Medical Center earning a place on the Honor Roll of “America’s Best Hospitals” and the School of Medicine ranking in the top 20 of the nation’s medical schools as both determined by *US News and World Report*.