COM-T Consolidated Strategic Plan

FY 2022
Impetus

Based on 12-month assessment: December 2019 – November 2020

Situational Analysis
• Decade of ‘revolving-door’ leadership changes
• Several ‘strategic plans’
• Banner affiliation in 6th year
• 18 months of ‘interim dean’
• 7 ‘interim’ chairs
• COVID

Strengths
• Significant increase in NIH funding and Blue Ridge rankings
• Positive changes in senior UArizona and UAHS senior leadership

Opportunities
• Operational versus Strategic institutional mindset
• Possibilities for better accountability, alignment, faculty engagement, data transparency, fiscal transparency and discipline, blurred mission area leadership
• Need for unifying strategic vision and direction
‘A unit-specific, mission-driven, metric-based, directional, target-focused, tactical, consolidated strategic plan’

- ‘Unit-specific’: while ‘the plan’ constitutes a college-wide strategic planning initiative, it involves 29 academic units that include 3 different unit types: Clinical Departments, Basic Science (non-clinical) Departments, and Centers.
- ‘Mission-driven’: The COM-T mission statement is ‘advancing health and wellness of our community and beyond, while embracing diversity, in the pursuit of excellence through innovation in our tripartite mission: education, research, and patient care’. Our 7 mission areas include the Tripartite mission (Education, Research, Patient Care) and an additional 4 mission areas (Faculty Affairs, Diversity, Equity and Inclusion (DEI), Financial Sustainability, and Development) essential to support the Tripartite mission.
- ‘Metric-based’: for each mission area, individual vision elements were developed. Specific metrics were selected based on 3 criteria – mapping to specific vision elements within each mission area, validated and readily available, and frequently published (i.e., at least annually). ‘Current state’ data and data source(s) were identified for each metric.
- ‘Directional’: the overall direction was defined as a ‘future state’, consisting of a 3-year annualized metric-based projection each mission area. The plan calls for ‘rolling’ 3-year projections with planned reassessments every 6 months, informing discussions around accountability between unit leaders and the faculty, as well as between unit leaders and the dean, with a potential resetting of targets and tactics as needed.
Framework (Anatomy) for a Strategic Plan - II

‘A unit-specific, mission-driven, metric-based, directional, target-focused, tactical, consolidated strategic plan’

• ‘Target-focused’: Initial targets for 1, 2, and 3-years (FY22-24) were defined for each metric, mapping to vision elements within each mission area, that were designed to be ambitious but realistic. Unit leaders and faculty will not be held directly accountable for the actual set targets, but instead, if targets are not being met, for understanding either what barriers exist, or alternatively why targets were not achievable.

• ‘Tactical’: each directional target requires a set of tactics needed to achieve the target. Tactics may include leveraging available unit resources (resetting priorities and/or repurposing assets), or alternatively seeking and obtaining additional resources from within COM-T, UAHS strategic plan, extramural grants, development funds, etc. towards programmatic initiatives.

• ‘Consolidated’: while there are significant differences both within and between the different types of academic units with respect to each of the mission areas, a set of unifying vision elements and metrics were selected for each of the mission areas, designed to align the directionality of targets and tactics into a consolidated set of action plans.

• ‘Strategic plan’: the premise of the plan is to execute on a set of tactics designed to achieve a strategic vision, advancing COM-T’s activities towards fulfilling its mission statement.
29 College of Medicine – Tucson Academic Units
Academic Units and Mission Areas – ‘at a glance’
Underlying Mission Statement, Strategic Vision, and Premise

**Mission Statement** (Revised 2020)

“advancing health and wellness of our community and beyond, while embracing diversity, in the pursuit of excellence through innovation in our tripartite mission: education, research, and patient care.”

**Strategic Vision**

“creating a sustainable roadmap, through highly collaborative approaches and inclusive excellence, at the forefront of medical innovation, that inspires and aligns COM-T’s faculty, staff, student body and alumni to prepare the next generation of academic medicine leaders to provide high quality health care delivery and human health, meeting the needs of the State of Arizona and beyond.”

**Premise**

To engage COM-T leadership, faculty, and staff in developing a tactical framework across academic units and mission areas, anchored in a strategic vision that leverages both institutional assets and community partnerships, to foster a culture of shared accountability that begins today and targets tomorrow’s successes,
The Plan ‘at a glance’

Vision and Anticipated 3-year milestones/outcomes - I

1. Education:

“a modern and integrated curriculum plan that prioritizes the intellectual, professional, and personal development of a diverse group of students and trainees, preparing them as health providers, scientists, and educators, and as future leaders in academic medicine in the context of the related workforce needs of the state of Arizona and beyond.”

- **New admission pathways**: successful first APME class matriculation with low attrition, successful progression of first Bachelor’s degree in Medicine class with >1,000 students enrolled student at year 3; P-MAP program (continue enrolling matriculating 10 students/yr); HEAP (continue enrolling 10 students/yr and monitor leakiness from APME);
- **LCME**: successful full 8 years re-accreditation; GPA/Sc GPA/MCAT 3.73/3.6/510; URiM >30%;
- **GQ scores**: 50-75%ile basic science preparation, satisfaction with education 95% over median, with student affairs >75%ile, development as a person >75% over median, as future physician >75%ile, career advising >75%ile, confident to begin residency>90%, >75%ile, student mistreatment <40%, % reporting on mistreatment >40%; clerkship scores above median, delay in USMLE Step 1 <5, Step 1 pass rate >95% (3-year average), Step 2 CK pass rate >95% (3-year average) and >98% above median scores;
- **MD PHD program**: MSTP T32 NIH funding; students under MSTP 3, increase F-awards to 7;
- **GME**: match rate pre-SOAP >95% and exceeding national median; ACGME survey regarding balance above national average, retention COM-T/P 30%.
COM-T Admission Pathways

PMA-P: targets underprivileged UG students to ensure successful matriculation and graduation

HEAP: targets top 10 UG students in Honors College

Just received NIH funding (MSTP T32) for first time for 3 slots for 5 years for dual degree students

APME: targets HS students interested in 7-year program with priority for AZ students reaching out to underserved communities
## B.1. Education

**Vision Element 1:** Providing a modern, integrated and interactive curriculum in our baccalaureate, undergraduate and graduate medical education programs that prepares students to care for a diverse population.

<table>
<thead>
<tr>
<th>Metric</th>
<th>Current State</th>
<th>Future State</th>
<th>Tactics</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student ratings of basic science preparation for clinical clerkships (GQ)</td>
<td>Most disciplines 25 – 50th percentile (range 10 – 75th percentile)</td>
<td>Y1: current (3-year lag) Y2: all at 25th %ile or above Y3: all at 50th %ile or above</td>
<td>• Responsible block directors, faculty, department and Curricular Affairs (CA) will examine all relevant data to understand what specific factors need improvement. • Student focus groups will be held as needed. • Increased interactive, case-based instruction, reduction in standard passive lectures. • Discuss basic science and preclerkship curriculum with clerkship directors to facilitate integration of concepts and preparation for clerkships.</td>
</tr>
<tr>
<td>Student ratings of clerkships (GQ)</td>
<td>Clerkships rated good or excellent – most at 10 – 25th percentile (range 10 – 50th percentile)</td>
<td>Y1: current (2-year lag) Y2: all at 25th %ile or above Y3: all at 50th %ile or above</td>
<td>• Responsible clerkship directors, faculty and Curricular Affairs (CA) will examine all relevant data to understand what specific factor are need improvement. • Student focus groups will be held as needed. • Examine and revise didactic sessions to be more interactive/case based. • Explore Education RVUs to support clinical teaching. • More transparency on how funds given for education by the COM-T are used by clinical departments. • Enhance and direct resources to faculty development in education and the Residents as Educators Program.</td>
</tr>
<tr>
<td>Number of students who delay Step 1 (inward facing metric to avoid stigmatizing a particular class)</td>
<td>36 (Many COVID related)</td>
<td>Y1: 20 or less Y2: 10 or less Y3: 5 or less</td>
<td>• CA has hired learning specialists who will help to proactively embed a summer Step 1 study plan for rising year 2 students. • Weekly quizzes utilizing Step 1-type questions will be embedded in the curriculum. • Continue to refine the weekly “spiral curriculum” which helps students practice spaced repetition with knowledge previously acquired. • Redesign the last basic science block, Advanced Topics, to better focus on our students individualized needs to be successful on Step 1. • Purchase vetted and appropriate resources for Step 1 study along with guidance on how to best use these resources (UWorld question bank, Scholar Rx). • Educate students on the new Pass/Fail grading of Step 1.</td>
</tr>
<tr>
<td>Step 1 pass rate</td>
<td>95% (3-year average)</td>
<td>Y1, Y2, Y3: maintain or exceed</td>
<td>As above.</td>
</tr>
<tr>
<td>Step 2 CK pass rate and score</td>
<td>96% (score above national average)</td>
<td>Y1, Y2, Y3: maintain or exceed</td>
<td>• Encourage students to purchase and use the UWorld question bank during clerkships. • Consider purchasing the UWorld question bank for students (would allow discount and assurance that all students are using this resource).</td>
</tr>
</tbody>
</table>

Table 1.1 metrics and direction (3-year targets): student ratings of basic science preparedness (50-75%ile); # students with LCME step 1 delay (<5) and pass rates (>95%); step 2 CK pass rates and scores (>95%, with >98% above median scores);
**B.1. Education**

**Vision Element 1:** Providing a modern, integrated and interactive curriculum in our baccalaureate, undergraduate and graduate medical education programs that prepares students to care for a diverse population (cont’d)

<table>
<thead>
<tr>
<th>Metric</th>
<th>Current State</th>
<th>Future State</th>
<th>Tactics</th>
</tr>
</thead>
</table>
| Match rate (multifactorial) | Pre-SOAP 92 – 93%; national average 93 – 94% | Y1: National average, Y2, Y3: National average. or above | • Continue to offer the Career Advising Program.  
• Increase involvement of specialty advisors within departments with the Career Advising Program.  
• Each clinical department will assess student success at matching within their specialty and provide recommendations/assistance if needed.  
• Strengthen pipeline/recruitment of COM-T students into our own residency programs. |
| Overall satisfaction with education at COM – T (GQ) | approximately 90%; 50th percentile | Y1: 92%, Y2: 92%, Y3: 94% | • Recognizing that this is a shared metric across all academic units, each unit will be asked to understand what their contribution to this metric in the context of the overall strategic plan.  
• Examples include satisfaction with courses and clerkships, advising, the learning environment, etc. |
| LCME Accreditation Status | Full 8 Year accreditation | Y1, Y2, Y3: Maintain | • All academic units will understand the elements of LCME accreditation and understand their responsibility within this shared goal.  
• Appropriate effort and resources will be directed towards this common goal ahead of our January 2022 LCME site visit. |
| APME | Recently approved with 6 students enrolled | Y1: monitor and engage advisors; no attrition, Y2: no attrition; enroll 2nd class, Y3: Attrition ≤1; enroll 3rd class and UG 1st class | • Recruit advisors  
• Design undergraduate (UG) curriculum for 2023  
• Market nationwide  
• Enroll 5 new students  
• Finalize UG curriculum and matriculate 1st class  
• Assess attrition rate  
• Market nationwide  
• Enroll 5 new students  
• Assess 1st UG class and finalize UG curriculum and matriculate 2nd class  
• Assess attrition rate |

**Table 1.1** metrics and direction (3-year targets): student ratings of clerkship (all at 50%ile or above), residency match rates (match or exceed national average pre-SOAP >94%, refine tracking and objectives); Student overall satisfaction with education (95% over median); LCME accreditation status (full 8 years); APME (successful first APME matriculation with attrition ≤1);
## B.1. Education

**Vision Element 2: Supporting our students’ and trainees’ intellectual and professional development formation and ability to maintain personal wellness.**

<table>
<thead>
<tr>
<th>Metrics</th>
<th>Current State</th>
<th>Future State</th>
<th>Tactics</th>
</tr>
</thead>
</table>
| Student satisfaction with Student Affairs (Accessibility, Awareness of concerns, Responsiveness to student problems) (GQ) | 83 – 90% satisfied; 75th to 90th percentile                                   | Y1, Y2, Y3: >75thile, >85% satisfied                                       | • This positive level of satisfaction is the direct result of significant deliberate effort when reorganizing the Office of Student Affairs in 2016.  
  • The current structure enhances direct student interaction and assistance with the office throughout their medical school experience. |
| The COM – T has done a good job at fostering and nurturing students’ development as a person (GQ)                           | 71% satisfied; 50th percentile                                               | Y1:Y2, Y3: >75%ile, >85% satisfied                                         | • Continue Societies Program for individual student mentorship and support.  
  • Continue current Student Affairs organization/services.  
  • Invest in wellness activities.  
  • Reduce student mistreatment (see below). |
| The COM – T has done a good job at nurturing students’ development as a future physician (GQ)                             | 90% satisfied (70th percentile)                                              | Y1, Y2, Y3: >75%ile, >85% satisfied                                       | • Continue Societies Program.  
  • Revise Transition to Residency course and make it mandatory.  
  • Improve satisfaction with clerkship education.  
  • Implement Workplace-Based Assessment for improved student feedback/professional growth. |
| Student satisfaction with career advising services (GQ)                  | 73% satisfied; 75th percentile                                               | Y1, Y2, Y3: >75%ile, >85% satisfied                                       | • Continue COM-T Career Advising Program.  
  • Increase integration of specialty advisors within departments within the Career Advising Program.  
  • Departments to evaluate their specialty advising services. |

*Table 1.2 metrics and direction (3-year targets): Student satisfaction with - student affairs (>75%ile, >85% satisfied); development as a person (75%ile, >85% satisfied); development as a future physician (75%ile, >85% satisfied); career advice (75%ile, >85% satisfied);*
## B.1. Education

**Vision Element 2:** Supporting our students’ and trainees’ intellectual and professional development formation and ability to maintain personal wellness (cont’d).

<table>
<thead>
<tr>
<th>Metrics</th>
<th>Current State</th>
<th>Future State</th>
<th>Tactics</th>
</tr>
</thead>
</table>
| Student Mistreatment data (GQ)/percentage of students’ subject to mistreatment GQ | 48.6% (national 40%)                 | Y1: Current Y2: 45% Y3: < 40% | • All clinical departments will add a zero-tolerance policy on mistreatment to their individual strategic plans.  
• Department heads or a designee will speak to students at course orientation about the department’s commitment to the learning environment and the zero-tolerance policy.  
• The Professionalism Committee will present mistreatment data regularly to the dean, department heads and Banner leadership.  
• Annual student mistreatment data will be presented to the dean, department heads and at general faculty/department meetings.  
• Mandatory unconscious bias/diversity training will continue.                                                                 |
| Reporting Mistreatment (GQ)                                            | 29% (national 28%)                   | Y1: Current Y2: 35% Y3: >40% | • Increase education on the UArizona’s non-retaliation policy  
• Design and implement a flow chart that shows students and residents all of the options for reporting mistreatment and what they can expect with each option.  
• Delay action based on a complaint until the trainee has finished the current rotation (if possible or requested by trainee).  
• Incorporate the UArizona’s Compliance Hotline as an additional anonymous way to report mistreatment.                              |
| Response to ACGME survey question “Is there an appropriate balance between education and patient care.” | Average 4.2, National Average 4.2   | Y1, Y2, Y3: >4.2      | • All departments will examine their program data and create individualized goals based on current state.  
• Reorganize GME office to fully integrate COM-T and Banner efforts regarding all aspects of GME.  
• Hire additional faculty or APPs as is needed after evaluation.                                                                 |
| Number of MD-PhD students with a NIH F30 grant (if not moved to Research Strategic Plan) | 3 students                           | Y1: Current Y2: 5 Y3: 7 | • Obtain MSTP award/funding.  
• Establish expectation that each student will apply for an F30 grant.  
• Institute appropriate mentorship for F30 applications.                                                                 |

Table 1.2 metrics and direction (3-year targets): mistreatment (<40%; reporting mistreatment (>40%); ACGME balance between education and patient care (score >4.2); F-awards (NIH) for MD PhD students (7).
## B.1. Education

**Vision Element 3:** *Creating highly desirable graduate medical education (GME) programs such that our own students seek training in our programs.*

<table>
<thead>
<tr>
<th>Metric</th>
<th>Current State</th>
<th>Future State</th>
<th>Tactics</th>
</tr>
</thead>
</table>
| Overall average on the ACGME Resident Survey at or above the national average. | Compliance at 4.4 (on a 5-point Likert scale) which is at National average | Y1, Y2, Y3: Maintain compliance at or above national average | • All departments will examine their program data and create individualized goals based on current state.  
• Resident focus groups will be conducted as needed.  
• Funding for resident education and travel/conferences will be standardized across programs. |
| UA COM-T retention of COMT/P students in our GME | 25% of COMT/P students are retained in our COMT GME programs | Y1: retain 28%  
Y2: retain 30%  
Y3: retain 30% | • All relevant clinical departments will create a goal for COM-T student recruitment.  
• All relevant clinical departments will participate in the Career Advising Program and host events for interested students to explore the specialty and the specific residency program.  
• The COM-T GME office will work with the Office of Student Affairs and the departments to identify additional strategies to enhance recruitment of COM-T students.  
• All relevant clinical departments will examine their specialty advisor program as above. |

Table 1.3 metrics and direction (3-year targets): Resident satisfaction - balancing education and patient care - ACGME resident survey (>4.4); retention of students into GME – residencies (>30%).
### B.1. Education

**Vision Element 4:** Serving and supporting Arizona’s need to retain a strong and diverse physician workforce.

<table>
<thead>
<tr>
<th>Metric</th>
<th>Current State</th>
<th>Future State</th>
<th>Tactics</th>
</tr>
</thead>
</table>
| Total GPA, Science GPA, MCAT (accepted vs. matriculated) | 3.73/3.66/508 (Class of 2024) | Y1: Current Y2: Maintain GPA, MCAT 510 Y3: Maintain above | - Continue to balance objective academic data with the diversity and patient care goals of the COM-T.  
- Increase unrestricted scholarships to attract the best students to the COM-T.  
- Primary Care Scholarship (in place).  
- APME (GPA only), HEAP |
| URiM (especially Hispanic and Native American) composition of class | Above national average; approx. 30% | Y1, Y2, Y3: Maintain or exceed | - Continue current successful recruitment efforts and holistic admission practices.  
- Increase unrestricted scholarships to attract the best students to the COM-T.  
- Primary Care Scholarship (in place).  
- Continue PMAP. |
| Confident to begin a residency program (GQ) | 92%; 75<sup>th</sup> percentile | Y1, Y2, Y3: Maintain or exceed | - Continue Societies Program.  
- Improve satisfaction with clerkships (above).  
- Enhance the Transition to Residency course and require enrollment.  
- Support student wellbeing as above. |

**Table 1.4 metrics and direction (3-year targets):** Admission scores - accepted vs. matriculated (total GPA, science GPA, MCAT: 3.73/3.6/510) –(); Under-Represented in Medicine – URiM (>30%)); confidence to begin a residency program - GQ score: (>90%, >75%ile).
The Plan ‘at a glance’
Vision and Anticipated 3-year milestones/outcomes - II

2. Research:
“an innovative and highly collaborative inter-dependent, transdisciplinary, inter-institution plan across the spectrum of biomedical research that coalesces graduate student and physician-scientist training into an inclusive and diverse community equipped with cutting-edge training and the ability to interconnect knowledge across medical and scientific disciplines.”

• Collaborative awards: increase collaborative grants submissions (U, P, T, other MPI - e.g. R01) by 10%/yr, and grant awards by 5%/yr;
• Increase access to VA funding: double joint VA appointments (>30) and triple eligibility and merit awards (>5 and >7);
• Clinical trials: increase # open clinical trials by >50 (>344); increase # enrolled subjects 10% YOY;
• NIH funding: increase NIH funding per ABOR faculty FTE 5-7% YOY; increase #clinical departments with >$5M funding to 6; increase $$ NIH Blueridge to UArizona 5-7% YOY.
B.2. Research

Vision Element 1: Developing interdependent, transdisciplinary collaborative research.

<table>
<thead>
<tr>
<th>Metric</th>
<th>Current State</th>
<th>Future State</th>
<th>Tactics</th>
</tr>
</thead>
</table>
| # of collaborative works (publications, patents, grants submission/awards) between COM-T and other UA Colleges as reported by Academic Analytics | No data yet across units; Units reporting say 85% of faculty have collab works across UA (unlikely to be accurate across UA) | Y1: assess exact number for each unit Y2: increase 10% across ‘works’, especially grant submissions (# or $$) Y3: increase 5% in awards (# or $$) | • Leverage department-based seed grants. Promote internal collaborations between COM-T departments and centers through COM-T funding of planning grants. Leverage COM-T Centers to provide multi-disciplinary research opportunities.  
• Enhance relationships with Colleges of Public Health, College of Science, College of Engineering, AZ Center for Drug Discovery through inter-college presentations and colloquia.  
• Establish research networks (e.g. campus-wide Musculoskeletal Research Network (MRN) to promote cross-disciplinary collaboration.  
• Develop mentorship teams for each new faculty member by leveraging resources in faculty affairs.  
• Leverage Academic Analytics and UA Knowledge Map to identify research centers of gravity to form research teams.  
• Increase visibility (e.g. NIH PO, SRO)  
• Provide joint appointments to neighboring colleges (e.g. College of Science)  
• Provide indirect cost return to successful teams across UA  
• Encourage invention disclosure experiences among trainees |
| # of COM-T faculty with joint VA appointments                           | 15                                                 | Y1: 21 Y2: 24 Y3: 31                              | • Increase joint UA-VA recruitments as new entrants into joint academic-VA positions:  
  1) Increase recruitment of faculty to Tucson who already have joint academic-VA positions elsewhere.  
  2) Telecast grand rounds and research conferences at UA and VA.  
  3) Partner with VA leadership to identify joint recruits and grant opportunities |
| # of COM-T faculty with VA eligibility applications/approvals, Merit Award submissions/awards | Eligibility 0; Merit 1 submissions; 1 Merit Awards | Y1: Eligibility 0; Merit submissions 3; Merit Awards 0 Y2: Eligibility 3; Merit submissions 5; Merit Awards 2 Y3: Eligibility 5; Merit submissions 7 | • Increase number of clinical faculty with joint UA-VA appointments to enable best opportunity for grant application success.  
• Encourage collaboration with current VA research investigators locally and nationally.  
• Encourage participation on national VA study sections and local committees.  
• Use Career Development Award opportunities as a recruiting tool. |

Table 2.1 metrics and direction (3-year targets): # collaborative grant (increase U,P,T, other MPI grants) submissions (10%) and awards (5%); # COM-T/VA joint appointments (>30); # of VA merit submissions (>5) and awards (>7)
B.2. Research

Vision Element 2: *Delivering high-quality clinical trials to the Tucson community.*

<table>
<thead>
<tr>
<th>Metric</th>
<th>Current State</th>
<th>Future State</th>
<th>Tactics</th>
</tr>
</thead>
<tbody>
<tr>
<td># of open clinical trials listed in NIH Reporter and clinical trials.gov</td>
<td>296</td>
<td>Y1: 299&lt;br&gt;Y2: 314&lt;br&gt;Y3: 344</td>
<td>• Enhance participation in clinical based teams for bringing basic discoveries to patient care.</td>
</tr>
<tr>
<td># patients enrolled in clinical trials</td>
<td>Need data</td>
<td>Y1: determine&lt;br&gt;Y2: Increase 10%&lt;br&gt;Y3: Increase 10%</td>
<td>• Measure enrollment</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Increase collaborative interactions and scientific venues with partnering colleges (e.g. Public Health, Pharmacy).</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Center-based clinical trials are located in Arthritis Center and Arizona Telemedicine Program. Focus center-based activities to enhance these established clinical trial programs and identify new opportunities and collaborations in centers without clinical trials</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Expand outreach efforts in centers and departments (e.g. Arthritis Center, Arizona Telemedicine Program) to Banner Health, contract research organizations, pharma and other external collaborators</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Mentor faculty interested in clinical trials via workshops and clinical trials mentorship program.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Leverage COVID-19 research with industry and federal funders.</td>
</tr>
</tbody>
</table>

*Table 2.2 metrics and direction (3-year targets): # open clinical trials (increase by >50 over 3 years); patients enrolled in clinical trials (increase 10%/yr)*
## B.2. Research

**Vision Element 3: Enhancing basic and translational biomedical research.**

<table>
<thead>
<tr>
<th>Metric</th>
<th>Current State</th>
<th>Future State</th>
<th>Tactics</th>
</tr>
</thead>
</table>
| NIH funding per ABOR faculty FTE (UA Analytics, 2019 data) | $113,759,924/457 = $248,928/FTE | Y1: increase 5-7%  
Y2: increase 5-7%  
Y3: increase 5-7% | • Increased ID of national peer-reviewed opportunities with increased pay lines  
• Collaborate with Clinical teams that have increased pay lines  
• Increase Full Prof network expansion to junior faculty  
• Provide incentives to retain successful faculty members that are funded.  
• Continued and enhanced administrative support for pre-award and post-award  
• Convene quarterly UAAC faculty meetings to discuss research interests and potential collaborative projects  
• NIA MSTEM (Advancing Diversity in [UG] Aging Research - R25) – submitted 5/25/21 ($1.8M over 5 yrs)  
• Build up center members with NIH funding and collaborations  
• Mentor junior faculty  
• Increase number of grant submissions and funding rate  
• Recruit and retain faculty involved in research |
| # of clinical departments with >$5M million in research funding | 4 | Y2: 4  
Y2: 5  
Y3: 6 | • Tactics as above |
| Amount of annual NIH Blue Ridge funds attributable to UArizona | $124,154,870 Federal FY20 | Y1: increase 5-7%  
Y2: increase 5-7%  
Y3: increase 5-7% | • Tactics as above |
| Number of collaborative grants (e.g. PO1, MPIs) | 8 PO1s; 188 RO1 (~20% are MPI). | Y1: 5-6 PO1  
Y2: 6-7 PO1  
Y3: 7-8 PO1 | • Participate in center type focus with grant activity (pain, cancer, heart)  
• Seed/Cement innovative teams with new technology  
• IDC return agreement to successful teams  
• Promote and participate in collaborative works between COM-T and other institutions  
• Develop pilot funding that promotes transdisciplinary and collaborative research  
• Organize retreats and seminars to establish avenues of communication between COM-T and other UA Colleges  
• Supporting faculty with incentivization plans for more than 1 grant to provide funds for equipment update, equipment service plan and funds for investigating novel research ideas  
• Develop program project grants through collaborations with faculty in clinical departments, cross-colleges (Cancer Center, CIBS, CBC, Pharmacy, Engineering, Optics).  
• Use analytic resources to develop collaborative teams  
• Plan to seek additional grant partnerships to seed our national telehealth research center initiative.  
• Identify collaborative opportunities with engineering, medical imaging, nursing, Psychology, Pharmacy and others to increase MPI grant proposals |
| Amount of Research Space | Research: 221,662 NASF | Space needs are planned to increase year over year in concert with increased funding and faculty recruitment. | • Evaluate program needs to improve efficient use and promote contiguous use of space. Assess Co Architects evaluation of 201 for enhanced efficiency.  
• Use vacated space for rapid faculty recruitment or return to COM-T Dean’s inventory  
• Department-based space committee annual walk thru and evaluation of space utilization  
• Anticipate Banner release space becoming available in later years, plan efficient use  
• Modernization plan for laboratory space and equipment  
• Increased efficiency and adjacencies identified between units |

**Table 2.3 metrics and direction (3-year targets):** NIH $$ funding per FTE (increase by 5-7%/yr); # of clinical departments with >$5M funding (increase by 1/yr); Blue Ridge $$ attributable to UArizona (increase by 5-7%/yr); # collaborative grants (increase by 1-2/yr); square footage of wet space – usable (increase)
B.2. Research

**Vision Element 4: Coalescing graduate student and physician-scientist training.**

<table>
<thead>
<tr>
<th>Metric</th>
<th>Current State</th>
<th>Future State</th>
<th>Tactics</th>
</tr>
</thead>
</table>
| # of NIH training grants| 7, T32 awards | Y1: 7, Y2: 8, Y3: 10 | • Incentivize faculty development of training programs.  
  • Develop administrative support programs to enable faculty to maintain research focus  
  • Link training-related activity to development of opportunities as this seeds future researchers  
  • Identify new national focus areas.  
  • Establish a T32/MSTP caucus or summit to support UA wide networking among the trainees  
  • Recruit mid-career and senior researchers to lead training grants.  
  • Increase overall NIH funding per tactics described in above tables.  
  • Develop metrics for tracking outcomes |

| # of Trainees as PIs of NIH awards | 4Ks, 6Fs, ~19 others | Y1: increase 10%, Y2: increase 10%, Y3: increase 10% | • Enhance recruitment of interdisciplinary physician scientists.  
• Continue to support junior investigators (doctoral candidates / resident/ fellow / postdoc through center-based investigator awards, potentially as source of pilot data acquisition for planned NIH and other major grants.  
• Active identification of candidates by department and graduate-group  
• Develop mentorship programs for trainees.  
• Encourage submission of individual training grants.  
• Continue to require grantsmanship class for pre-docs.  
• Develop workshop series for grant writing for post-docs and R25 opportunities. |

**Table 2.4 metrics and direction (3-year targets): # of T32 (increase by 3 over 3 years); # of individual training (F) and mentored (K) awards (increase 10%/yr).**
3. Faculty Affairs:

“a data-driven plan to recruit, develop, engage, and retain a diverse and forward-thinking faculty that inspires and produces the next generation of academic physicians to support our educational, research and patient care delivery programs in the context of the clinical workforce needs of the state of Arizona and beyond.”

- **Balance faculty rankings**: Assist/Assoc/Full Professor 50%/25%/25%; T/TE faculty 25%/25%/50%; MD and/or PhD 25%/25%/50%; NTE faculty optimize per need;
- **Facilitate promotions**: increase tenure clock to 9 years; increase career track promotion rate to mirror T/TE;
- **Retention**: balance recruitment:turnover 1:1; keep attrition rate <8%; increase number of faculty national awards (TBD), track faculty participation in professional development (TBD);
- **Excellence**: increase # T/TE faculty with H-index >50.
## B.3. Faculty Affairs

**Vision Element 1:** Developing a diverse, impactful and sustainable academic faculty.

<table>
<thead>
<tr>
<th>Metric</th>
<th>Current State</th>
<th>Future State</th>
<th>Tactics</th>
</tr>
</thead>
</table>
| **Faculty by Rank** | | Y1, Y2, Y3: Maintain Faculty Balance within academic units | - Maintain Faculty Balance by focused recruitment for gaps within academic units  
- Increased targeted recruitment of junior faculty  
- Increased Recognition of Junior Faculty  
- Mitigation (pre-emptive) of flight risk by mentoring and improved environment |
| Asst Prof: 444 (45%)  
Assoc Prof: 273 (27%)  
Professor: 284 (28%)  
Total: 1001 |  |  |
| **Tenured/TE Faculty** | | Y1, Y2, Y3: Increase junior faculty on TT (3%/yr), and balance within academic units 25%/25%/50% | - Incentivize Career Track Promotion (e.g. new Banner physician comp plan)  
- Research mentoring programs from other academic institutions to determine which model works best and is sustainable.  
- Identify what ongoing departmental resources are available to support a mentoring program.  
- Reconstitute a sustainable and formalized mentoring program for all faculty. Designate one faculty member from each department to work with FA Career development to implement the program.  
- Pathway to Emeritus recognition/status |
| Tenure Track:  
Asst Prof: 51 (22%)  
Assoc Prof: 55 (24%)  
Professor: 123 (54%)  
Total: 229 |  |  |
| **Faculty by MD or MD PhD and PhD on the tenure/tenure eligible track** | | Y1, Y2, Y3: 3% increase/yr 25%/25%/50% | - Increase Junior TT faculty with focus hires  
- Matrix research center support for interdisciplinary focus  
- Provide Emeritus pathway plan, especially in Clinical Ranks |
| MD/MD PhD, Total: 174  
Asst Prof: 34 (20%)  
Assoc Prof: 39 (22%)  
Professor: 101 (58%)  
PhD, Total: 55  
Asst Prof: 17 (31%)  
Assoc Prof: 16 (29%)  
Professor: 22 (40%) |  |  |
| **NTE Faculty** | | Y1, Y2, Y3: Optimize per need | - Analyze time in rank at Asst Prof and contact  
- At least once per year at faculty annual review, ask faculty about professional goals/interests, desire for promotion, progress and timeline for promotion  
- Schedule follow-up: 1:1 meeting with faculty interested in promotion to review current CV and COMT requirements for promotion, and identify activities and tasks to get ready for promotion  
- Familiarize faculty with university and department resources to help prepare dossier (e.g. UA promotion workshops, P&T coordinator) |
| Asst Prof: 314 (64%)  
Assoc Prof: 118 (24%)  
Professor: 57 (12%)  
Total: 489 |  |  |
| **Faculty by Diversity** (2019 date corrected for self-identification) | |  | - Set targeted recruitment goals according to AZ State demographics and HIS criteria  
- See tactics in DEI Table 4.1 |
| URM (40%)  
Women (86%)  
Hisp (12.5%)  
NAmer (6.2)  
AFAM (3%) | State demographics |  |
**B.3. Faculty Affairs**

**Vision Element 1: Developing a diverse, impactful and sustainable academic faculty (cont’d).**

<table>
<thead>
<tr>
<th>Metrics</th>
<th>Current State</th>
<th>Future State</th>
<th>Tactics</th>
</tr>
</thead>
<tbody>
<tr>
<td>Faculty time to tenure by MD/MD PhD and PhD.</td>
<td>Asst. to Assoc. Faculty time to Tenure: 6 years</td>
<td><strong>Y1, Y2, Y3:</strong> Advocate to dissociate tenure (9 years) and promotion and extend clock</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Implement individual mentoring system and structured guidance for faculty.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• At least once per year at faculty annual review, ask faculty about professional goals/interests, progress toward promotion/tenure, facilitators and barriers for promotion progress.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Advocate with Provost’s office</td>
</tr>
<tr>
<td>Faculty Clinical Career Track Promotions</td>
<td>Clinical Scholar (Asst to Assoc/Assoc to Full): 52%/31%</td>
<td><strong>Y1, Y2, Y3:</strong> Increase Faculty Promotions as appropriate</td>
<td>• At least once per year at faculty annual review, ask faculty about professional goals/interests, desire for promotion, progress and timeline for promotion</td>
</tr>
<tr>
<td></td>
<td>Clinical Track (Asst to Assoc/Assoc to Full): 10%/12%</td>
<td></td>
<td>• Schedule follow-up 1:1 meeting with faculty interested in promotion to review current CV and COMT requirements for promotion, and identify activities and tasks to get ready for promotion</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Familiarize faculty with university and department resources to help prepare dossier (e.g. UA promotion workshops, P&amp;T coordinator)</td>
</tr>
<tr>
<td>Faculty Recruitment and Turnover (2019)</td>
<td>50:50 new hires/turnover (10% workforce)</td>
<td><strong>Y1, Y2, Y3:</strong> Decrease Attrition Rate to under ~8%</td>
<td>• Develop the outline for an orientation program and navigation support and identify what resources would be available to support it.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Seek input from selected faculty on an orientation program and what options to consider for navigation support.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Identify and build the key components of a support structure for research and clinical faculty to assist with their career success.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Identify the existing resources available and new resources needed to build the infrastructure.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Continue to re-evaluate recruitment of open positions, including postings/ads and incorporate reviews into the recruitment meetings.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Complete a department survey to assess the impact of new communication tools including Bulletin and Chat with the Chair.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Develop departmental awards that reflects mission and goals and includes faculty and staff (both UA and Banner employees).</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Build community among faculty by: developing more social and service events within the department that focus on common themes and interests, use existing venues, such as faculty meetings and internal publications, to provide network opportunities among the faculty.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Develop and/or implement software programs to network faculty with common research interests and goals.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Carve out time at each of the general faculty meetings to introduce and highlight faculty members within the department.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Identify existing and new opportunities (e.g. Banner resources, organic type events) to support faculty collaboration and peer networking.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Research mentoring programs from other academic institutions to determine which model works best and is sustainable.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Identify what ongoing departmental resources are available to support a mentoring program.</td>
</tr>
</tbody>
</table>

Table 3.1 metrics and direction (3-year target) time to tenure (9 years for MD); career track promotions (mirror T/TE); faculty recruitment and retention (recruitment:turnover 1:1, attrition <8%/yr));
# B.3. Faculty Affairs

## Vision Element 1: Developing a diverse, impactful and sustainable academic faculty (cont’d).

<table>
<thead>
<tr>
<th>Focus</th>
<th>Current State</th>
<th>Future State</th>
<th>Tactics</th>
</tr>
</thead>
</table>
| TE Faculty and National Research Awards | No Data across units (See unit-specific and unit-type-specific data) | Y1, Y2, Y3: See unit-specific and unit-type-specific data | • Increase faculty and leadership awareness of the various awards and their criteria to intentionally identify, support, and promote faculty to apply for these awards.  
• Establish a mechanism via nominations committee or other means to assure that annually the COM-T nominates worthy faculty for prestigious national awards. |
| The range and number of faculty with high impact scores (H-index or equivalent) | Range: 34-39 (See unit-specific and unit-type-specific data) | Y1: 3% increase  
Y2: 3% increase  
Y3: 3% increase | • Utilize senior faculty for targeting high impact journals for submissions  
• Engage national network of scientists in focus areas of excellence  
• Faculty success story information and process disseminated to others |
| Number of prestigious awards (e.g. AAMC, ACGME, Insight into Diversity; NIH Study Section Service) | No Data across units (See unit-specific and unit-type-specific data) | Y1, Y2, Y3: See unit-specific and unit-type-specific data | • Increase faculty and leadership awareness of the various awards and their criteria to intentionally identify, support, and promote faculty to apply for these awards.  
• See bullet above  
• Increase awareness of national recognition opportunities |
| Faculty Sustained Career Development | No Data across units (See unit-specific and unit-type-specific data) | Y1, Y2, Y3: 80% Faculty Engagement in Career Development | • Advertise and promote faculty awareness and participation in faculty development programming.  
• Nominate and encourage faculty to participate in COMT, UA, and other organizational faculty development programs, e.g. Learning to Lead; ELAM, UA ALI, Leadership Development; Peer-advancement Societies; Career Development Workshops; Faculty Development Champions in all Departments; Writing Groups |
| Career development activities and analysis of outcomes | No Data across units (See unit-specific and unit-type-specific data) | Y1, Y2, Y3: See unit-specific and unit-type-specific data | • Start tracking faculty participation in faculty development activities as part of their annual review. |

## Table 3.1

<table>
<thead>
<tr>
<th>Focus</th>
<th>Current State</th>
<th>Future State</th>
<th>Tactics</th>
</tr>
</thead>
</table>
| TE Faculty and National Research Awards | No Data across units (See unit-specific and unit-type-specific data) | Y1, Y2, Y3: See unit-specific and unit-type-specific data | • Increase faculty and leadership awareness of the various awards and their criteria to intentionally identify, support, and promote faculty to apply for these awards.  
• Establish a mechanism via nominations committee or other means to assure that annually the COM-T nominates worthy faculty for prestigious national awards. |
| The range and number of faculty with high impact scores (H-index or equivalent) | Range: 34-39 (See unit-specific and unit-type-specific data) | Y1: 3% increase  
Y2: 3% increase  
Y3: 3% increase | • Utilize senior faculty for targeting high impact journals for submissions  
• Engage national network of scientists in focus areas of excellence  
• Faculty success story information and process disseminated to others |
| Number of prestigious awards (e.g. AAMC, ACGME, Insight into Diversity; NIH Study Section Service) | No Data across units (See unit-specific and unit-type-specific data) | Y1, Y2, Y3: See unit-specific and unit-type-specific data | • Increase faculty and leadership awareness of the various awards and their criteria to intentionally identify, support, and promote faculty to apply for these awards.  
• See bullet above  
• Increase awareness of national recognition opportunities |
| Faculty Sustained Career Development | No Data across units (See unit-specific and unit-type-specific data) | Y1, Y2, Y3: 80% Faculty Engagement in Career Development | • Advertise and promote faculty awareness and participation in faculty development programming.  
• Nominate and encourage faculty to participate in COMT, UA, and other organizational faculty development programs, e.g. Learning to Lead; ELAM, UA ALI, Leadership Development; Peer-advancement Societies; Career Development Workshops; Faculty Development Champions in all Departments; Writing Groups |
| Career development activities and analysis of outcomes | No Data across units (See unit-specific and unit-type-specific data) | Y1, Y2, Y3: See unit-specific and unit-type-specific data | • Start tracking faculty participation in faculty development activities as part of their annual review. |
The Plan ‘at a glance’

Vision and Anticipated 3-year milestones/outcomes - IV

4. Diversity, Equity, and Inclusion:

“a plan through which inclusive excellence and diversity create a foundation for mission and community responsive action and a culture of accountability across all academic mission areas in the context of the state of Arizona and beyond.”

- **Demographics**: Match % URiM (under-represented in medicine) faculty, students, residents and senior administrative staff to State of Arizona demographics and >AAMC; increase URiM faculty to residents by 10%;
- **Patient care**: increase % URiM of Simulated Patients (SP) to match State of Arizona demographics;
- **DEI training and advocacy**: increase % faculty DEI trainings to 100% >3/yr by department plus 1 grand rounds/seminar/colloquium; increase departments with DEI champion or ally to 100%; increase departments with commitment to DEI in mission statement to 100%.
**B.4. Diversity, Equity, and Inclusion (DEI)**

**Vision Element 1:** *Creating a physician workforce that reflects the demographics of the state of Arizona.*

<table>
<thead>
<tr>
<th>Metric</th>
<th>Current State</th>
<th>Future State</th>
<th>Tactics</th>
</tr>
</thead>
</table>
| % URiM of COM-T faculty, students, trainees, and senior administrative staff | Below State of Arizona demographics in most cases, and AAMC demographics in some cases (See Table 1 below) | Y1, increase 2%, Y2, increase 2%, Y3: increase 5%. Reach state demographics by Y5 (See Table below) | • Commitment to the diversification and Unconscious Bias training of each search committee  
• Ensure all job descriptions are written in an inclusive manner and used to advertise via sources to attract a more diverse pool of applicants (journals, specialty specific affinity groups, HBCUs, colleges with a higher URM student/resident population)  
• Actively recruit among COM-T students, especially URiM students by creating clinical and mentoring opportunities to engage the pipeline. |
| Ratio of URiM faculty to residents and students               | Below State of Arizona demographics in most cases, and AAMC demographics in some cases (See Table 1 below) | Y1: increase by 3% Y2: increase by 3% Y3: increase by 3%                   | • Commitment to the diversification and Unconscious Bias training of each search committee  
• Ensure all job descriptions are written in an inclusive manner and used to advertise via sources to attract a more diverse pool of applicants (journals, specialty specific affinity groups, HBCUs, colleges with a higher URM student/resident population) |
| % URiM of COM-T pool of standardized patients (SP)            | See Table 2 below                                                             | Y1: Increase diversity by 2% among Males, NA/Al and AFAM; 5% in Hispanic/Latinx Y2: Increase diversity by 3% among males, NA/Al and AFAM; 5% in Hispanic/Latinx Y3: Increase diversity by 3% among males, NA/Al and AFAM; 5% in Hispanic/Latinx | • Influence selection process                                                                                                                                                                           |

**Table 4.1 metrics and direction (3-year targets):** % (URiM, women, Hispanic/Latinx, NA/Al, AA) among faculty, senior administrative staff, GME, medical students, graduate students, standardized patients (match State of Arizona demographics and/or where applicable, exceed AAMC benchmarks)
## B.4. Diversity, Equity, and Inclusion (DEI)

### Vision Element 2: Creating a culture of diversity and Inclusive Excellence.

<table>
<thead>
<tr>
<th>Metric</th>
<th>Current State</th>
<th>Future State</th>
<th>Tactics</th>
</tr>
</thead>
</table>
| # COM-T wide DEI trainings (% of required 3) | 0/1/2/3/>3    | Y1: Depts hosting at least 1 training to 100% plus 1 grand rounds, seminar, colloquium.  
Y2: Depts hosting at least 2 trainings to 100% plus 1 grand rounds, seminar, colloquium  
Y3: Depts hosting at least 3 trainings to 100% plus 1 grand rounds, seminar, colloquium | • Work with Department chairs; Monitor and publicly report at DEC. Work with Dept Champion/Ally |
| # Department Champions/Allies               | <50%          | 100%                                                                         | • Work with Department chairs; Monitor and publicly report at DEC. Work with Dept Champion/Ally |
| % Departmental mission statements reflect commitment to DEI | 20%           | Depts with revised mission statements, website updates and DEI committees  
Y1: 50%  
Y2: 75%  
Y3: 100% | • Work with Department chairs; Monitor and publicly report at DEC. Work with Dept Champion/Ally |

Table 4.2 metrics and direction (3-year targets): DEI trainings by academic unit – department (≥3 trainings plus 1 grand rounds/seminar/colloquium) by 100% of departments; DEI advocacy (at least 1 DEI champion or ally in 100% of departments); mission statement reflects commitment to DEI (100% of departments and centers).
The Plan ‘at a glance’

Vision and Anticipated 3-year milestones/outcomes - V

5. Patient care:
“a partnership with the Banner health system to support a culture of accountability that ensures physician engagement and satisfaction, the delivery of high quality and timely care as the provider of choice to the Tucson community, and a sustainable financial performance to help support the viability of a robust academic mission.”

- **Quality**: UHC/Vizient clinical quality flags .88/.66;
- **Patient access**: % new patients seen within 2 weeks 75%;
- **Physician satisfaction**: physician annual turnover rate 7%; VOICE engagement score 53%;
- **Reputation**: BUMT Pima market share 40%; patient satisfaction 90%; VOICE employee likelihood to recommend 67%;
- **Physician productivity**: FPSC 60%ile; salary coverage 100%.
## B.5. Patient Care

### Vision Element 1: Delivering high quality and timely clinical care in the Tucson community.

<table>
<thead>
<tr>
<th>Metric</th>
<th>Current State</th>
<th>Future State</th>
<th>Tactics</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>UHC/Vizient clinical quality flags: Total Inpatient Obs/Exp Ratio</strong></td>
<td>BUMC-T .97</td>
<td><em>Y1: .94; .70</em></td>
<td>• Improve current reporting and coding mechanisms, including early identification of vulnerable patients and referral to appropriate service (i.e. palliative care)</td>
</tr>
<tr>
<td></td>
<td>BUMC-S .72</td>
<td><em>Y2: .91; .68</em></td>
<td>• Quality assurance and performance improvement programs</td>
</tr>
<tr>
<td></td>
<td></td>
<td><em>Y3: .88; .66</em></td>
<td></td>
</tr>
<tr>
<td><strong>% new patients seen within 2 weeks</strong></td>
<td>60.9%</td>
<td><em>Y1: 65%</em></td>
<td>• Active management of scheduling processes and optimization of clinical space and locations</td>
</tr>
<tr>
<td></td>
<td></td>
<td><em>Y2: 70%</em></td>
<td>• Active review of open slots and creating new slots to manage a no-show rate</td>
</tr>
<tr>
<td></td>
<td></td>
<td><em>Y3: 75%</em></td>
<td></td>
</tr>
</tbody>
</table>

**Table 5.1** metrics and direction (3-year targets): UHC/Vizient clinical quality flags: total inpatient obs/exp ratio (.88/.66); % new patients seen within 2 weeks (75%).
**B.5. Patient Care**

Vision Element 2: *Physician engagement and satisfaction.*

<table>
<thead>
<tr>
<th>Metrics</th>
<th>Current State</th>
<th>Future State</th>
<th>Tactics</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physician retention rate (Faculty turnover rate)</td>
<td>10.7%</td>
<td>Y1: 9%</td>
<td>• Greater focus on faculty development and promotion</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Y2: 8%</td>
<td>• Creating more supportive environment</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Y3: 7%</td>
<td></td>
</tr>
<tr>
<td>VOICE physician engagement score (overall)</td>
<td>22.3%</td>
<td>Y1: 33%</td>
<td>• Increase engagement of faculty in departmental decision-making and initiatives</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Y2: 43%</td>
<td>• Implement regular faculty meetings</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Y3: 53%</td>
<td></td>
</tr>
</tbody>
</table>

*Table 5.2 metrics and direction (3-year targets):* faculty turnover rate (<7%); VOICE engagement scores (>53%)
B.5. Patient Care

Vision Element 3: *Serving as the clinical provider of choice for our community.*

<table>
<thead>
<tr>
<th>Metrics</th>
<th>Current State</th>
<th>Future State</th>
<th>Tactics</th>
</tr>
</thead>
</table>
| Banner University Medicine – Tucson market share for Pima County | 34.6% | Y1: 37%  
Y2: 38%  
Y3: 40% | • Greater marketing of areas of expertise  
• Expansion of clinical sites  
• Focus on community outreach and CME |
| Overall Patient satisfaction compared to benchmark as reported by our vendor | 76.1% | Y1: 80%  
Y2: 85%  
Y3: 90% | • Focus on outpatient access  
• Focus on inpatient experience |
| VOICE % employees who would recommend BUMD-T to family/friends | 37% | Y1: 47%  
Y2: 57%  
Y3: 67% | • Identify areas of focus  
• Improve staffing ratios  
• Redesign workflows to create more efficient clinic operations |

**Table 5.3** metrics and direction (3-year targets): BUM-T market share for Pima County (≥40%); patient satisfaction (≥90%); likelihood to recommend (≥67%)
B.5. Patient Care

Vision Element 4: *Ensuring a sustainable cost/revenue structure and margin that supports our missions.*

<table>
<thead>
<tr>
<th>Metrics</th>
<th>Current State</th>
<th>Future State</th>
<th>Tactics</th>
</tr>
</thead>
<tbody>
<tr>
<td>FPSC %ile</td>
<td>47%ile</td>
<td>Y1: 50%ile</td>
<td>• Expansion of referral sources through community outreach and CME</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Y2: 55%ile</td>
<td>• Faster ramp-up of new providers</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Y3: 60%ile</td>
<td>• Coding improvements and increased leverage of APPs</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Regular reporting to faculty and clinical staff that allows for adjustments to workload assignments as needed</td>
</tr>
<tr>
<td>Salary coverage to cFTE</td>
<td>93%</td>
<td>Y1: 97%</td>
<td>• Maintain or exceed</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Y2: 99%</td>
<td>• Monitor effects of new compensation plan</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Y3: 100%</td>
<td></td>
</tr>
</tbody>
</table>

Table 5.4 metrics and direction (3-year targets): FPSC %ile (6); salary coverage for cFTE (100%)
The Plan ‘at a glance’

Vision and Anticipated 3-year milestones/outcomes - VI

6. Financial sustainability (COM-T):

“a culture of financial responsibility to ensure sustainability, allowing for growth and re-investment in COM-T’s academic mission.”

• Financials: expense/revenue 95%; reserves 6 months;
• Reliance on state funds: state funds expenditures 10%;
• Teaching revenue: teaching effort 11% increase online teaching significantly;
• Research productivity: research expenditures 45%; research effort 36%;
• Reinvestment: unfunded effort 10%.
B.6. Financial Sustainability

Vision Element 1: Developing a dashboard that allows financial accountability towards growing, sustaining, and reinvesting into our academic missions.

<table>
<thead>
<tr>
<th>Metric</th>
<th>Current State</th>
<th>Future State</th>
<th>Tactics</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall Expense Management</td>
<td>99.0%</td>
<td>Y1: 99.3%</td>
<td>• Increase grants (e.g., PO1s) that generate full indirect expenses</td>
</tr>
<tr>
<td>(Expenses as a % of revenue)</td>
<td></td>
<td>Y2: 97.5%</td>
<td>• Move faculty to cover more of their salaries from grants which will reduce expense as well as increase incentive funding revenue</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Y3: 95.0%</td>
<td>• Increase online, summer and microcampus revenue</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Increase collaborations with industrial partners</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Increase discovery science to get patents/startup companies</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Partnering with COM Development to establish and grow alumni gift program</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• CME courses</td>
</tr>
<tr>
<td>Sufficient Reserves</td>
<td>28.8%</td>
<td>Y1: 31.8%</td>
<td>• Set a goal (i.e. a budget) to achieve above 50%, managing expenses within the revenue streams we receive/generate</td>
</tr>
<tr>
<td>(Unrestricted fund balance as a % of annual expenses)</td>
<td></td>
<td>Y2: 40.0%</td>
<td>• All tactics mentioned above for #1 apply here</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Y3: 52.5%</td>
<td>• Develop an understanding of how faculty are funded and what they do (i.e. how much time is funded by state vs sponsored projects?). This is the foundation before we can make decisions on strategies</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Once we know the information in (a), we can then focus efforts on: 1) moving faculty and staff effort to sponsored projects; 2) encouraging faculty to be more clinically productive, where applicable; 3) online and microcampus efforts to take pressure off state dollars coming through RCM; 4) challenging unproductive faculty to teach courses; and 5) raising philanthropic funds that can also take pressure off of state dollars.</td>
</tr>
<tr>
<td>State Expenses</td>
<td>14.4%</td>
<td>Y1: 15.3%</td>
<td>• Hiring more faculty, with focused efforts in teaching</td>
</tr>
<tr>
<td>(State expenses as a % of total expenses)</td>
<td></td>
<td>Y2: 12.5%</td>
<td>• Encourage more faculty to participate in Online/Microcampus/Summer course offerings</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Y3: 10.0%</td>
<td>• Faculty will continue to increase their efforts in creating and teaching courses for the undergraduate programs including the BS in Medicine</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Encourage faculty to participate in faculty development programming to improve teaching skills</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Provide supported time and/or continuing education funds to enhance teaching skills, optimize use of CME funds to synergistically improve clinical and teaching skills</td>
</tr>
<tr>
<td>Teaching Effort</td>
<td>10.9%</td>
<td>Y1: 11.1%</td>
<td>• Hiring more faculty, with focused efforts in teaching</td>
</tr>
<tr>
<td>(Faculty Teaching FTE as a % of total faculty FTE)</td>
<td></td>
<td>Y2: 11.5%</td>
<td>• Encourage more faculty to participate in Online/Microcampus/Summer course offerings</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Y3: 11.7%</td>
<td>• Faculty will continue to increase their efforts in creating and teaching courses for the undergraduate programs including the BS in Medicine</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Encourage faculty to participate in faculty development programming to improve teaching skills</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Provide supported time and/or continuing education funds to enhance teaching skills, optimize use of CME funds to synergistically improve clinical and teaching skills</td>
</tr>
</tbody>
</table>

Table 6.1 metrics and direction (3-year targets): expense as % of revenue (95%); unrestricted funds balance as a % of annual expense (50% - 6 month reserves); state expenses as % of total expenses (10%); teaching effort as % of total effort (11%);
## B.6. Financial Sustainability

**Vision Element 1:** Developing a dashboard that allows financial accountability towards growing, sustaining, and reinvesting into our academic missions. (cont’d)

<table>
<thead>
<tr>
<th>Metric</th>
<th>Current State</th>
<th>Future State</th>
<th>Tactics</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Research Expenses</strong>&lt;br&gt;(Research expenses as a % of total expenses)</td>
<td>32.5%</td>
<td>Y1: 31.6% Y2: 38.0% Y3: 45.0%</td>
<td>- Increase grants with emphasis on larger grants (e.g., PO1)&lt;br&gt;- Move more faculty to cover more of their salaries from grants&lt;br&gt;- Increase collaborations (e.g., with VA) to facilitate obtaining additional grants&lt;br&gt;- Increase collaborations with industrial partners&lt;br&gt;- Increase discovery science to get patents/startup companies&lt;br&gt;- Work with clinical departments to submit large clinical trial grants&lt;br&gt;- Provide internal review of proposal drafts to faculty and research teams.&lt;br&gt;- Provide administrative and technical application preparation and submission support to faculty and research teams.&lt;br&gt;- Appropriately manage and wisely invest the new chairs’ startup packages in successful research opportunities and faculty&lt;br&gt;- Recruit mid-level and senior faculty with established and transferable funding&lt;br&gt;- Invest in junior faculty members with significant research funding potential&lt;br&gt;- Continue to guide junior faculty in developing research funding trajectories</td>
</tr>
<tr>
<td><strong>Research Effort</strong>&lt;br&gt;(Faculty FTE funded by research as a % of total faculty FTE)</td>
<td>28.3%</td>
<td>Y1: 30.1% Y2: 32.9% Y3: 36.3%</td>
<td>- Same tactics mentioned in Metric # 5 above apply here for Metric # 6</td>
</tr>
<tr>
<td><strong>Unfunded Effort</strong>&lt;br&gt;(Faculty FTE not funded by clinical, research, teaching, administrative or other activity currently supported by Department/Center/COM-T)</td>
<td>10.5%</td>
<td>Y1: 9.6% Y2: 8.0% Y3: 6.2%</td>
<td>- Like the first tactic mention for Metric # 3, the first step here is to understand how faculty are funded and what they do. Most unfunded (subsidized time) is a result of either a) startup time for new faculty, or b) faculty who are simply underproductive. Tactics to improve this metric include:&lt;br&gt;- Have a plan for startup faculty transitioning off of commitments and onto sponsored projects or other funding&lt;br&gt;- Set guidelines for established faculty for amount of time to put on grants / clinical / teaching - will vary by department but this will discourage unproductive faculty from &quot;flying under the radar&quot;&lt;br&gt;- Tactics mentioned above for teaching and research all apply for methods to be more productive within the College</td>
</tr>
</tbody>
</table>

Table 6.1 metrics and direction (3-year targets): research expenses (45%); research effort (36%); %unfunded effort (10%).
The Plan ‘at a glance’

Vision and Anticipated 3-year milestones/outcomes - VII

7. Development:

“a culture of seeking and tracking philanthropic opportunities and responsiveness to optimize philanthropic support for COM-T’s tripartite mission.”

• **Referrals**: increase referrals 60%;
• **Effectiveness**: increase number of donors 30%;
• **Funding**: increase average annualized gift size 30%;
• **Efficiency**: decrease turn-around time to 4 days;
• **Opportunity**: # shovel-ready 1-page proposals (new initiative) – 5% of FTE per department; increase # events 30% (e.g. investitures)
### B.7. Development

**Vision Element 1:** *Increasing referral-based opportunities for faculty and development to increase annual support to COM-T.*

<table>
<thead>
<tr>
<th>Metric</th>
<th>Current State</th>
<th>Future State</th>
<th>Tactics</th>
</tr>
</thead>
</table>
| # of potential donors referred to the development team by departments and centers | Highly variable and not well tracked | Y1: 10% (10% increase YOY)  
Y2: 30% (20% increase YOY)  
Y3: 60% (30% increase YOY) | - Develop and provide a systematic referral tracking structure and process for referrals received by a Development Officer (DO).  
- Develop and provide quarterly reports by academic unit and COM-T-wide that can be used for tracking that measures referrals. |
| # of donors to COM-T                       | Highly variable and well not tracked  | Y1: 10% (10% increase YOY)  
Y2: 20% (10% increase YOY)  
Y3: 30% (10% increase YOY) | - Develop and provide quarterly reports by academic unit and COM-T-wide that measures number of donors. |
| Average annualized gift size to COM-T      | Highly variable and not well tracked  | Y1: 10% (10% increase YOY)  
Y2: 20% (10% increase YOY)  
Y3: 30% (10% increase YOY) | - Develop and provide quarterly reports by academic unit and COM-T-wide that measures and categorizes annualized gifts. |

**Table 7.1** metrics and direction *(3-year targets)*: number of referrals *(60% increase)*; number of donors *(30%)*; average annualized gift size *(30%)*
B.7. Development

**Vision Element 2:** *Increasing opportunities to engage and further develop alumni/grateful patient/community philanthropic support through consistent messaging.*

<table>
<thead>
<tr>
<th>Metrics</th>
<th>Current State</th>
<th>Future State</th>
<th>Tactics</th>
</tr>
</thead>
</table>
| # of events targeting potential COM-T donors | Highly variable and not well tracked | Y1: 10% (10% increase YOY)  
Y2: 20% (10% increase YOY)  
Y3: 30% (10% increase YOY) | • Develop and provide quarterly reports by academic unit and COM-T-wide that measures and categorizes events targeting potential donors. |

*Table 7.2 metrics and direction (3-year targets): number of events targeting potential donors (30%)*
## B.7. Development

**Vision Element 3:** Increasing responsiveness and success of development team to departments/centers for referrals through development of database.

<table>
<thead>
<tr>
<th>Metrics</th>
<th>Current State</th>
<th>Future State</th>
<th>Tactics</th>
</tr>
</thead>
</table>
| # of days between referral of potential donor by academic unit to DO, and contact between DO and potential donor | Highly variable and not well tracked | Y1: 10 days  
Y2: 7 days  
Y3: 4 days | • Develop and provide a systematic referral tracking structure and process for referrals received by DO.  
• Develop and provide quarterly reports by academic unit and COM-T-wide that can be used for tracking that measures time to contact. |
| # of ‘shelf-ready’ 1-page proposals related to grant applications | New initiative – no current data | Y1: # equivalent to 5% of # of faculty per academic unit  
Y2: 50% increase  
Y3: 50% increase | • DO: Develop and provide an inventory (curated repository) of 1-page proposals by clinical or research area that can be rapidly accessed when a potential donor expresses interest and/or passion for a particular clinical or research area.  
• Academic unit leader: solicit faculty members to provide 1-page proposal in lay terms that summarizes the rationale, background, significance, and approach as well as an approximate budget that can be accessed by the DO. |

*Table 7.3 metrics and directions: # days between referral and contact by DO (≤ 4 days); # of ‘shelf-ready’ 1-page proposals related to grant applications (increase by 50% YOY).*
The Process – ‘at a glance’

1. **Engaging the Academic Unit Leaders by mission area**
   - Building the Framework with Mission Area leaders

2. **Engaging the faculty in each Academic Unit by mission area**
   - Deliverable: mission-area-specific ‘plan’ from Academic Unit leader

3. **Deliverable:** consolidated ‘plan’ from Dean
   - Implementation, tracking, monitoring and revisiting the plan bi-annually

- **Develop Vision Elements that are specific to mission area**
- **Map ‘meaningful’ metrics to each vision element that can be measured and validated over time**
- **Mission area leaders socialize metrics with Academic Units, engaging faculty and administrators**
- **Mission area leaders support Academic Units as they formulate their tables and narratives**
- **Dean meets with each individual Academic Unit leader to inform process and ensure progress**
- **Mission area leaders finalize unit-specific tables and narratives and reconcile by mission area. Dean consolidates the plan**

**Timeline:**
- **DEC 2020 → FEB 21 → MAR 5 → MAR 8 → MAR 15 → MAR 30 → APR 2 → MAY 20 → JUNE 10**
- **July 1...Jan1...**
Tracking and Monitoring the Plan

• Rolling 3-year plan with bi-annual checks:
  ▪ Mission Area leaders will meet with Academic Units in January 22 to go over Unit’s data to stop-light color code.
  ▪ Dean will subsequently meet with Unit leaders to go over ‘red’ or ‘amber’ targets; possible resetting of targets and/or tactics
  ▪ Mission Area leaders will meet with Academic Units in May-June 22 to go over Unit’s data, and to set targets for FY25 informed by progress in first year (rolling 3-year plan). New metrics may be added. Targets and tactics will be revisited and stop-light color coded.
  ▪ Dean will prepare an Annual Progress Report

• Mission Area leaders will assess level of engagement by faculty every 6 months during their meetings as 1-outstanding, 2-excellent, 3-good, 4-fair, 5-poor.

• Surveys will be sent to faculty July 2022 for feedback on process, progress, and self-assessment of engagement
CoM-T Strategic Plan Implementation, Tracking and Monitoring

- **Baseline Data from Mission Leaders to Units**: Review for data gaps, fill in information. Every academic unit on spreadsheet for baseline (AEC collects).
- **Current State Collected From Unit leaders**:
  - **01**: Data Collection
    - Unit leaders load Year 1 Data
  - **02**: Baseline Data from Mission Leaders to Units
    - Every academic unit on spreadsheet for baseline (AEC collects)
- **Quarterly Check**:
  - Mission/Units Meet Iterative Process
  - Prelim. Mtg. Mission/Unit Leaders Meet Iterative Process
- **Color Code Mission/Unit leaders.**
  - Subjective Faculty Engagement 1
    - Dean Meet
    - Amber/Red Barriers or Reset
  - Subjective Faculty Engagement 2
    - Dean Meet
    - Amber/Red Barriers or Reset
- **Dean Meet**
  - Mission/Units Meet Iterative Process
  - Prelim. Mtg. Mission/Unit Leaders Meet Iterative Process
- **Unit Progress Update**
  - Iterative Process
- **Quarterly Check**
  - Mission/Units Meet Iterative Process
- **Data Collection**
  - Unit leaders load Year 1 Data
  - Year 1 Metrics
  - Confirm Update Data by Mission Leaders

Timeline:
- **July 1, 2021**
- **Aug 1, 2021**
- **Sept 1, 2021**
- **Oct 1, 2021**
- **Nov 1, 2021**
- **Dec 1, 2021**
- **Jan 1, 2022**
- **Feb 1, 2022**
- **Mar 1, 2022**
- **Apr 1, 2022**
- **May 1, 2022**
- **June 1, 2022**
- **July 1, 2022**
QUESTIONS & DISCUSSION