Phase 1: The Tactical Plan

https://medicine.arizona.edu/about-college/strategic-planning
Impetus

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

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

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

Opportunities
• Newly revised mission statement
• New chair recruits, faculty engagement
• Need for a unifying strategic vision and direction
• Alignment, transparency, discipline, and accountability
Underlying Mission Statement, Premise, and Strategic Vision

**Mission Statement** (Revised 2020)

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

**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 that targets tomorrow’s successes

**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, that meets the needs of the State of Arizona and beyond”
Phase 1: A Directional Tactical Plan- I

‘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**: Specific metrics were selected based on 3 criteria: i) mapping to specific vision elements within each mission area, ii) validated and readily available, and iii) frequently published (i.e., at least annually). ‘Current state’ data and data source(s) were identified for each metric.

- **Directional**: The overall direction is defined as a ‘future state’. The plan calls for rolling 3-year metric-based 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/or tactics as needed.
Phase 1: A Directional Tactical Plan- II

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

• ‘Target-focused’: Unit-specific targets for years 1, 2, and 3 (FY22-25) for each metric, ambitious but realistic, were defined. Unit leaders and faculty will not be held directly accountable for the actual targets, but instead for understanding why targets were not achieved (barriers, wrong target, wrong tactic, etc.).

• ‘Tactical’: each target requires a set of proposed 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, UA/UAHS strategic plan, extramural grants, development funds, etc. towards programmatic initiatives.

• ‘Consolidated’: while there are significant differences between academic units, a set of unifying vision elements and metrics were selected for each mission area, designed to align the directionality of the plan.

• ‘Strategic plan’: the premise of the plan is to execute on unit-specific tactics, designed to achieve unit-specific targets, aligned by a strategic vision that fulfills COM-T’s mission statement.
Academic Units and Mission Areas – ‘at a glance’

Academic Units (29)

Tripartite Mission (3)
- Education
- Research
- Patient Care

Critical Mission Areas (4)
- Faculty Affairs
- Diversity, Equity, and Inclusion
- Financial Sustainability
- Development

Clinical Departments (17)
Basic Science (non-Clinical) Departments (5)
Centers (7)
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.

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

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

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<th>Metric</th>
<th>Current State</th>
<th>Future State</th>
<th>Tactics</th>
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| Student ratings of basic science preparation for clinical clerkships (GQ) | Most disciplines 25 – 50th percentile (range 10 – 75th percentile)           | Y1: current (3-year lag)  Y2: all at 25th %ile or above  Y3: all at 50th %ile or above | • Responsible block directors, faculty 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. |
| Student ratings of clerkships (GQ)                                     | Clerkships rated good or excellent – most at 10 – 25th percentile (range 10 – 50th percentile) | Y1: current (2-year lag)  Y2: all at 25th %ile or above  Y3: all at 50th %ile or above | • 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. |
| Number of students who delay Step 1 (inward facing metric to avoid stigmatizing a particular class) | 36 (Many COVID related)                                                      | Y1: 20 or less  Y2: 10 or less  Y3: 5 or less | • 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. |
| Step 1 pass rate                                                       | 95% (3-year average)                                                         | Y1, Y2, Y3: maintain or exceed | • As above. |
| Step 2 CK pass rate and score                                         | 96% (score above national average)                                           | Y1, Y2, Y3: maintain or exceed | • 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). |

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)

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<th>Metric</th>
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<tr>
<td>Match rate (multifactorial)</td>
<td>Pre-SOAP 92 – 93%; national average 93 – 94%</td>
<td>Y1: National average</td>
<td>• Continue to offer the Career Advising Program.</td>
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<td>Y2, Y3: National average. or above</td>
<td>• Increase involvement of specialty advisors within departments with the Career Advising Program.</td>
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<td>• Each clinical department will assess student success at matching within their specialty and provide recommendations/assistance if needed.</td>
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<td>• Strengthen pipeline/recruitment of COM-T students into our own residency programs.</td>
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<td>Overall satisfaction with education at COM – T (GQ)</td>
<td>approximately 90%; 50th percentile</td>
<td>Y1: 92%</td>
<td>• 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.</td>
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<td>Y2: 92%</td>
<td>• Examples include satisfaction with courses and clerkships, advising, the learning environment, etc.</td>
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<td>Y3: 94%</td>
<td>• Continue to offer the Career Advising Program.</td>
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<td>• Increase involvement of specialty advisors within departments with the Career Advising Program.</td>
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<td></td>
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<td>LCME Accreditation Status</td>
<td>Full 8 Year accreditation</td>
<td>Y1, Y2, Y3: Maintain</td>
<td>• All academic units will understand the elements of LCME accreditation and understand their responsibility within this shared goal.</td>
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<td>• Appropriate effort and resources will be directed towards this common goal ahead of our January 2022 LCME site visit.</td>
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<td>APME</td>
<td>Recently approved with 6 students enrolled</td>
<td>Y1: monitor and engage advisors; no attrition</td>
<td>• Recruit advisors</td>
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<td>Y2: no attrition; enroll 2nd class</td>
<td>• Design undergraduate (UG) curriculum for 2023</td>
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<td>Y3: Attrition ≤1; enroll 3rd class and UG 1st class</td>
<td>• Market nationwide</td>
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<td>• Enroll 5 new students</td>
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<td>• Finalize UG curriculum and matriculate 1st class</td>
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<td>• Assess attrition rate</td>
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<td>• Enroll 5 new students</td>
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<td>• Assess 1st UG class and finalize UG curriculum and matriculate 2nd class</td>
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<td>• Assess attrition rate</td>
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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).
### Table 1.2 Metrics and Direction (3-Year Targets)

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| 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: >75thile, >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: >75thile, >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: >75thile, >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. |
B.1. Education

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

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<th>Metrics</th>
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<th>Future State</th>
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| 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 UAri zona’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 UAri zona’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.

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| 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.*

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<th>Metric</th>
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<th>Future State</th>
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| 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%; 75th 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.**

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<th>Metric</th>
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<th>Future State</th>
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</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 5; Merit Awards 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.

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<th>Metric</th>
<th>Current State</th>
<th>Future State</th>
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<tr>
<td># of open clinical trials listed in NIH Reporter and</td>
<td>296</td>
<td>Y1: 299</td>
<td>• Enhance participation in clinical based teams for bringing basic</td>
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<tr>
<td>clinical trials.gov</td>
<td></td>
<td>Y2: 314</td>
<td>discoveries to patient care.</td>
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<tr>
<td># patients enrolled in clinical trials</td>
<td>Need data</td>
<td>Y3: 344</td>
<td>• Measure enrollment</td>
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<td></td>
<td></td>
<td>Y1: determine</td>
<td>• Increase collaborative interactions and scientific venues with</td>
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<td></td>
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<td>Y2: Increase</td>
<td>partnering colleges (e.g. Public Health, Pharmacy).</td>
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<td></td>
<td></td>
<td>10%</td>
<td>• Center-based clinical trials are located in Arthritis Center and Arizona</td>
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<td>Y3: Increase</td>
<td>Telemedicine Program. Focus center-based activities to enhance these</td>
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<td></td>
<td>10%</td>
<td>established clinical trial programs and identify new opportunities and</td>
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<td>collaborations in centers without clinical trials</td>
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<td>• Expand outreach efforts in centers and departments (e.g. Arthritis</td>
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<td>Center, Arizona Telemedicine Program) to Banner Health, contract</td>
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<td>research organizations, pharma and other external collaborators</td>
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<td>• Mentor faculty interested in clinical trials via workshops and clinical</td>
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<td>trials mentorship program.</td>
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<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>
<tbody>
<tr>
<td>NIH funding per ABOR faculty FTE (UA Analytics, 2019 data)</td>
<td>$113,759,924/457 = $248,928/FTE</td>
<td>Y1: increase 5-7% Y2: increase 5-7% Y3: increase 5-7%</td>
<td>- 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</td>
</tr>
<tr>
<td># of clinical departments with &gt;$5M in research funding</td>
<td>4</td>
<td>Y1: 4 Y2: 5 Y3: 6</td>
<td>Tactics as above</td>
</tr>
<tr>
<td>Amount of annual NIH Blue Ridge funds attributable to UArizona</td>
<td>$124,154,870 Federal FY20</td>
<td>Y1: increase 5-7% Y2: increase 5-7% Y3: increase 5-7%</td>
<td>Tactics as above</td>
</tr>
<tr>
<td>Number of collaborative grants (e.g. PO1, MPIs)</td>
<td>8 PO1s; 188 RO1 (~20% are MPI)</td>
<td>Y1: 5-6 PO1 Y2: 6-7 PO1 Y3: 7-8 PO1</td>
<td>- 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</td>
</tr>
<tr>
<td>Amount of Research Space</td>
<td>Research: 221,662 NASF</td>
<td>Space needs are planned to increase year over year in concert with increased funding and faculty recruitment.</td>
<td>- Evaluate program needs to improve efficient use and promote contiguous use of space. Assess Co Architects evaluation of 201 for enhanced efficiency. - Use vacant 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</td>
</tr>
</tbody>
</table>

### 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 (e.g. U, P, MPI (net 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        | • 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 |
|                                     |                | Y2: 8        |                                                                                                     |                                                                                                                                 |
|                                     |                | Y3: 10       |                                                                                                     |                                                                                                                                 |
| # of Trainees as PIs of NIH awards  | 4Ks, 6Fs, ~19 others | Y1: 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. |
|                                     |                | Y2: increase 10% |                                                                                                     |                                                                                                                                 |
|                                     |                | Y3: increase 10% |                                                                                                     |                                                                                                                                 |

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).
The Plan ‘at a glance’

Vision and Anticipated 3-year milestones/outcomes - III

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:** Recruiting, developing, and retaining 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>
<tbody>
<tr>
<td><strong>Faculty by Rank</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Asst Prof: 444 (45%)</td>
<td>Y1, Y2, Y3: Maintain Faculty Balance within academic units</td>
<td>• Maintain Faculty Balance by focused recruitment for gaps within academic units</td>
</tr>
<tr>
<td></td>
<td>Assoc Prof: 273 (27%)</td>
<td>Assist/Assoc/Full Professor 50%/25%/25%</td>
<td>• Increased targeted recruitment of junior faculty</td>
</tr>
<tr>
<td></td>
<td>Professor: 284 (28%)</td>
<td></td>
<td>• Increased Recognition of Junior Faculty</td>
</tr>
<tr>
<td></td>
<td>Total: 1001</td>
<td></td>
<td>• Mitigation (pre-emptive) of flight risk by mentoring and improved environment</td>
</tr>
<tr>
<td><strong>Tenured/TE Faculty</strong></td>
<td>Tenure Track:</td>
<td>Y1, Y2, Y3: Increase junior faculty on TT (3%/yr), and balance within academic units 25%/25%/50%</td>
<td>• Incentivize Career Track Promotion (e.g. new Banner physician comp plan)</td>
</tr>
<tr>
<td></td>
<td>Asst Prof: 51 (22%)</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>Assoc Prof: 55 (24%)</td>
<td></td>
<td>• Identify what ongoing departmental resources are available to support a mentoring program.</td>
</tr>
<tr>
<td></td>
<td>Professor: 123 (54%)</td>
<td></td>
<td>• 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.</td>
</tr>
<tr>
<td></td>
<td>Total: 229</td>
<td></td>
<td>• Pathway to Emeritus recognition/status</td>
</tr>
<tr>
<td><strong>Faculty by MD or MD PhD and PhD on the tenure/tenure eligible track</strong></td>
<td>MD/MD PhD, Total: 174</td>
<td>Y1, Y2, Y3: 3% increase/yr 25%/25%/50%</td>
<td>• Increase Junior TT faculty with focus hires</td>
</tr>
<tr>
<td></td>
<td>Asst Prof: 34 (20%)</td>
<td></td>
<td>• Matrix research center support for interdisciplinary focus</td>
</tr>
<tr>
<td></td>
<td>Assoc Prof: 39 (22%)</td>
<td></td>
<td>• Provide Emeritus pathway plan, especially in Clinical Ranks</td>
</tr>
<tr>
<td></td>
<td>Professor: 101 (58%)</td>
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<tr>
<td></td>
<td>PhD, Total: 55</td>
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</tr>
<tr>
<td></td>
<td>Asst Prof: 17 (31%)</td>
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</tr>
<tr>
<td></td>
<td>Assoc Prof: 16 (29%)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Professor: 22 (40%)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>NTE Faculty</strong></td>
<td>Asst Prof: 314 (64%)</td>
<td>Y1, Y2, Y3: Optimize per need</td>
<td>• Analyze time in rank at Asst Prof and contact</td>
</tr>
<tr>
<td></td>
<td>Assoc Prof: 118 (24%)</td>
<td></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>Professor: 57 (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>Total: 489</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><strong>Faculty by Diversity</strong></td>
<td>State demographics</td>
<td></td>
<td>• Set targeted recruitment goals according to AZ State demographics and HIS criteria</td>
</tr>
<tr>
<td>(2019 date corrected for self-identification)</td>
<td></td>
<td></td>
<td>• See tactics in DEI Table 4.1</td>
</tr>
</tbody>
</table>

**Table 3.1** metrics and direction (3-year targets): faculty by rank (Asst/Assoc/Full Professor 50%/25%/25%); for MD, PhD, or MD/PhD (25%/25%/50%); for T/TE track (25%/25%/50%); for NTE (balance according to need); URiM faculty (match state demographics);
## B.3. Faculty Affairs

**Vision Element 1:** Recruiting, developing, and retaining a diverse, impactful and sustainable academic faculty.

<table>
<thead>
<tr>
<th>Metrics</th>
<th>Current State</th>
<th>Future State</th>
<th>Tactics</th>
</tr>
</thead>
</table>
| Faculty time to tenure by MD/MD PhD and PhD. | Asst. to Assoc. Faculty time to Tenure: 6 years | Y1, Y2, Y3: Advocate to dissociate tenure (9 years) and promotion and extend clock | • Implement individual mentoring system and structured guidance for faculty.  
• 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.  
• Advocate with Provost’s office |
| Faculty Clinical Career Track Promotions | Clinical Scholar (Asst to Assoc/Assoc to Full): 52%/31%  
Clinical Track (Asst to Assoc/Assoc to Full): 10%/12% | Y1, Y2, Y3: Increase Faculty Promotions as appropriate | • 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) |
| Faculty Recruitment and Turnover (2019) | 50:50 new hires/turnover (10% workforce) | Y1, Y2, Y3: Decrease Attrition Rate to under ~8% | • Develop the outline for an orientation program and navigation support and identify what resources would be available to support it.  
• Seek input from selected faculty on an orientation program and what options to consider for navigation support.  
• Identify and build the key components of a support structure for research and clinical faculty to assist with their career success.  
• Identify the existing resources available and new resources needed to build the infrastructure.  
• Continue to re-evaluate recruitment of open positions, including postings/ads and incorporate reviews into the recruitment meetings.  
• Complete a department survey to assess the impact of new communication tools including Bulletin and Chat with the Chair.  
• Develop departmental awards that reflect mission and goals and includes faculty and staff (both UA and Banner employees).  
• 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.  
• Develop and/or implement software programs to network faculty with common research interests and goals.  
• Carve out time at each of the general faculty meetings to introduce and highlight faculty members within the department.  
• Identify existing and new opportunities (e.g. Banner resources, organic type events) to support faculty collaboration and peer networking.  
• 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. |

Table 3.1: metrics and direction (3-year targets): 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:** Recruiting, developing, and retaining a diverse, impactful and sustainable academic faculty.

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

**Table 3.1** metrics and direction (3-year targets): faculty recognition and awards (increase); faculty impact scores (H-index ≥50 for T/TE); faculty career development (optimize and measure).
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%.

Dr. Victoria Murrain
Vice Dean For Diversity, Equity and Inclusion
## B.4. Diversity, Equity, and Inclusion (DEI)

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

**Table 4.1**: metrics and direction (3-year targets): % (URiM, women, Hispanic/Latinx, NA/AI, 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*)

<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 |
## 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     | • 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>UHC/Vizient clinical quality flags: Total Inpatient Obs/Exp Ratio</td>
<td>BUMC-T .97;</td>
<td>Y1: .94; .70</td>
<td>• Improve current reporting and coding mechanisms, including early</td>
</tr>
<tr>
<td></td>
<td>BUMC-S .72</td>
<td>Y2: .91; .68</td>
<td>identification of vulnerable patients and referral to appropriate</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Y3: .88; .66</td>
<td>service (i.e. palliative care)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Quality assurance and performance improvement programs</td>
</tr>
<tr>
<td>% new patients seen within 2 weeks</td>
<td>60.9%</td>
<td>Y1: 65%;</td>
<td>• Active management of scheduling processes and optimization of</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Y2: 70%;</td>
<td>clinical space and locations</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Y3: 75%</td>
<td>• Active review of open slots and creating new slots to manage a no-</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>show rate</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</td>
<td>10.7%</td>
<td>Y1: 9%</td>
<td>• Greater focus on faculty development and promotion</td>
</tr>
<tr>
<td>rate)</td>
<td></td>
<td>Y2: 8%</td>
<td>• Creating more supportive environment</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>
<tbody>
<tr>
<td>Banner University Medicine – Tucson market share for Pima County</td>
<td>34.6%</td>
<td>Y1: 37%</td>
<td>• Greater marketing of areas of expertise</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Y2: 38%</td>
<td>• Expansion of clinical sites</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Y3: 40%</td>
<td>• Focus on community outreach and CME</td>
</tr>
<tr>
<td>Overall Patient satisfaction compared to benchmark as reported by our vendor</td>
<td>76.1%</td>
<td>Y1: 80%</td>
<td>• Focus on outpatient access</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Y2: 85%</td>
<td>• Focus on inpatient experience</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Y3: 90%</td>
<td></td>
</tr>
<tr>
<td>VOICE % employees who would recommend BUMD-T to family/friends</td>
<td>37%</td>
<td>Y1: 47%</td>
<td>• Identify areas of focus</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Y2: 57%</td>
<td>• Improve staffing ratios</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Y3: 67%</td>
<td>• Redesign workflows to create more efficient clinic operations</td>
</tr>
</tbody>
</table>

*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 Y2: 55%ile Y3: 60%ile</td>
<td>• Expansion of referral sources through community outreach and CME</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Faster ramp-up of new providers</td>
</tr>
<tr>
<td></td>
<td></td>
<td></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% Y2: 99% Y3: 100%</td>
<td>• Maintain or exceed</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Monitor effects of new compensation plan</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%.

Jason Marr
Deputy Dean, Finance
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>• Partnering with COM Development to establish and grow alumni gift program</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Increase online, summer and microcampus revenue</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 % 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?)</td>
</tr>
<tr>
<td>State Expenses</td>
<td>14.4%</td>
<td>Y1: 15.3%</td>
<td>• This is the foundation before we can make decisions on strategies</td>
</tr>
<tr>
<td>(State expenses as a % of total expenses)</td>
<td></td>
<td>Y2: 12.5%</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></td>
<td></td>
<td>Y3: 10.0%</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?)</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>
</table>
| **Research Expenses**  
(Research expenses as a % of total expenses) | 32.5% | Y1: 31.6%  
Y2: 38.0%  
Y3: 45.0% | • Increase grants with emphasis on larger grants (e.g., PO1)  
• Move more faculty to cover more of their salaries from grants  
• Increase collaborations (e.g., with VA) to facilitate obtaining additional grants  
• Increase collaborations with industrial partners  
• Increase discovery science to get patents/startup companies  
• Work with clinical departments to submit large clinical trial grants  
• Provide internal review of proposal drafts to faculty and research teams.  
• Provide administrative and technical application preparation and submission support to faculty and research teams.  
• Appropriately manage and wisely invest the new chairs’ startup packages in successful research opportunities and faculty  
• Recruit mid-level and senior faculty with established and transferable funding  
• Invest in junior faculty members with significant research funding potential  
• Continue to guide junior faculty in developing research funding trajectories |
| **Research Effort**  
(Faculty FTE funded by research as a % of total faculty FTE) | 28.3% | Y1: 30.1%  
Y2: 32.9%  
Y3: 36.3% | • Same tactics mentioned in Metric # 5 above apply here for Metric # 6 |
| **Unfunded Effort**  
(Faculty FTE not funded by clinical, research, teaching, administrative or other activity currently supported by Department/Center/COM-T) | 10.5% | Y1: 9.6%  
Y2: 8.0%  
Y3: 6.2% | • 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:  
• Have a plan for startup faculty transitioning off of commitments and onto sponsored projects or other funding  
• 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 “flying under the radar”  
• Tactics mentioned above for teaching and research all apply for methods to be more productive within the College |

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

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

**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’

Building the Framework with Mission Area leaders

- Engaging the Academic Unit Leaders by mission area
- Engaging the faculty in each Academic Unit by mission area

- Deliverable: mission-area-specific ‘plan’ from Academic Unit leader
- Deliverable: reconciled ‘plan’ from Mission Area leader
- 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

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 - I

• 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
Tracking and Monitoring the Plan - II

Dr. Anne Cress
Vice Dean, Operations and Strategy

Lupe Gastelum
Assistant Director, Operations and Strategy

THE UNIVERSITY OF ARIZONA
College of Medicine
Tucson

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
- Current state
  - Collected
  - From unit leaders

Quarterly Check
- Prelim. Mtg.
  - Mission/Unit Leaders Meet Iterative Process

Color Code
- Mission/Unit leaders.

Dean Meet
- Amber/Red Barriers or Reset

Unit Progress Update
- Iterative Process

Faculty Engagement
- Quarterly Check
  - Mission/Units Meet Iterative Process

Data Collection
- Unit leaders load Year 1 Data

Year 1 Progress Report
- Year 1 Metrics
  - Confirm Update Data by Mission Leaders

Subjective Faculty Engagement 1

Subjective Faculty Engagement 2
Communications and Branding

Promoting and branding COM-T through a coordinated communication portfolio

David Bruzzese, MBA
Executive Director, Brand Communications
Phase 2: AMC Strategic Initiatives
COM-T Strategic Plan Phase 2

A Shift from COM-T Tactics and Operations to Academic Medical Center Strategy
A Call for Focused Strategic Initiatives -- Aiming for Excellence

Defining Excellence

Academic Medical Center (AMC) – gaps?
- Providing excellent tertiary/quaternary patient care...
- ... in an academic environment

Distinguishing features from other 50% of AMCs
- Defined by mission area metrics, and by distinguishing programs

Top Tier AMC
- Defined by metrics, and/or by “only at...” programs of excellence, including destination/niche programs
Strategic Initiative Proposals
Guiding Principles

- Initiative must target: 1) bottom tier (gap – “need to have to call ourselves an AMC”), 2) top 50% AMC - programs or features that differentiate us from lower 50%, or 3) top tier (tip of the triangle – truly distinguishing programs of excellence)
- Must use national benchmarks for AMCs (Blue Ridge, USNWR, etc.) for ‘tiering’
- Proposals that require targeted investments must identify specific sponsors and owners, define the unmet need, list existing assets or resources that can be leveraged, and specify the ‘ask’.
- All proposals will be considered in the context of other institutional priorities and processes.
Strategic Initiatives Proposal
Process and Timeline

Proposals will be submitted by Academic Units (collaborative proposals are encouraged) using a template created specifically for this purpose.

- All submitted proposals will undergo initial review at the weekly COM-T DSM (and with BUM-T leadership as appropriate). If all requirements are met, a first face-to-face (f2f) meeting will take place with a formal presentation within 6 weeks of receipt of the submission.

- A first ‘go-no go’ decision will be made and communicated within 6 weeks of the f2f presentation. A ‘no go’ decision will be justified with the possibility of revising and resubmitting the proposal.

- A first ‘go’ decision will require a more detailed submission with more details regarding personnel, space and other resource needs, budget, etc. A second f2f meeting will be convened within 6 weeks or receipt.

- A second ‘go-no go’ decision, also made and communicated within 6 weeks of the second f2f meeting will be based on merit, feasibility, etc. A ‘no go’ decision will be justified with the possibility of revising and resubmitting the proposal.

- A second ‘go’ decision will be followed by identifying a project leader and convening the appropriate team to execute on the proposal with quarterly progress reviews by the appropriate parties.
Mapping CoM-T’s Strategic Plan to UArizona’s Strategic Pillars

**WILDCAT JOURNEY**
Preparing students with the skills and mindsets to lead in the 4th Industrial Revolution

**GRAND CHALLENGES**
Tackling society’s biggest challenges by enabling discoveries that will fundamentally shape the future

**ARIZONA ADVANTAGE**
Advancing our land grant mission to drive social, cultural, and economic impact

**ARIZONA GLOBAL**
Setting the standard for a global university in the digital age

**INSTITUTIONAL EXCELLENCE**
Living our values and innovative culture to enable a high performing institution
WildCat Journey: “preparing students with the skills and mindset to lead in the 4th industrial revolution”

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.”

Visions Elements:

• 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;

• Supporting our students’ and trainees’ intellectual and professional development and ability to maintain personal wellness. Of note, metrics, targets and tactics mapped to this vision element are specifically related to the issues of mistreatment and student satisfaction;

• Creating highly desirable GME programs such that our own students seek training in our programs; and

• Serving and supporting Arizona’s need to retain a strong and diverse physician workforce.

Metrics and 3-year targets:

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%.
**WildCat Journey**: “preparing students with the skills and mindset to lead in the 4th industrial revolution”

**COM-T 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.”

#10 prospect in the senior class of 2022 committed early to Uarizona women’s basketball program, in part, because of the APME.
Grand Challenges: “tackling society’s biggest challenges by enabling discoveries that will shape the future”

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.”

Vision Element:
Recruit, develop and retain a diverse, impactful and sustainable academic faculty.

Focus on “pre-retentions”:
• Rising stars create and catalyze “…discoveries that will shape the future”
• Established stars “enable” discoveries...
• Faculty development is a great pre-retention strategy

An ongoing and essential “pre-retention” strategy to identify, acknowledge, recognize, and reward rising and established stars across both basic science and clinical departments. Our approach begins with Chairs and Directors but does not stop here...

Metrics and 3-year targets:
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.
Pre-retentions

Julie Ledford, PhD
Associate Professor
PO1 pending in Asthma

Gregory C. Rogers, PhD
Professor
PO1 pending in Early Cancer Genomic Instability

Felicia Goodrum, PhD
Professor, PO1 pending
Host Virus Biology

John Purdy, PhD
Assistant Professor
Exosomes and Lipidomics in viral loads

Francine Gachupin, PhD, MPH
Associate Professor,
Behavioral risks, Obesity
Youth Native American/American Indian Chronic disease

Others:
Maria Altbach, PhD
Clara Curiel Lewandrowski, MD, PhD.
Jared Churko, PhD
Noel Warfel, PhD
Erika Eggers, PhD
Brent Colson, PhD
Craig Weinkauf, MD
Woei Tan, MD
Grand Challenges: “tackling society’s biggest challenges by enabling discoveries that will shape the future”

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.”

Vision Elements:

- Developing interdependent, transdisciplinary, collaborative research;
- Delivering high-quality clinical trials to the Tucson community;
- Enhancing basic and translational biomedical research; and
- Coalescing graduate student and physician-scientist training.

Focus on collaboration:

As part of our collaboration strategy, we are bringing together scientists, clinicians, and clinician scientists to explore area of convergence that will lead to impactful “discoveries and that will shape the future”. By stimulating these interactions, we will act as connectors to empower “enablers” using our strategic initiative program (Phase 2).

Metrics and 3-year targets:

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.
Strategic Initiative Research Proposal

Advanced Surgical Skills Laboratory: robotic and reconstructive surgery (Wang); orthopaedic trauma surgery (Ruth); skull base and pituitary surgery (Cetas)

Steven J. Wang, M.D.  John T. Ruth, M.D.  Justin S. Cetas, M.D., PhD.

- First-in-kind for AZ with hands-on training for Residents and Fellows
- Regional surgical skills Boot Camp for Southwestern Region
- Co-ordinated with Arizona Simulation and Technology Education Center
Arizona Advantage: “advancing our land grant mission to drive social, culture, and economic impact”

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.”

Vision Elements:

• Creating a physician workforce that reflects the demographics of the state of Arizona;
• Creating a culture of diversity and inclusive excellence

Focus on State of Arizona demographics:

As a land-grant and Hispanic-serving institution, our approach is to support and incentivize efforts towards gender and racial/cultural/ethnic (NA, HA, and other URiM) equity in students, trainees, faculty, and academic leaders. Tactics include but are not limited to training and advocacy.

Our various units (e.g. Arizona Telemedicine Program, Southwest Telehealth Resource Center, Wassaja Montezuma Center for NA Health) have, as a mission, to provide broadly accessible education to Arizona, while also creating new knowledge and translating discoveries in ways that are beneficial to the public from a context that is global in nature.

Metrics and 3-year targets:

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%.
Arizona Global: “setting the standard for a global university in the digital age”

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

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

Focus on online teaching:
As part of our strategy towards financial sustainability, we have identified revenues from online courses (micro-campus, UAGC) as tactics towards shifting sources of revenues away from state dollars to mitigate risk and improve balance sheets.

Also, we are exploring opportunities (e.g. U. Western Australia) as additional opportunities to develop a more global presence that generate additional revenues.

Metrics and 3-year targets:
Financials: expense/revenue 95%; reserves 6 months;
Reliance on state funds: state funds expenditures 10%;
Teaching revenue: teaching effort 11% increase online and global (micro-campus and other) teaching significantly;
Research productivity: research expenditures 45%; research effort 36%;
Reinvestment: unfunded effort 10%.
Institutional Excellence: “living our values and innovative culture to enable a high performing institution”

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.”

Vision Elements:
- Delivering high quality and timely clinical care in the Tucson community;
- Physician engagement and satisfaction;
- Serving as the clinical provider of choice for our community; and
- Ensuring a sustainable cost/revenue structure and margin that supports our tripartite mission.

Focus on excellence:
The success and excellence of our academic missions depends on a robust partnership with our clinical partners. As an Academic Medical Center, we must deliver on excellence in all aspects of the tripartite mission.

Metrics and 3-year targets:

**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%. 
QUESTIONS & DISCUSSION