

SOM STRATEGIC PLAN 2017-2020
(with metrics/action plan for 2018)
revised 8/30/17

**HSC/SOM GOAL 1: IMPROVE HEALTH AND
HEALTHCARE IN THE POPULATIONS WE SERVE.**

Measure of success: Improvement in state ranking in health metrics

STRATEGY 1.1: IMPROVE HEALTH IN NEW MEXICO BY COLLABORATION WITH COMMUNITY ORGANIZATIONS AND COMMUNITY HEALTH CARE PROVIDERS IN ADDRESSING COMMUNITY IDENTIFIED HEALTH PRIORITIES.

TACTIC 1.1.1: Each SOM department will establish/enhance a partnership with at least one community organization or practice with the purpose of improving health in that community.

Metrics:

1. All departments and mission units will have established at least one new community partnership in one or more mission areas. (Education, research, clinical services, public/community engagement) by the end of FY 19 and report annually on how that partnership informs the department's activity in addressing health priorities.
2. The SOM will begin collaboration with the VAMC on at least two new initiatives during FY 18

STRATEGY 1.2: CREATE NETWORK OF COMMUNITY-BASED, "CORE FACILITY" SITES WHOSE PURPOSE IS TO HELP SOM ADDRESS ITS 3 MISSIONS IN COMMUNITY SETTINGS.

TACTIC 1.2.1: Collaborate with the Office of Community Health and the Office of Community Faculty to increase the number of Academic Extension Hubs across state.

Metrics:

1. Increase the number of hub sites across the state from a baseline of 10 in FY 17 to 13 by FY 2020.
2. Representatives from SOM Departments will visit existing and potential Hub sites annually to assess progress in achieving mission goals specific to that hub and creating new, mutually beneficial action plan.
3. Create business plan to sustain and grow Hub network through multi-source funding strategy during FY 18.

STRATEGY 1.3: ASSESS AND ADJUST OUR CLINICAL SERVICES BASED ON THE PRIORITY NEEDS OF OUR POPULATIONS.

TACTIC 1.3.1: Working with the HS Executive Committee, appointed SOM chairs and the EVD will continuously review our clinical services and locations in order to address the health care needs of our patients and populations.

Metrics:

1. We will develop a Physical Medicine and Rehabilitation clinical service in partnership with the Department of Neurosurgery and the Lovelace UNM Rehabilitation Hospital by 6/30/18
2. Key departments will collaborate with the HSC in the development of a Geriatric Center of Excellence during FY 18.
3. Create a timeline for the elevation of the Division of PMR to a department by the end of FY 18.

TACTIC 1.3.2: Work with community partners, especially Federally Qualified Health Centers and community hospitals to build an adequate primary care service base for our city, county, regional and state needs.

Metrics:

1. During FY 18, Develop a 5-year plan for graduating the right number of primary care residents and PAs with the right specialty mix (FM, IM, Peds) and right geographic location to reflect NM's current and projected primary care workforce needs
2. During FY 18, Develop a 5-year plan for addressing subspecialty needs in workforce shortage areas.

STRATEGY 1.4: CREATE STRATEGIC PARTNERSHIPS TO ACHIEVE MARKET GROWTH, ALIGN RESOURCES AND ENABLE PATIENTS TO GET THE RIGHT CARE AT THE RIGHT TIME IN THE RIGHT PLACE.

TACTIC 1.3.1: Work with HS and external partners to enable patients to receive the care they need

Metrics:

1. Develop PMR clinical services in partnership with UNMHS and Lovelace UNM Rehabilitation Hospital to support a PMR residency program and department during FY 18.
2. Adult and pediatric cardiothoracic surgeons will be in place at UNMSOM by 12/30/17.
3. Create at least one new clinical affiliation or relationship expansion during FY18

4. During FY 18I implement a UNM Medical Group provider employment option for Departments for clinically focused providers who extend the UNM footprint into new geographies and populations.

HSC/SOM GOAL 2: BUILD THE HEALTHCARE WORKFORCE OF NEW MEXICO BY PROVIDING A PREMIER EDUCATION

Measure of success: Reduction in counties with healthcare shortages and innovative curricular modalities to address the changes in healthcare

STRATEGY 2.1: MAINTAIN FULL LCME, ACGME, CME, RRC AND HEALTH PROFESSIONS ACCREDITATION.

TACTIC 2.1.1: All education programs will participate in systematic continuous quality review of accreditation standards.

Metrics:

1. Full SOM LCME accreditation will be achieved after the site visit in February 2018.
2. The SOM CQI program will be fully institutionalized during FY 18.
3. The Senior Associate Dean for Education will assure written plans by each Associate/Assistant Dean for continuous quality review in each accredited educational program by the end of FY 18.
4. Any educational program with identified concerns for accreditation or other concerns will have a remediation plan with enhanced monitoring of the program by the appropriate educational dean/SOM department annually.

Strategy 2.2: MEASURABLY INCREASE THE RECRUITMENT AND RETENTION OF PHYSICIANS AND HEALTH PROFESSION PROVIDERS THROUGHOUT THE STATE OF NEW MEXICO.

TACTIC 2.2.1:

Recruit and rank highly qualified NM students to UNMSOM residencies and other health profession programs- especially in the areas identified as workforce shortage specialties.

Metrics:

1. Increase the number of UNM medical students matching in UNM residencies to at least 35% of the medical school graduating class annually.
2. Maintain the number of Health Professional graduates who chose to practice in NM (FY17 baseline rate)

TACTIC 2.2.2:

Increase the opportunities for all learners to train in community settings: particularly in rural or underserved settings, at UNM West, and at the VA.

Metrics:

1. Ensure continued state funding for GME positions annually
2. Develop a plan to move a portion of at least 2 HPP's to UNM West by June 30, 2018.
3. Increase the number of community sites/preceptors available to learners by 3% in FY 18.
4. Develop a pilot plan for community faculty to receive no cost CME at UNM sponsored continuing education events by the end of FY 18.
5. Increase the number of Practical Immersion Experience students rotating in rural areas (outside of ABQ, LC, and SF) by 10% in FY 18
6. Increase the number of rural clinical training sites for HPP students by 10 in FY 18.
7. Increase the number of residency rotation months at the VA by 5 in FY 19. (baseline FY 17)
8. Working with the Office of Community Health, the SOM and Office of Community Faculty, we will consult with each Extension Hub community across the state in each year to strengthen their sites as educational destinations with increased capacity for recruiting and retaining their health workforce.

TACTIC 2.2.3: In collaboration with the Office of Community Health, the Office of Community Faculty, the SOM Alumni Office and using state workforce data, we will work with communities, SOM departments and residency programs to increase the number of residents that choose to practice in NM.

Metrics:

1. The Office of Alumni will measure the number of UNM residency, fellowship, and health professions graduates who remain in NM after graduation in 2017.
2. Increase the number of UNM residency, fellowship and health professions graduates who remain in NM after residency graduation by 5 % in 2018
3. Increase by 2 the opportunities for learner interaction and recruitment to NM by alumni in NM and preceptors through the SOM Office of Education, Alumni Office and the Office of Community Faculty
4. Increase the number of elective residency rotations (where allowed by funding) in rural sites in FY 18 from FY 17 baseline.
5. Deploy a tool to measure the satisfaction and needs of community preceptors by the end of FY 18.

TACTIC 2.2.4:

Develop or increase in size educational programs that serve important needs of NM populations.

Metrics:

1. Submit application for reaccreditation of the Dermatology Residency Program by 3/17/18
2. Recruit and hire a PMR residency program director to begin accreditation process for PMR residency program by 6/30/17
3. IN FY 18, develop a plan to increase the size of the PA program to 25 students by 2020

STRATEGY 2.3: ENHANCE SCHOOL OF MEDICINE AND HEALTH PROFESSIONS EDUCATION TO MEET THE NEEDS OF OUR DIVERSE LEARNERS, OUR PROFESSIONS AND OUR STATE.

TACTIC 2.3.1: Improve and enhance programs that support learner achievement.

Metrics:

1. In FY 18, identify barriers to student achievement in the medical school class as measured by first year pass rate and delay of taking Step I USMLE
2. Develop and activate a plan to increase first year pass rate (as compared to FY 17) and decrease the number of students who delay taking Step I.

TACTIC 2.3.2: Expand innovations and enhance excellence in medical student and health professions education that address the needs of our diverse state and learners.

Metrics:

1. Develop initial outline for PIPES (Points for Interprofessional Education) in collaboration with the HSC IPE Committee and leaders during FY 2018.
2. Approve PIPES program and requirements in FY 2018
3. Expand current pilot program in PS/QI as a requirement for all medical students entering in 2018 by FY 19.
4. Increase the number of houses in each Learning Community by one each in FY 18.
5. IN FY 18 the Senior Associate Dean for Education will convene a group to
 - a. Design a pilot third year longitudinal curriculum and make recommendations to the EVD and Dean.
 - b. Create a feasibility study of a pilot three-year medical school curriculum for some students going into primary care specialties to reduce debt and increase primary care output.
6. Educational programs in the SOM will relocate learning to state of the art classrooms in Domenici III in FY 18.

Strategy 3.3: PROVIDE EXCEPTIONAL EDUCATIONAL TRAINING OPPORTUNITIES IN RESEARCH THAT CAPITALIZE ON NATIONALLY RECOGNIZED STRENGTHS IN MEDICAL EDUCATION, THE SIGNATURE AND OTHER RESEARCH PROGRAMS.

TACTIC 3.3.1: The Research Education Programs in the SOM will be enhanced and rightsized to produce programs that are outstanding in quality, rightsized for our institution and state, utilize current educational methodology and are financially stable.

Metrics:

1. Administer an annual satisfaction survey of biomedical sciences graduate students.
2. The BSGP Steering Committee with the SADR will conduct a SWOT assessment of the current program with recommendations to the Dean and EVD for enhancement of the current program by 12/31/17.
3. A faculty committee will be appointed by the EVD and the SADR to make a recommendation by 3/31/18 to the EVD, Dean, SADR, and the SADE concerning the establishment of a SOM Office of Research Education.
4. Offer opportunities annually for research graduate students to take non-sciences classes in business, law and education to enhance their opportunities for employment positions.
5. Increase the involvement of research-intensive faculty into pipeline programs (UPIN, Diversity Office pipeline programs, etc.) by 2 in FY 18.

HSC/SOM GOAL 3: FOSTER INNOVATION AND TRANSLATE OUR RESEARCH INTO CLINICAL OR EDUCATIONAL PRACTICE.

Measure of success: Increase funding for research; renew designations for CCC and CTSC, increase technology transfer.

Strategy 3.1: DEVELOP AND FOSTER OUR NATIONALLY RECOGNIZED DOMAINS OF EXCELLENCE THAT ADDRESS STATE AND NATIONAL HEALTH PRIORITIES.

TACTIC 3.1.2: Facilitate discovery in the sciences basic to medicine that can be translated into clinical, community, and educational practice, particularly in New Mexico.

Metrics:

1. The SADR will collaborate with department chairs to increase by 10 the number of faculty participating in the submission of a P or U series, or RO1 equivalent awards in.
2. Maintain or increase research funding in the SOM at or above current levels.
3. Increase by 5 the number of faculty participating in clinical trials research in clinical departments.

TACTIC 3.1.3: With the Office of Community Health, identify opportunities and activate a plan to link UNMSOM research with highest priority community health needs.

Metrics:

1. The SADR will work with the Associate Chancellor for Community Health to catalog and publish current linkages and potential linkages to address community health needs through the research mission by December 31, 2017.
2. At least three new research projects identifying and/or addressing community health needs will be developed to submit for funding in FY 19

TACTIC 3.1.4: Enhance UNMSOM activity in health disparities research and conduct of collaborative research with Native American, Hispanic and other under-represented populations.

Metrics:

1. The SADR will work with departments to increase the number of submitted projects in health equity research to PCORI or equivalent by 2020 (baseline FY 17)
2. All signature programs will identify RFP's for health disparities research in their content area in preparation for application submission in 2018-19

Strategy 3.2: IMPLEMENT INSTITUTIONAL PRACTICES FOR RETAINING EXISTING RESEARCH FOCUSED FACULTY AND RECRUITING PROMISING NEW FACULTY.

TACTIC 3.2.1: Prospectively evaluate future needs for basic and population scientists to replace retiring faculty and grow targeted research programs.

Metrics:

1. During FY 18, Develop and activate a plan to recruit graduates of our MD/PhD and BSGP programs after post-doctoral fellowships to join our clinician scientist and basic science faculty.

2. During FY 18, Create a working group to explore the possibility of a BS/PhD program similar to the BA/MD program with recommendations to Dean, EVD, SADR, and VCR
3. Working together, the Senior Associate Dean for Faculty Affairs and the Senior Associate Dean for Research will develop metrics to evaluate research collaborations and team science for inclusion in promotion and tenure decisions.
4. During FY 18, the Senior Associate Dean for Faculty Affairs and the Senior Associate Dean for Research will review and update criteria for promotion in Research Track.
5. During FY 18, the Assistant Dean of Diversity and the Senior Associate Dean for Research will create a plan to increase by 4 the qualified underrepresented applicant pool in the BSGP research education programs
6. The SADR will work with faculty researchers to increase the utilization of faculty support services within the CTSC:
 - a. Have three faculty submit *first time* CTSC pilot applications in each award cycle
 - b. Faculty will submit 5 new grants to non-NIH federal agencies
 - c. All faculty participating in clinical trials will have completed required Good Clinical Practice training provided by the CTSC.

HSC/SOM GOAL 4: ENABLE OUR PEOPLE AND PROGRAMS TO DO THEIR BEST

Measure of success: increase the retention of faculty, staff and providers through increased satisfaction.

Strategy 4.1: SUSTAIN AN ENVIRONMENT THAT PROMOTES A CULTURE OF EXCELLENCE, PROFESSIONALISM AND HIGH SATISFACTION AMONG FACULTY, STAFF AND PROVIDERS

TACTIC 4.1.1: Increase faculty satisfaction through initiatives implemented collaboratively by the SADFA, Mission Excellence Steering Committee, and Academic Departments.

Metrics:

1. Beginning in FY 18, the Office of Faculty Affairs and Career Development will collaborate with targeted departments to develop and implement plans to enhance satisfaction scores by 20% on the next faculty forward survey in 2019.

2. Departments will have 90% compliance with Mission Excellence tactics (Leader Evaluation Management Tool, Leading to Excellence participation, rounding on employees, AIDET training) during FY 18.
3. Mission Excellence alignment and engagement scores will be at the 25%ile by the Fall FY19 faculty survey.

TACTIC 4.1.2: Improve SOM staff satisfaction scores through collaboration with SOM Administration, HR, and Department administrators

Metrics:

1. Participate in the next UNM/SOM survey.
2. Create and implement a plan to improve low scoring areas of the staff satisfaction survey once conducted.

TACTIC 4.1.3: Create and implement initiatives that support wellness among our faculty, staff and learners.

Metrics:

1. A faculty committee appointed by the EVD will develop and begin implementation a wellness and burnout plan for residents and faculty during FY 18.

TACTIC 4.1.4: Ensure that SOM leadership development programs meet the needs of the SOM and individual faculty members.

Metrics:

1. Catalog and publish all internal leadership development programs in which SOM faculty participate by 12/31/17.
2. Develop and implement an executive leadership program for new chairs, division chiefs, and other key leaders in the SOM by 6/30/18.

Strategy 4.2 Improve the efficiency and ease of utilization of support units in the SOM.

TACTIC 4.2.1: The Faculty Activity Database will be revised, simplified and utilized to capture faculty activity and contributions to the SOM by unit, department, and faculty member.

Metrics:

1. The new faculty activity database will be piloted and refined in FY18 academic year.

2. Letters of offer that arrive in faculty hiring with complete hiring packets will have a turnaround time of <9 working days.

TACTIC 4.2.2: The compensation plan will be revised to have clarity, be fair and reflect contributions to our missions in an equitable way.

Metrics:

1. The current SOM FIBCI plan will continue to undergo review and revision in FY 2018.
2. Basic Science salary review for equity across departments and center will be completed in FY 2018

Strategy 4.3: Promote a culture of professional behavior among faculty, staff, and learners.

Metrics:

1. Integrate Standards of Behavior Expectations into all faculty and staff annual reviews in the SOM during FY 18.
2. Create a professionalism policy statement for SOM faculty, staff and learners.
3. Include Standards of Behavior in all recruiting and hiring materials for faculty and staff in the SOM beginning in FY 18.

HSC/SOM GOAL 5: DELIVER A WELL-INTEGRATED ACADEMIC HEALTH CENTER THAT PROVIDES THE SAFEST AND HIGHEST QUALITY CLINICAL CARE

Measure of success: Obtain four star Vizient quality rating; deliver highly integrated academic health center model, increase the number of high complexity patients, develop a value based/outcomes care model to improve outcomes

Strategy 5.1: Working with the health system leadership and staff, SOM Physicians and Advanced Practice Providers will provide the safest and highest quality care through continuous quality improvement of patient outcomes and the use of evidence based approaches to deliver high value care in the UNMHS.

TACTIC 5.1.1: Improve Patient Harm related outcomes by the improvement of O:E mortality rates and decrease in SPHEs, CAUTI's, CLABSI's

Metrics: in FY 18,

1. O/E Mortality will be <.93
2. The incidence of SPHE's will be < 34
3. The incidence of CAUTI's will be < 27
4. The incidence of CLABSI's will be < 21

TACTIC 5.1.2: Deliver an exceptional patient care experience as measured through HCAHPS and CGCAHPS.

Metrics: in FY 18

1. HCAHPS scores will be at the 35%
2. CGCAHPS scores will be at the 50%

TACTIC 5.1.3: Development systems of care and financial models to support the transition to value based care.

Metrics: in FY 18

1. Achieve 90% compliance with value-based care for Centennial and MA contracted lives.
2. Development funds flow model to support transition from fee for service to value based reimbursement models.

STRATEGY 5.2: WORK WITH THE HEALTH SYSTEM TO IMPROVE PHYSICIAN AND ADVANCED PRACTITIONER ENGAGEMENT AND ALIGNMENT WITHIN THE HEALTH SYSTEM ENTITIES

TACTIC 5.2.1: Better define clinical leadership model for SOM faculty and UNMH staff leadership -including the expanded EVD role in management structure with ties to HS and UNMH to coordinate shared goals, strategic priorities, system-wide incentives and shared standards across the clinical enterprise.

Metrics:

1. The new clinical leadership model of dyads will be implemented in FY18
2. Clinical dyad training will be develop and implemented for all clinical dyads to begin 9/17 with all dyads to be trained by 6/30/18.
3. Implement Mission Excellence tactics at 90% level in SOM to achieve improved engagement and alignment scores in FY 18.
4. Create an activity based budgeting model for shadow deployment during FY 18.

Strategy 5.3: EXPAND CARE DELIVERY TO MEET THE GROWING DEMAND FOR SERVICES AND THE FUTURE HEALTH CARE NEEDS OF NEW MEXICANS.

TACTIC 5.3.1: Work with the Health System to increase access, care coordination and throughput to our facilities

Metrics: in FY 18

1. Increase health system clinic visits by 4% overall
2. Increase health system hospital discharges by 2% overall
3. Increase CMI by 3.5% overall.
4. Increase RVU's by 4% overall.

TACTIC 5.3.2: Create public/community/private partnerships to enhance and improve care to our patients and communities

Metrics:

1. Work with the HS to achieve successful implementation of at least two public/community/private partnerships in FY 18

HSC/SOM GOAL 6: ENHANCE DEPTH, DIVERSITY, INTEGRITY AND TRANSPARENCY

Measure of Success: Improve composition of faculty and staff with regard to underrepresented populations.

Strategy 6.1: Maintain our mission to our diverse and/or underserved populations while promoting our academic depth and capabilities.

TACTIC 6.1.1: Create an Office of Diversity in the SOM in order to continue building SOM Diversity and Inclusion capacity enhance diversity education, and enhance and research in health equity.

Metrics:

1. In FY 18, assess the status of diversity initiatives and diversity of faculty, learners and staff in the SOM to create a report and activate a plan for:
 - a. Increasing the diversity of faculty, learners and staff
 - b. Creating programs/initiatives to address the top two diversity needs in the School of Medicine (separate from increasing diversity of people)
 - c. Identify/review diversity statistics and best practices in each department
2. Create a SOM Diversity and Inclusion Steering Committee.
3. Identify a diversity representative from each department.
4. The Assistant Dean for Diversity in the SOM develops a diversity database for the SOM based on AAMC standards.
5. Develop a yearly diversity scorecard for each department.

Strategy 6.2: Recruit, Retain, and Promote Diverse SOM candidates, faculty, learners and staff

TACTIC 6.2.1:

The Diversity Recruitment Toolkit will be disseminated for use by all departments, and Office of the Senior Associate Deans in recruitment activities.

Metrics:

1. During FY 18, The Assistant Dean for Diversity will assure that each department and Office of Senior Associate Deans, will be trained in the use of the Diversity Recruitment Toolkit by the HSC Office of Diversity.
2. Development of an annual report with dashboard.

TACTIC 6.2.3: Implement with the UNM Foundation a fundraising campaign to secure \$15M each year.

Metrics:

1. The EVD (or other designated leaders) will participate in at least 5 events aimed at securing philanthropic donations.
2. The Office of SOM Alumni will partner with the UNM Foundation in each philanthropic event related to the SOM.