

**INDIANA UNIVERSITY SCHOOL OF MEDICINE'S
STRATEGIC PLAN FOR THE YEAR 2000 AND BEYOND**

MAY, 2000

TABLE OF CONTENTS

Title	Page
Background	3
Executive Summary	3 & 4
IUSM Mission and Vision	5
Process Overview	6
Strategic Planning Executive Committee	7
Clinical Care Strategic Plan & Recommendation	8-16
Education Strategic Plan & Recommended Priorities	17-24
Research Strategic Plan & Recommendations	25-30
Clinical Team Recommendations to Achieve Cohesive Multispecialty Group Practice	31-35

Indiana University School of Medicine's Strategic Plan for the Year 2000 and Beyond

Background:

In May, 1999, the Dean of the School of Medicine, Robert W. Holden, initiated a strategic planning process for the Year 2000 and beyond under the direction of the Associate Dean for Clinical Affairs, Robert B. Jones, M.D., Ph.D. The last previous complete Strategic Plan for the School of Medicine had been developed in 1991 although an interim research strategic plan was prepared in 1995. An Executive Planning Committee and three mission-specific planning committees were established with considerable overlap between the membership of the mission-specific committees and the Executive Committee. New mission and vision statements for the School were established. Strategic objectives and critical success factors were identified as well as the actions required to effect these objectives. In addition, measures that would indicate successful completion were developed. All of the elements developed by the mission-specific committees were reviewed and revised by the Executive Committee after which the plan was forwarded to Dean Holden for his modification and approval. This final plan was then presented to the Executive Committee of the School of Medicine on May 15, 2000 with the understanding that it would be advisory to the new Dean scheduled to assume office July 1, 2000 and therefore, subject to his or her approval.

Executive Summaryⁱ:

While the mission-specific committees in education, research, and clinical care focused on the objectives, priorities, and strategies specific to each mission several broad themes emerged for the School as a whole.

Organizational Governance & Restructuring

Each subcommittee spent a great deal of time discussing organizational structure and governance issues. However, there was a general consensus that the Associate Deans for each mission needed increased authority, responsibility and resources to implement their respective missions. There was also consensus that the number of people reporting directly to the Dean needs to be decreased, thereby allowing the Dean to spend time on external affairs as well. Specifically, the education subcommittee recommended that an Associate Dean for Academic Affairs be created and given the authority and resources to implement the educational mission. This was coupled with a recommendation that expectations and responsibilities be set for the Office of Academic Affairs. Similarly, the research subcommittee recommended that the responsibilities of the Associate Dean for Research be clearly defined and that he/she be provided with the necessary infrastructure to fulfill the research mission. . The clinical subcommittee placed considerable emphasis on strengthening the responsibilities and authority of the specialty practice plan in order to enable it to function more like a multi-specialty group practice. In particular, it was suggested that the practice plan be given the authority to hire physicians to meet specific needs and to engage in joint ventures with appropriate partners, while also recognizing and protecting and the tethers between the practice plan, the Departments, and the Dean's Office.

Accountability

Another strong theme cutting across all three missions was a perceived need for far greater accountability on the part of faculty for the quality and, in some cases, quantity of work performed in each of the three mission areas. Coupled with this was the general perception that the School needs to develop mission-based management in order to allocate resources (both funds and space) according to the needs of the School and according to the performance of individuals and departments.

Improved Satisfaction

All three committees felt that there is a great need to improve the experience that our various stakeholders, including students (medical and graduate, residents, post-doctoral fellows), faculty members, patients, referring physicians and the local community, have in their interactions with the School and its faculty.

Mentoring / Faculty Development

Each subcommittee recommended improving our mentoring and faculty development programs. Specifically, they recommended the development of a comprehensive mentoring plan for all students (education), junior faculty (research), and new clinical faculty (clinical service).

The Strategic Plan priorities for each mission are as follows:

Research:

- 1. Infrastructure to support the mission.**
- 2. Increase extramural funding.**
- 3. Highly qualified research faculty who would develop and maintain robust research programs.**
- 4. Adequate well equipped research space.**
- 5. Accountability for the use of resources.**
- 6. Integrated research programs.**

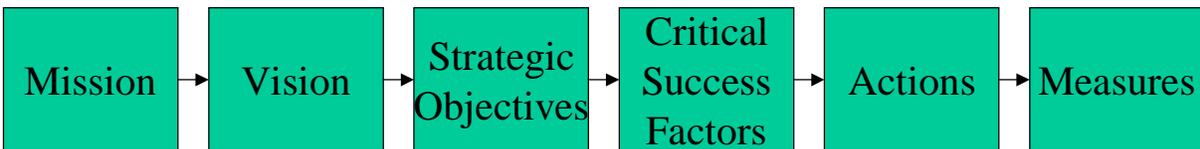
Education:

- 1. Organization to facilitate excellence in education.**
- 2. Faculty development.**
- 3. Student specific priorities.**
- 4. Curriculum.**
- 5. Mission-based management.**
- 6. Educational facilities.**

Clinical care:

- 1. Be the geographic provider of choice for clinical care.**
- 2. Develop successful partnerships (both hospital and physician).**
- 3. Function as a cohesive multi-specialty group practice.**
- 4. Improve service both to patients and referring physicians.**

Process Overview



Definitions

Mission - Describes what business the organization is in

Vision - Describes where the organization is headed over the long term

Strategic Objectives - Plans for achieving the mission and the vision

Critical Success Factors - Capabilities needed to achieve strategic objectives

Actions - Tasks done to achieve critical success factors

Measures - Key performance indicators that measure whether strategy is being met

Strategic Planning Executive Committee

Craig Brater, M.D.

Phil Breitfeld, M.D.

Tal Bosin, Ph.D.

David Crabb, M.D.

Evan Farmer, M.D.

John Fitzgerald, M.D.

Duane Gaither

Marilyn Graham, M.D.

Jay Grosfeld, M.D.

Robert Harris, Ph.D.

Melanie Bella

Robert Jones, M.D., Ph.D.,
Chair

Michael Koch, M.D.

Steve Leapman, M.D.

William Martin, M.D.

Robert Pascuzzi, M.D.

Ora Pescovitz, M.D.

Marcus Randall, M.D.

Donald Schauwecker, M.D.

Rich Schreiner, M.D.

Douglas Zipes, M.D.

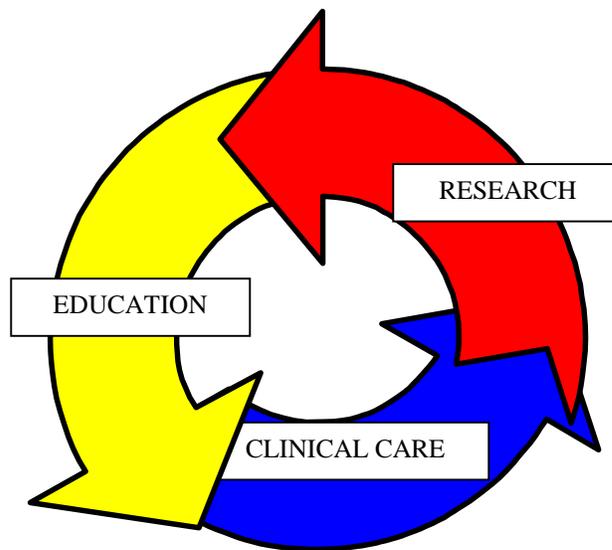
IUSM MISSION AND VISION

MISSION

It is the mission of the Indiana University School of Medicine to advance health in the State of Indiana and beyond by promoting innovation and excellence in education, research and patient care.

VISION

The Indiana University School of Medicine will be one of the nation's premier medical schools based on our education, scientific investigation, and health care delivery by 2005.



Education

The School of Medicine strives to produce outstanding educators, physicians and scientists. We will do so by providing quality education to students, residents, post-doctoral trainees, practicing physicians and the public that integrates the latest research advances with the best clinical practices.

Research

The research mission of the Indiana University School of Medicine is to advance knowledge about health and behavior and to make discoveries leading to improved prevention and treatment of disease, including the education of caregivers and the delivery of health services. Research is the foundation of both medical education and clinical care.

Clinical Care

The School of Medicine will provide outstanding clinical care, which incorporates the latest advances in scientific knowledge, to all of our patients and the citizens of the State of Indiana. The quality care we provide will be done in a manner that supports and advances education and research.

Approved by IUSM Executive Committee November 15, 1999

CLINICAL CARE STRATEGIC PLAN

& RECOMMENDATIONS

PHASE 2 REPORT

Clinical Care Subcommittee Members:

Craig Brater, M.D., Subcommittee Chair

Herb Cushing, M.D.

John Eble, M.D.

Howard Eigen, M.D.

John Fitzgerald, M.D.

Robert Goulet, M.D.

Marilyn Graham, M.D.

Jay Grosfeld, M.D.

Richard Kiovsky, M.D.

David Kovach, M.D.

Deuce Lukemeyer

William Martin, M.D.

Robert Pascuzzi, M.D.

Marcus Randall, M.D.

STRATEGIC OBJECTIVE: BE THE GEOGRAPHIC PROVIDER OF CHOICE FOR CLINICAL CARE

CSF: Recognition by patients, doctors and insurers that coming to IU is beneficial.

- Develop a business plan for each of the following targeted areas:
 - Geriatric patients
 - Female and pediatrics patients (including comprehensive women and children's primary care program, high-risk prenatal program, tertiary pediatric programs, adolescents/young adults program)
 - Cancer patients
 - Cardiovascular patients (include chronic disease management program).
- Develop a work plan outlining county specific growth strategies.
 - Identify areas where more services are needed.
 - Identify opportunities in already served areas.
 - Develop a promotion campaign that leverages other downtown attractions that could help us attract patients.
- Develop a product specific marketing plan to target each of the following:
 - Referring physicians (including strategy to contract with at-risk physician groups)
 - Consumers
 - Employers
 - Insurers
- Survey patients and referring physicians in targeted areas to determine why they aren't coming to IU.
 - Develop and implement plan to remedy problems identified by surveys.
- Use Media Relations opportunities to leverage our areas of clinical strength and increase our referral base.
 - Publicize clinical programs.
 - Exploit "free" publicity (i.e. Lance Armstrong story, Antarctica doctor).
 - Promote IUSM faculty publications and presentations to potential referring physicians.
 - Promote clinical research.
- Determine and support clinical areas of excellence.

CSF: High quality care that achieves the best outcomes in the most cost-effective manner.

- Monitor outcomes.
 - Develop clinical outcomes benchmarks.
 - Measure outcomes.
 - Act on results.
- Reduce errors in medical care.
- Develop chronic disease management programs for:
 - Stroke
 - Diabetes
 - Musculo-skeletal
 - Respiratory

Meet Healthy People 2000 goals in screening and preventive care

STRATEGIC OBJECTIVE: BE THE GEOGRAPHIC PROVIDER OF CHOICE FOR CLINICAL CARE

CSF: Best people.

- Conduct a thorough review of our recruitment and retention strategies.
 - Determine where people are going and why.
 - Develop nationally competitive recruitment and retention packages.
 - Recruit excellent faculty interested in being service oriented clinicians.
 - Improve faculty satisfaction.
- Develop a mentoring program for new clinical faculty.

CSF: Clinical research acclaim.

- Leverage clinical research to enhance the reputation of the IUSM.
 - Improve clinical research infrastructure (detailed actions in research strategic plan).
 - Recognize and reward investigators whose research achieves “acclaim” (for example: return portion of indirects).
 - Track increase in patient and physician referrals due to positive publicity of a clinical trial.
 - Increase community awareness of existing clinical trials.
 - Inform Office of Public and Media Relations of all clinical trial activity.
 - Encourage investigators to participate in media opportunities.
 - Increase ratio of patients recruited over patients contracted for.
 - Develop web capabilities and measure number of website hits for clinical trial information.

STRATEGIC OBJECTIVE: DEVELOP SUCCESSFUL PARTNERSHIPS

CSF: Strong Wishard partnership.

O

- Provide all senior management of Wishard Hospital – Hospital Director, COO, CFO, etc.
- Establish and enforce standards for service, access and faculty presence at WHS venues.
- Encourage Departments to recruit faculty with a career commitment of working in a public hospital, allowing full-time assignment of faculty to Wishard venues.
- Involve Wishard Management Group (WMG) in review of the contract between HHC and the Dean.
- Ensure the WHS Operational Management Council (OMC) functions as a decision-making entity regarding operational issues.
- Develop reporting mechanism for WMG and OMC IUSM/faculty representatives to regularly communicate information to Department Chairs.
- Renegotiate with HHC the amount of money available for specialty services provided at WHS so that the total amount of money available is more congruent with the services provided.
- Participate in the planning and implementation of all WHS renovations and new construction. Examples of upcoming projects:
 - Specialty care center (also ensure it's set up as a hospital-based facility).
 - Inpatient and outpatient OR's.
- Periodically monitor the impact of new Emergency Department on training and clinical activities.
- Coordinate our strategic plan with Wishard's strategic plan.

STRATEGIC OBJECTIVE: DEVELOP SUCCESSFUL PARTNERSHIPS

CSF: Successful Clarian partnership.

- Strengthen Clarian leadership's commitment to the tripartite mission and to the value of the interdependencies of teaching, research and patient care.
- Participate directly in the selection of all leadership positions at Clarian.
- Build IUSM programs so they can lead Clarian in becoming a nationally known regional referral center.
- Join those collaborative interactions among physicians from both campuses that directly enhance and preserve the integrity of IUSM's three missions.
- Encourage Clarian to develop programs for those physicians demonstrating a strong commitment to Clarian facilities.
- Consummate the geographic consolidation of cardiovascular programs on the Methodist campus while preserving the integrity of the academic mission.
- Support continued evolution of the Alliance as the decision-making body within Clarian.
- Coordinate our strategic plan with the Alliance's strategic plan.
- Support People Mover to enhance geographic consolidation and to move physicians, students and trainees between locations.
- Develop mechanism for IUSM faculty to provide meaningful input into Clarian operational and resource investment decisions.
 - Maintain effective representation on Clarian Committees: Marketing, Capital Budgeting, Information Systems, Clinical Performance, Pricing/contracting and Education/research.
- Support making the 16th Street campus a major teaching, research and clinical venue for our trainees and faculty.
 - Ensure free and equal access to patients and referrals at Methodist.
 - Ensure all IUSM specialties are represented.
 - Ensure IUSM specialty services that support consolidated specialties retain patient access after consolidation.
- Ensure that there is reciprocal movement of clinical programs between campuses.
 - Maintain a significant cancer presence on the IU campus.
- Encourage outreach activities (e.g. clinic facilities, small acute care hospitals) initiated by Clarian and Clarian physicians in the greater metropolitan area that support IUSM's three missions.
- Participate in the planning and implementation of all renovation and new construction at Clarian facilities.

STRATEGIC OBJECTIVE: DEVELOP SUCCESSFUL PARTNERSHIPS

CSF: Strong VA partnership.

- Review contractual arrangements with the VA (structured like WHS).
- Provide input into selection of all leadership positions at the VA.
- Establish and enforce standards for service, access and faculty presence at the VA.
- Develop a reporting mechanism to regularly communicate VA Dean's Committee information and issues to Department Chairs.
- Require that all VA clinicians hold IU faculty appointments.
- Participate in the planning and implementation of all VA renovations and new construction.
- Explore opportunities for shared clinical programs.
-

CSF: Other hospital partners.

- Identify potential locations and partners outside the Clarian system.
 - Develop hospital partners in targeted areas of expansion.
 - Scrutinize every partnership to ensure each is beneficial to the School.

CSF: Physician partners.

- Encourage and support Methodist physician participation in all of IUSM's missions.
 - Collaborative clinical research.
 - Clinical program development.
 - Geographic consolidation of clinical services.
 - Offer full participation in educational activities to Methodist physicians demonstrating a strong commitment to education.
 - Develop and enhance educational programs for all physicians, residents and students (e.g. Grand rounds).
- Advance the development of the Physician Organization to facilitate and promote collaboration between physicians on the two campuses.
- Enter into joint ventures with physician groups in targeted areas.
- Develop and promote telemedicine capabilities.

CSF: Other partners.

- Investigate ownership interests in health plans.
- Evaluate entering the MSO business.
- Examine feasibility of selling IUMG – PC claims payment and adjudication services.
- Explore Internet partnerships.
 - Buy domain names (ex: iumed.com).
- Contact potential partners to pursue relationships, carve-outs, and program tailored to their employees' needs (examples: Eli Lilly, Consecro, Roche, area employers, payers, State of Indiana, City of Indianapolis).

STRATEGIC OBJECTIVE: FUNCTION AS A COHESIVE MULTISPECIALTY GROUP PRACTICE

CSF: Leadership and governance.

- Require that the CEO of IUMG-SC carry an Associate or Assistant Dean appointment. (Loss of appointment would result in removal from CEO position).
- Redefine the role and composition of the Executive Committee of IUMG-SC so that it has operational oversight and fewer members.
- Allow CEO of IUMG-SC to approve expenditures of up to \$100,000 without prior approval from the Board of Directors.
- Incorporate performance measures into the IUMG-SC CEO's contract and review performance annually.
-

CSF: Coordinated growth strategies.

- Authorize the practice plan to arrange physician staffing for growth opportunities, including:
 - Working with Departments.
 - Hiring physicians (subject to the approval by the Department Chair and must have an academic appointment).
 - Contractual arrangements (ex: locum tenens, leasing physician time, working with community physicians).
- Develop a decision making process for evaluating growth opportunities and new projects.

CSF: Mutually supportive clinical enterprise and academic missions.

- The CEO of IUMG-SC and the Department Chair will conduct joint performance reviews of physicians employed by the practice plan and of any faculty spending time in IUMG-SC venues.

CSF: Mechanism for advancing the good of the whole.

- Structure new off-campus projects as a joint venture between the practice plan and participating departments with full sharing of revenues and expenses.

CSF: Tightly defined faculty.

- Establish an oversight entity with control over: a) practice mergers, b) movement of services from one campus to another, and c) competition among departments regarding ancillary services each provides.
 - IUMG-SC Executive Committee will serve as oversight entity.
 - Dean will have final approval.

STRATEGIC OBJECTIVE: FUNCTION AS A COHESIVE MULTISPECIALTY GROUP PRACTICE

CSF: Efficient medical system.

- Measure and benchmark clinical operating efficiency. Track the following for IUMG-SC overall:
 - Cost/visit
 - Cost/RVU
 - RVUs / square feet
 - Cost / square feet
 - RVUs / visit
 - % new vs. return patients
 - Overhead as % of net revenue
 - Days in receivables
 - Net to gross collection percentages
 - Collection analysis by financial class
- Adopt systems that enhance patient satisfaction and increase operating efficiency (i.e. common scheduling).
- Evaluate “losing” programs.
- Transition all practice plans to IDX.

CSF: Healthy fiscal performance.

- Increase net collections by 5% per year over the next five years.
- Improve our payer mix to maintain net revenue per unit of faculty effort.
- Improve clinical care margins by improving operating efficiency.
- Offer assistance to Departments who need to enhance the fiscal performance of their individual practice plans.
-

STRATEGIC OBJECTIVE: IMPROVE SERVICE

CSF: Service oriented practitioners.

- Establish and enforce referral provider communication standards.
 - Train physicians to communicate appropriately with referring physicians.

CSF: Service oriented practices.

- Define and enforce standards of care.
 - Improve access to system.
 - Decrease appointment wait times.
 - Simplify appointment scheduling for patients needing to go to multiple departments.
 - Decrease amount of time it takes to provide results to patients.
- Work with facilities to increase number of convenient parking spaces for patients.
- Implement Regenstrief Computerized Medical Record in all Departments and across the system.

CSF: Service oriented employees.

- Provide customer service training programs for all patient care staff.
- Increase the % of our employees who receive their care in the IU system.
- Monitor employee satisfaction and retention rates of patient care employees.

CSF: Web based service.

- Develop web capabilities that allow patients to schedule appointments, refill prescriptions, etc. online.
-

EDUCATION STRATEGIC PLAN

& RECOMMENDED PRIORITIES

PHASE 2 REPORT

Education Subcommittee Members

Richard Schreiner, M.D., Subcommittee Chair

William Baldwin, Ph.D.

Stephen Bogdewic, Ph.D.

William Bosron, Ph.D.

Tal Bosin, Ph.D.

Phil Breifeld, M.D.

Herb Cushing, M.D.

Evan Farmer, M.D.

Rich Haak, Ph.D.

Steve Leapman, M.D.

Deb Litzelman, M.D.

James McAteer, Ph.D.

Rodney Rhoades, Ph.D.

David Smith, Ed.D.

Paula Smith, Ed.D.

STRATEGIC OBJECTIVE: HAVE ALL STUDENTS ENTHUSIASTIC ABOUT THEIR EDUCATIONAL EXPERIENCE

CSF: All students of IUSM enthusiastic with their education.

- **Increase the number of and funding for scholarships.**
- Utilize student evaluations (i.e. LCME Questionnaire, AAMC graduate student survey) as feedback and monitoring tool.
- LCME survey – fix areas that are below average, identify other areas that need improvement, promote areas in which we’re doing well.
- Graduate student and postdoctoral surveys – implement surveys, share results, address areas needing improvement.
- Distribute results of surveys annually to appropriate parties.
- **Improve quality of teaching faculty. Complete the following tasks:**
 - Institute peer review program (pilot in year 1, rollout in years 2-5).
 - Incorporate peer review in Departmental/Unit faculty performance evaluations and in promotion and tenure review.
 - Provide faculty with feedback from student course and faculty surveys.
 - Trend scores of students surveys over 5 years for faculty in lowest 5%.
 - Work with promotion and tenure committee to set standards for adequacy in teaching within the promotion process.
- **Improve resident satisfaction. Complete the following tasks:**
 - **Review salary and benefits against packages of top schools.**
 - Determine the right balance between service or research and education based on internal resident feedback and external RRC standards.
 - Review all curricula against standards and to be sure they are broad and balanced with the right mix of specialty and generalist training, intra/extra-departmental experiences, didactic learning and applied learning, and core curriculum complemented by electives.
 - Create resident survey feedback function within HOWIE.
- **Improve post-doctoral fellow satisfaction. Complete the following tasks:**
 - Review salary and benefits against packages of top schools.
 - Determine the right balance between service or research and education. Review all curricula against standards and to be sure they are broad and balanced with the right mix of specialty and generalist training, intra/extra-departmental experiences, didactic learning and applied learning, and, and core curriculum complemented by electives

STRATEGIC OBJECTIVE: HAVE ALL STUDENTS ENTHUSIASTIC ABOUT THEIR EDUCATIONAL EXPERIENCE

CSF: Ample time for faculty-student interactions.

- **Increase student/faculty quality education contact time.**
- Define ratio of faculty to students for each educational methodology.
- Improve faculty and residents' teaching skills (ex: feedback).
 - Evaluate current system of student evaluations of faculty.
 - Survey learners' perception of faculty and residents as teachers.
 - Develop teaching skills improvement programs for residents.
 - Track resident attendance at programs.
 - Develop teaching skills improvement programs for faculty.
 - Track faculty attendance at programs.

CSF: Excellent student mentoring system.

- Develop a comprehensive mentoring plan for all IUSM students.
 - Inventory current student mentoring activities, including what has been done in past and what has succeeded or failed.
 - Conduct an assessment of student mentoring needs and prioritize results (crucial vs. ideal).
 - Gather feedback by holding focus groups of sample graduating students (each student type represented in own focus group).
 - Conduct an exit survey for all students.
 - Conduct follow-up evaluation after graduation.
 - Disseminate satisfaction surveys to faculty mentors and Dept. Chairs.
 - Determine resources needed.
 - Define mentor qualifications.
 - Match students and mentors by similar interests.
 - Automate processes (ex: tracking, meeting reminders, matching interests with mentors).
 - Have this plan replace the current advising system.

STRATEGIC OBJECTIVE: BE A LEADING SCHOOL IN MEDICAL EDUCATION

CSF: Organization to facilitate excellence in education.

- **Create an Executive Associate Dean for Academic Affairs with the authority and resources to implement the educational mission.**
- **Develop an organizational structure and work plan that set expectations and define responsibilities for the Office of Academic Affairs.**
 - **Develop and implement new organizational structure (see attached org chart).**
 - Perform inventory and needs assessment of the Office of Academic Affairs.
 - Identify needs of Units and match with Office of Academic Affairs expertise.
 - Track educational dollars.
 - Allocate educational space.
 - Oversee linkage of LCME self-study with teaching strategic plan.
 - Annually assess teaching faculty recruitment needs of each Unit.
 - Recommend education representatives to serve on Promotion and Tenure Committee.
- **Create an Office of Medical Education, Research and Development within the Office of Academic Affairs.**
 - Define mission.
 - Survey other schools regarding expectations for comparable offices.
 - Conduct a needs analysis for the Office.

CSF: Adequate well-equipped educational facilities.

- **Develop a plan for educational facilities in order to create and improve IUSM space dedicated to education.** Complete the following tasks:
 - Conduct a needs analysis of educational facilities.
 - Survey educational unit contacts for educational space needs.
 - Measure square feet devoted to education.
 - Identify dedicated space for teaching offices and classrooms.
 - Identify space for a new clinical skills assessment center.
 - Identify teaching space in each hospital.
 - Include space/areas conducive to student mentoring.
 - Assess and improve technological capabilities in all educational facilities.
 - Propose space for a state-of-the-art lecture hall large enough to hold 280 students.
 - Examine feasibility of IUPUI building a larger (minimum 1000 seat) auditorium for campus-wide use.

STRATEGIC OBJECTIVE: BE A LEADING SCHOOL IN MEDICAL EDUCATION

CSF: Adequate, appropriately allocated educational resources.

- **Apply mission based management principles to track the sources and monitor the uses of educational funds.**
 - Track state legislature appropriation.
 - Inform faculty of educational funds flow down to Departmental level.
- **Develop an educational RVU system that tracks and rewards faculty time spent in the teaching mission by measuring outcomes, weighting the relative values of outcomes and allocating educational funds to Units accordingly.**
- **Conduct a study to determine the cost of providing medical and graduate education.**

CSF: High quality educational programs/processes.

- **Implement statewide exams.**
- **Implement competency-based curriculum statewide and throughout all 4 years of medical student education.**
- **Improve educational programs/processes.**
 - Conduct comprehensive quality review of the curriculum and teachers every 3-5 years. Review should address content gaps, competency gaps, new content and competencies to be added, pedagogy (evidence of effectiveness of chosen pedagogy), relative credit hours for courses).
 - Seek funding to fill gaps/targeted areas identified in above review.
 - Create coordinated grant mechanism to support use of information technology in support of learning objectives.
 - Create criteria to demonstrate adequacy in teaching for promotion and tenure decisions.
 - Utilize statewide curriculum database (e.g. CurrMIT).
 - Encourage course use of an electronic course management system (e.g. On-Course).
 - Encourage departmental participation in education not strictly identified within the department.
 - Measure the proportion of faculty by department with significant participation in curriculum council, interdisciplinary courses, and competency teaching and assessment.
- **Teach equivalent courses at all 9 sites (equivalence relates to total credit hours per year and content but not pedagogy and contact hours as we currently count them).**
- **Hold annual statewide course/discipline meetings.**
 - Prepare written reports, including changes, improvements, suggestions and attendance.
- **Integrate basic science concepts into all clinical courses and clerkships.**
- **Integrate clinical problem solving in all basic science course offerings.**
- **Integrate residency programs across Clarian sites.**

STRATEGIC OBJECTIVE: BE A LEADING SCHOOL IN MEDICAL EDUCATION

CSF: High quality educational outcomes.

- Define and measure educational success. Annually track the following (by Unit):
 - National standardized scores (e.g. Board exams, USMLE)
 - National surveys of educational programs
 - Student satisfaction scores of courses and faculty
 - Faculty satisfaction
 - Statewide exam scores by site
 - Competency assessments
 - Recruitment statistics
 - Placement statistics
- Identify Top 25 medical schools and benchmark identified measures against them.
- Participate in campus review of Dean.
- Reviews Chairs/Directors and Units for teaching performance.
 - Set 5-year targets.
 - Track progress annually.

CSF: Quality faculty enthusiastic about their role as educators.

- **Create a faculty development program for IUSM that will provide education and support for teaching career development, teaching methods, peer review, integration of emerging technologies, and opportunities for scholarship and extramural funding.**
 - Develop a system (educational RVUs, mission based management, etc.) that recognizes and rewards faculty time spent in teaching mission.
- Develop explicit criteria to aid faculty in preparing dossiers for promotion and tenure based on teaching excellence. Ensure that Promotion and Tenure Committee understands the criteria and has experience evaluating teaching excellence.

STRATEGIC OBJECTIVE: BE A LEADING SCHOOL IN MEDICAL EDUCATION

CSF: High quality, diverse students.

- **Develop and implement recruitment plan for all students to achieve a diverse and highly qualified student population.**
 - Identify a person responsible for recruiting.
 - Develop a marketing program for top students and URM.
 - Create a briefing packet for faculty.
 - Utilize Center faculty in recruitment.
 - Coordinate recruitment between Admissions, Office of Medical Student Academic Affairs and Financial Aid.
 - Survey current students.
 - Survey students who choose not to attend IUSM to identify factors influencing their choice.
 - Incorporate student survey results into recruitment strategy.
 - Utilize alumni in recruiting process.
 - Demonstrate to applicants a commitment to education.
 - Pay special attention to top applicants and URM (meet Dean, timely financial aid information, time with faculty).
- Increase the number of and funding for scholarships.
- Create a medical scholars program in order to increase our ability to recruit outstanding students and improve our overall reputation.
- Incorporate additional criteria into medical admissions process that would be helpful in predicting success of applicants under the competency-based curriculum.
- Review IUSM's political mandates regarding class size, in state and out-of-state student requirements, and diversity expectations.
 - Include assessment of compatibility of requirements with SOM and State needs (especially scholars, M.D./Ph.D., URM, primary care).

CSF: Maximum realization of our students capabilities.

- Develop policies to facilitate individualized learning plans.
- Utilize innovative learning methods across Units over all four years (traditional, PBL, computer, scholar, researcher, service, advanced).
- Develop methods, courses and options for remediation.
 - Identify a program manager and faculty director responsible for all remediation efforts.
- Provide unique opportunities (ex: 4th years teaching 1st years).
-

STRATEGIC OBJECTIVE: BE A TOP INNOVATOR OF MEDICAL EDUCATION

CSF: Adequate educational resources.

- Increase philanthropic support as well as applications for external funding opportunities in order to support and enhance the educational mission.
- Provide start up funding for faculty to pursue innovative educational activities.

CSF: Cadre of skilled, dedicated and innovative educators.

- **Recruit necessary number of educators based on teaching expertise, scholarly activities, and ability to seek and receive educational extramural funding.**
- Seek and promote junior faculty for training and development in educational innovation.
 - Create an educational scholars program for junior (and senior) faculty.

CSF: Educational research.

- Develop an integrated core of specialists in educational research.
- Develop a scholarly research agenda for medical and graduate education.
- Increase scholarly products.
- **Better utilize information systems to track and assess teaching and learner outcomes.**
 - Inventory systems available (i.e. admissions, patient and outcome data).
- Disseminate educational innovation locally and nationally.

RESEARCH STRATEGIC PLAN
& RECOMMENDATIONS

PHASE 2 REPORT

Research Subcommittee Members:
David Crabb, M.D., Subcommittee Chair
David Burr, Ph.D.
Wade Clapp, M.D.
Len Erickson, Ph.D.
Martin Farlow, M.D.
Robert Harris, Ph.D.
Michael Koch, M.D.
Ora Pescovitz, M.D.
Michael O'Connor
Alan Sawchuk, M.D.
Donald Schwauwecker, M.D.
David Smith, Ed.D.
Rex Stith, Ph.D.
Douglas Zipes, M.D.

**STRATEGIC OBJECTIVE: INCREASE QUALITY AND IMPACT OF RESEARCH AT
INDIANA UNIVERSITY SCHOOL OF MEDICINE**

CSF: Infrastructure to support the research mission.

- **Identify responsibilities and provide infrastructure (space, support staff, funding for the Associate Dean for Research.**
 - See attached organizational chart of functions.
 - Additional responsibilities of the position: coordinate recruitment of research faculty between sites and disciplines, oversee research compliance, assist departments in improving NIH ranking, develop creative ways to reward collaboration.
- **Create a Research Development Committee to advise the Associate Dean for Research and the Dean on research opportunities for the IUSM.**
 - Identify strategic areas of research opportunities.
 - Establish mechanism for coordinating faculty to respond to funding opportunities.

CSF: Increased extramural funding.

- **Increase number and quality of NIH grant proposals submitted and accepted.**
- **Increase philanthropic support of Chairs/Professorships, Laboratories and Buildings.**
- **Pursue and increase other sources of extramural support (clinical trials, tobacco settlement money, foundation funding, 21st Century funds, technology transfer, VA, NSF, etc.).**
- Increase foundation funding.
- Obtain 21st Century funding.
- Obtain tobacco money to support cardiovascular, pulmonary and cancer research.
- Develop and participate in technology transfer and partnerships with industry.
- Utilize the Development Office and Office of Public and Media Relations to improve research visibility and reputation.

CSF: Highly qualified research faculty who will develop and maintain robust research programs.

- **Recruit exceptional research faculty who will bring funding.**
- **Retain productive/successful faculty researchers.**
- **Identify and develop young researchers capable of becoming productive faculty researchers.**
- Provide appropriate bridge funding between grants.
- Increase amount of salary funded by grants.
- Develop incentives to promote research (ex: salary savings, indirect cost recovery return, supplemental income).
- Develop a research mentoring program.

**STRATEGIC OBJECTIVE: INCREASE QUALITY AND IMPACT OF RESEARCH AT
INDIANA UNIVERSITY SCHOOL OF MEDICINE**

CSF: Adequate well-equipped research space.

- **Develop a long-term plan for the review, allocation and procurement of research space and infrastructure (animal facilities, major instrumentation and Core labs).**
 - Inventory research space.
 - Evaluate animal facilities.
 - Include 5-year plan for growth through construction and renovation.
 - Develop 5-year plan for core research facilities.
 - Develop guidelines for space allocation.
 - Inventory research equipment.
 - Survey departments and divisions regarding space needs.
- **Evaluate service needs and upgrades.**
 - Need for emergency power supplies.
 - Cleanliness and upkeep of facilities.
 - Efficiency of purchasing system.
 - Repair response time for major building systems (HVAC, etc).

CSF: Accountability for the use of research resources.

- **Measure research performance of the Dean, Associate Dean for Research, Chairs, Medical Education Center Directors, Research Center Directors and all Units** by the following measures: NIH rank, research funding per square foot laboratory space, # of publications, quality rating of publications, # of grant proposals, # grant awards, grant success rate, \$ extramural funding, # personnel/technicians per square foot, and unfunded research FTEs vs. funded FTEs (excluding young faculty for 1st 3 years).
 - Use measures to make decisions in areas such as space allocation, Department/Unit reviews.
- **Adopt mission based management principles to track the sources and monitor the uses of research related funds.**
- **Scrutinize the flow of indirect costs into and out of the School.**
 - % and breakdown of Bloomington indirects.
 - % and breakdown of IUPUI indirects.
 - % and breakdown of IUSM indirects.
 - Track over 5-10 year period.

STRATEGIC OBJECTIVE: INCREASE QUALITY AND IMPACT OF RESEARCH AT INDIANA UNIVERSITY SCHOOL OF MEDICINE

CSF: Integrated research programs.

- **Facilitate inter-departmental research efforts including awarding proper credit to collaborators and developing joint training grants.** Complete the following tasks:
 - Facilitate research efforts between Research Centers, Departments and Medical Education Centers; Basic science and clinical departments; Basic science and basic science departments; Clinical departments; and Medical Education Centers with Indianapolis.
 - Create a forum for research representatives from clinical and basic science departments, Medical Education Centers and Research Centers to share relevant research information.
 - Develop a system that properly awards credit for all investigators.
 - Promote development of joint clinical/basic science research training programs and facilitate them getting training grants.
- Create a research environment that supports and enhances all missions of the IUSM.
- Disseminate research information (i.e. resources, interest, etc.) to faculty.
 - Consolidate information on the Internet and develop links to the website.
 - Inventory existing research databases.
 - Create central repository of research information.
 - Identify funding opportunities.
 - Explore development of web-based bulletin board.
 - Publish a compendium of who does research on campus.
 - Improve use of Scientific Calendar.
- Improve participation in the Scientific Session. Ideas include:
 - Hold same day as Beering Lecture.
 - Present Dean's "Annual State of Research" speech.
 - Provide workshops for new investigators.
 - Offer research topics that appeal to a wider audience.
 - Evaluate Committee structure and provide staff support to ensure consistency from year to year.
- Identify funding sources to support clinical fellows research time.
 - Develop a list of all funding sources for fellows and guidelines for who submits.
- Develop a committee to oversee curriculum of research trainees.
- Define research role of Centers for Medical Education.
 - Start-up packages.
 - Promotion and tenure.
 - Performance expectations for Center faculty.
 - Recruitment coordination with basic science departments and research centers.

STRATEGIC OBJECTIVE: INCREASE QUALITY AND IMPACT OF RESEARCH AT INDIANA UNIVERSITY SCHOOL OF MEDICINE

CSF: Enhancement of existing nationally recognized research Centers of Excellence.

- Target increased funding for research and training in our Centers of Excellence.
- Promote the research Centers of Excellence through the Office of Media and Public Relations.
 - Assign a contact/liaison to each research center.
- Consolidate geographically dispersed research centers/programs.
- Coordinate faculty recruitment among Departments, Medical Education Centers and Research Centers.
 - Develop a model for joint recruitments by Departments, Med Ed Centers and Research Centers – perhaps based on model currently followed by Departments and Research Centers.

CSF: Collaboration (internal and external) and technology transfer.

- Develop partnerships with industry through expanded relationship with ARTI.
 - Increase amount of venture capital and industry funding.
- Collaborate with other schools (i.e. IU, Purdue, Rose Hulman, IUPUI).
- Develop and implement a Collaboration Task List to include:
 - Involve state and local government in developing new opportunities, technology, jobs and training.
 - Foster business contacts with organizations that currently support the IUSM.
 - Establish a forum for academic institutions within the state to identify areas for collaboration and use of shared resources.
 - Allocate \$ awarded from new ventures to investigator, department and school to reinvest in the development of the research enterprise.

STRATEGIC OBJECTIVE: INCREASE QUALITY AND IMPACT OF RESEARCH AT INDIANA UNIVERSITY SCHOOL OF MEDICINE

CSF: Capacity for patient-oriented research.

- Increase clinical trials activities by identifying and supplying centralized support functions, training faculty/coordinators in the conduct of trials, and increasing the space available.
Complete the following tasks:
 - Reduce time from IRB submission to approval.
 - Provide contracting assistance.
 - Track time from contract submission until negotiation concluded and contract signed.
 - Provide biostatistics support.
 - Increase the number of investigators who use electronic research administration.
 - Track number of researchers using electronic networks to identify patients for trials.
 - Increase ratio of patients recruited over patients contracted for.
 - Track marketing dollars available from University and trial sponsor.
 - Develop web capabilities and measure number of website hits for clinical trial information.
 - Utilize CRC.
 - Develop clinical trial training curriculum to train faculty and staff in conduct of clinical trials.
 - Increase space for clinical trials coordinators and patient encounters.
- Evaluate and potentially restructure the OCRF.

CSF: High quality post-doctoral fellows, graduate students, and technical staff.

- Attract graduate students and post-doctoral fellows.
 - Implement IUSM joint recruiting program for graduate students and post-docs.
- Improve the quality and retention of technicians, graduate students, and post-docs through recruitment, review of salary and benefits, and professional development programs.
 - Develop training grants and programs for all trainees and technical staff.
 - Develop a database to track trainee information.
 - Perform salary survey for trainees and techs in other academic institutions and industry.
 - Evaluate benefits packages for all trainees and technical staff.
 - Restructure benefits for NRSA awardees and remedy disincentives to going on training grants.

Clinical Team Recommendations to Achieve Cohesive Multispecialty Group Practice

The intent of this set of recommendations is to put forth principles that will serve the greater good of the faculty/IUSM by moving the clinical mission to a level above that of the individual Departments operating alone.

1. The practice plan may hire physicians, subject to approval by the Department Chair, and all such physicians must have an academic appointment.

The CEO of the practice plan will be responsible for accomplishing many of the actions and objectives in our strategic plan, specifically those related to growth and market opportunities. There are several factors that will be critical to the CEO's ability to achieve those objectives, one of which is the ability to hire physicians. An example of this is if IUMG-SC identifies a project beneficial to the practice plan as a whole and asks an individual department to participate. If the department is either unable or unwilling to provide faculty support, the practice plan would have the authority to hire needed physicians to meet the need/opportunity. The Department would always be given the first right of refusal to participate by providing existing faculty support or hiring new faculty. If the disagreement pertains to the quality of a proposed faculty member, the practice plan will defer to the Department Chair.

Physicians employed by the practice plan will be required to have an academic appointment and be approved by the Department Chair in order to serve and fulfill the academic mission. This academic appointment signifies that all faculty, including those nested within IUMG-SC, accept the importance of the tripartite academic mission. As such, they will teach and they will host trainees in their practice. They will also be facilitatory toward research. Though it is unlikely that they will conduct investigator-initiated research per se, they will have the opportunity to aid in patient recruitment for clinical trials. The Department Chair will evaluate the contribution of these faculty in particular in terms of teaching and research.

An alternate option for the practice plan or the Departments would be to enter into contractual arrangements with physicians to provide necessary services. Contractual arrangements could include locum tenens, leasing physician time, or working with community physicians.

2. The practice plan and the departments will conduct joint performance reviews of physicians employed by the practice plan and of any faculty spending time in IUMG-SC venues.

Physicians employed by the practice plan will report to both the CEO of IUMG-SC and the Chair in the department in which they hold an appointment. The CEO of IUMG-SC will have responsibility over the clinical activities of the faculty member. The Department Chair will have responsibility over the teaching and research activities of such faculty members. Other faculty members (employed by the Department) will also spend time practicing in IUMG-SC venues. Their performance in these venues will be evaluated by IUMG-SC and communicated to the Department Chair as part of the annual evaluation of faculty and as part of compensation determination.

The clinical care team agreed that the faculty practice plan must have the ability to replace or remove, for cause, department faculty members who are seeing patients at practice plan venues. Equally important, however, is that due process is followed in making these determinations, including documenting problem areas/instances and reporting concerns to the Department Chair. It is recommended that a Professional Standards Review Committee be created to provide a peer mechanism review function to hear these cases and make recommendations to the Department Chair as to whether this faculty member should be removed/replaced from the practice plan venue. Issues taken in front of Professional Standards Review Committee would relate to a wide range of clinical activities, including physician behavior, level of care, and physician priority.

It will be critical that IUMG-SC and the Departments work closely together to coordinate the overall efforts of the faculty – regardless of which entity is the primary employer. The interaction between the CEO and each Department Chair will be different, and it is impossible to know exactly how the joint performance reviews will evolve. Although this recommendation gives the bulk of the authority for clinical activities to the practice plan, the intent is not to remove the Chairs from providing and feedback relevant to clinical activities. The Chairs play a key role in looking at the whole picture of the Department and ensuring that the faculty are fulfilling all of the Department’s missions.

3. The practice plan will retain the clinical revenue generated by the physician faculty members they employ.

If the practice plan is bearing the expense of hiring the physician, it follows that it should receive the revenue generated by his/her clinical activity. In instances where this person also does some teaching, a question may arise of whether the Department is expected to compensate them for the teaching. IUMG-PC has tackled this issue. By virtue of being part of an academic setting, it is expected that the physicians employed by IUMG-PC may spend at least a small portion of time teaching (depending on the type of teaching).

IUMG-SC physician employees would not receive any extra compensation earmarked for the minimal percent of their time spent on teaching because this is part of their commitment to the tripartite academic mission. If the time spent on teaching or other non-clinical activities became considerable, an arrangement might be worked out with the Department whereby some compensation might come from the Department.

NOTE: IUMG-PC has implemented recommendations 1, 2, and 3 (or ones similar) with the Departments of medicine, Pediatrics, OB/GYN., and Family Medicine.

4..The CEO of IUMG-SC will hold an Assistant or Associate Dean appointment.

This provision is already in place; however, the clinical care team felt it was important to include it in these recommendations as an example of the tether between IUMG-SC and the School of Medicine. It is also important to clarify that the CEO of IUMG-SC must maintain a Dean’s appointment in order to serve in a role as CEO. The Board may either remove the CEO directly or the Dean may remove his/her Dean’s appointment, either of which would necessitate hiring a

new CEO. In addition, in order to prevent any conflicts of interest, the clinical care team recommends that the CEO be prohibited from receiving any salary from Clarian.

5. The role and composition of the Executive Committee of IUMG-SC should be redefined so that it has operational oversight and fewer members.

This recommendation is intended to provide speed, simplicity and authority to allow meaningful decisions to be made without having to take all of them before the Board. The by-laws establish three governing/decision-making entities within IUMG-SC: the Board of Directors, the Executive Committee and the Officers. The Executive Committee no longer meets; the Officers have assumed that role.

In order to clarify and simplify the layers in the approval process, the clinical care team recommends that an Operational Executive Committee be redefined. The Operational Executive Committee would consist of the following seven members: The Chair, Vice Chair, Treasurer, Secretary, CEO of IUMG-SC, one at-large Board member, and the Associate Dean for Clinical Affairs. It is recommended that the Operational Executive Committee would meet frequently, perhaps weekly, as the Officers have been doing. The Board of Directors would continue to meet monthly. This would require a by-laws change. It is also important to note that this is not intended to take away the voice of the faculty by proposing to decrease the number of members on the Executive Committee.

In discussing the composition of the Executive Committee, the issue of the Associate Dean for Clinical Affairs also serving as an Executive Vice President for Clarian was raised. The clinical care team agreed that the potential for conflicts of interest needs to be monitored vigilantly. IF the faculty practice plan should ever perceive that a conflict of interest is present, the practice plan should take that matter to the Dean. The practice plan could either request that the Dean replace the Associate Dean for Clinical Affairs on the Executive Committee or temporarily remove him/her from participating in the issue at hand. As a side note, the Associate Dean for Clinical Affairs is an ex-officio member and does not exercise a vote.

6. The CEO can approve expenditures up to \$100,000 without prior approval from the Board of Directors.

The by-laws give the Board of Directors the discretion to determine check signing and expenditure authority of IUMG-SC management. The intent of this recommendation is to give IUMG-SC management more flexibility and financial discretion. It is a symbol of the CEO's authority to run the operation. As a reference point, IUMG-PC does not require pre-approval by the Board until expenditures exceed \$250,000.

7. The Board of Directors will incorporate performance measures into the CEO's contract.

Currently the by-laws call for the Board to review the CEO's performance on a biannual basis. This should be changed to an annual performance review. The Board and the CEO both need to have a clear set of expectations and parameters. The CEO should have performance targets and goals in the following areas: financial, contractual, operational, programmatic and marketing.

8. The Board of Directors and IUMG-SC management will develop a decision making process for evaluating growth opportunities and new projects. Any new off-campus project initiated by the practice plan will be structured as a joint venture between the practice plan and participating departments and all revenues and expenses will be shared.

The need for this recommendation became clear when we started discussing whether we should have a Northside presence. The discussion focused on whether a new facility should be a single program (i.e. cancer) facility, a multispecialty “common storefront” practice, or combination thereof, rather than on how to decide whether to go to the Northside in the first place.

Clinical care team members thought of this in three components. The first necessary component is strong management who has the confidence of the Departments. The confidence will be gained over time as management demonstrates success and as the Board gives management the authority to run the operation.

The second necessary component is an effective information gathering and decision making process that utilizes market and financial data to evaluate potential opportunities. IUMG-SC management and staff should be responsible for developing a business plan with projections and evidence of feasibility for each potential opportunity. Before a project is undertaken and committed to by Departments, the IUMG-SC Board of Directors should be responsible for setting performance measures, including a default mechanism that allows Departments to stop participating in projects that are losing money after a specified time.

The third necessary component is a mechanism to bind the interests of the practice plan and the Departments so that each has a stake in upholding their commitments. It was generally agreed that a major problem in the current arrangements is the lack of financial integration, in sharing both downstream revenues and operating expenses. The clinical care team recommends that any new off-campus project initiated by the practice plan be structured as a joint venture with one pot of money, separate from all other projects and joint ventures, that is shared between the practice plan and participating departments. The practice plan would be contributing money as one of the partners, which would ensure that all departments are essentially involved. This is important as some Departments who do not participate in the joint venture could still receive downstream benefits from referrals to campus. They believe that financial integration is the only way to reward all participating departments (i.e. even those who are “loss leaders”) and create the vested interest needed to ensure full Departmental commitment and participation.

It is important to clarify that this is not intended to impede or replace departmentally initiated entrepreneurial ventures. For example, if one or two Departments wish to initiate a project, they may continue to do so. It is expected that the Departments will comply with the existing requirement that they notify the practice plan of their intent. (Note: There needs to be improved enforcement/compliance with the requirement to notify the practice plan.) If the practice plan believed the Departments were entering into ventures that were not in the best interests of the School, and the Departments disagreed, the practice plan could appeal to the Dean.

9. IUMG-SC members will adopt systems that enhance patient satisfaction and increase operating efficiency.

The intent of this recommendation is to identify practices that will enhance patient satisfaction and increase operating efficiency without harming the Departments. One example discussed was a common scheduling system. The common scheduling system means physician scheduling on IDX that will allow adjacent appointments to be easily scheduled for patients. It does not mean total centralization of appointment scheduling.

10. The Board of Directors should set aggressive targets for fiscal performance.

After extensive discussion of the reasons we provide clinical care and why we wish to increase clinical services, the clinical care team recommends the following goals.

- Increase net collections by 5% per year over the next five years.
- Improve payer mix in order to maintain net revenue per unit of faculty effort.
- Improve clinical care margins by improving operating efficiency.

Additional Items:

The clinical care team acknowledges that there is the potential to create tension between the practice plan and the Departments by giving the practice plan hiring authority. Scenarios can be described that put either party at a disadvantage. In light of the potential tension, we will be dependent on reasonable people to work out solutions, which benefit all parties to the greatest extent possible. The hope is that we will build partnerships that leverage each other's respective strengths and make the whole system better.

The clinical care team recommends that membership on the IUMG-SC Board of Directors is reviewed and that the CEO of Clarian no longer serves on the Board.

[Return to the table of contents](#)