

College of Medicine Strategic Planning Executive Summary

June 30, 2006

1. *Statement of strategic intent*

It is the intent of the UIC College of Medicine to be among the top three public academic medical centers in the U.S. by 2020 as judged by its clinical reputation, research acumen, and the quality and unique features of its educational programs. Building upon its outstanding research, geographic location, its partnerships, its strong public service mission, and its commitment to translating science to clinical care; the UIC College of Medicine is ideally positioned to make significant contributions to the betterment of lives through disease prevention, treatment and cure.

2. *Mission statement*

To produce new knowledge in the medical sciences, develop best practices in health care delivery, and educate the next generation of physicians and biomedical scientists committed to serving the needs of Illinois and the nation.

For the UIC College of Medicine, this mission is guided by the following **values**:

- **Excellence everywhere** - in research, education and clinical work.
- **Collaboration with all** who can advance our mission at UIC and UIUC, the medical district and other institutions world wide.
- **Diversity- in all its forms** from students, to areas of research to collaborative partners- as a means to a higher quality of health care for all.
- **Innovation and Translation** of new knowledge and new approaches to disease and health care delivery.
- **Integrity and Commitment** to the people we work with as patients, research subjects, communities and our own students, faculty and staff.
- **The Promise of Hope** for our patients and supporters by striving toward cures for diseases that have plagued humankind for millennia.

3. *Summary of planning process*

This strategic plan was developed over an 18 month period through June of 2006 with multiple meetings of the college leadership, focus groups, smaller planning groups, multiple presentations to the faculty with feedback and though meetings and a retreat between the faculty and the medical center administration. In October of 2005, a two-day planning retreat was held that included all representative leadership from the College and the UIC Medical Center. In July and August of 2006, we will be site visited by three distinguished figures in the field of academic medicine. We will submit our plan for their critical review and assessment. The reviewers are Dr. Jordan Cohen, former president of the Association of American Medical Colleges, Dr. Eugene Feigelson, Dean of the College of Medicine at SUNY Downstate Medical Center, and Dr. Alfred G. Gilman, Nobel laureate and Dean of Medicine at UT-Southwestern.

4. *Vision*

The UIC College of Medicine will be among the top three public academic medical centers in the U.S. by 2020. We will be distinguished by our expertise and commitment to both rural and urban health solutions locally and worldwide. We will become a world leader in producing physicians, scientists and educators who have expert knowledge and understanding of the intricate complexity of culture, society and health needed to work successfully with individuals and communities toward disease prevention, treatment and cure.

5. *Critical factors determining success (environmental/competitive analysis highlights)*

In order to achieve this vision, however, the UIC College of Medicine will need to address a number of issues within both its external and internal environments. In the external environment, academic health centers (AHCs) face an increasing loss of clinical market share with an estimated 70% of AHC services

now available at community hospitals. The UIC College of Medicine prides itself on its urban, public service mission while it struggles with its clinical payer mix that includes a high percentage of under-insured and uninsured patients. The UIC College of Medicine currently lacks particular brand identification and reputation critical to achieving its vision. Within the internal environment, efforts to develop stronger partnerships between the College and Medical Center as well as among all the health science colleges and UIUC are imperative. To garner reputation, remain competitive, and increase market share, and create a climate conducive to the translation of research to clinical care, the healthcare system must work in an integrated fashion to achieve required levels of efficiency, financial viability, and customer service.

In light of these factors and the UIC College of Medicine's intent, the following goals have emerged from the strategic planning process:

6. *Strategic goals*

1. **Create a unique and excellent brand name identity by establishing five focus areas of clinical translational research where UIC is Best in Class in Chicago, the state or the U.S, "Focus on Five:"** The five focus areas are Cancer, Neuroscience, Women's Health, Cardiac and Pulmonary Diseases, and Transplant Medicine and Obesity. As outcomes, we will attain ranking in US News and World Report in the five focus areas; ranking in Chicago magazine and other national listings of best doctors, NIH and other external funding in our focus areas, and moving to the top tier of medical schools by NIH rankings by moving up from 48 to 40 by 2010 and to 34 by 2015. We will need to work with the healthcare system to create significant improvement in customer service.
2. **Forge robust collaborative partnerships with UI Hospital, the Health Science Colleges, UIUC, the College's regional sites, and the Illinois Medical District toward a more comprehensive group practice:** The outcome by 2010 will be that the College works more closely with UI Hospital and all Health Science Colleges. We will expand group practice revenue to \$175M, and volume at the Medical Center and three strategic satellites. We must create a Westside Medical District Consortium with Rush, Stroger Hospital, the VA, and other Community-Centered Health Programs for research and education.
3. **Diversify and expand our funding base:** We will double clinical research funding in ten years (2016). Program project grants and federally funded training grants also will increase by 50%. We will generate \$250M in philanthropic support between the College and Medical Center, increase grant funding from the private sector, and realize a tenfold increase in revenue from intellectual property and commercialization.
4. **Develop Infrastructure for Clinical Research:** We will have a federally funded cancer center and clinical translational research center and will have a fully operational clinical trials office. Additionally, the COM will be home to four new nationally prominent centers: Urban Health, Rural Medicine, Women's Health, and Patient Safety Institute.
5. **Strengthen Education Mission and Faculty Development:** We will establish educational learning communities for medical students and residents and be graduating the country's most sophisticated students in cross-cultural sensitivity, with knowledge and skills in developing health care delivery responsive to community needs and values. We will connect our college with a local Math and Science High School, increase MD grads with MA, MPH, or PhDs, and increase National Academy membership to at least 10. Finally we will develop nationally known educational-consultation company (universitydocs.com) with distant learning and telemedicine within U.S, India, China and Africa.

In addition to these five primary strategic goals, we have also formulated several "stretch goals" designed to enhance the primary goals and potentially redesign the fundamental organization of the College of Medicine. Although not commitments, given changing environments and needs, we feel these goals are worth consideration. The Stretch Goals are:

1. **A U of I Statewide Physician Group: "Illinois Care" (I-CARE)** to create brand name recognition for our physician group, leverage network strength with insurance and managed care

companies, focus on health maintenance and disease prevention, and distinguish our group by working with schools and communities.

2. **A Comprehensive Telemedicine and Distance Education Program** to leverage our relationship with rural hospitals, create delivery of health care consultation to rural communities throughout the U.S and world-wide, and develop mixed model (i.e. online and onsite) educational offerings internationally in areas of our clinical and educational strengths including both degree and certificate programs.
3. **A Strong Formal Medical School Affiliation in the Illinois Medical District** for IMD to use the combined intellectual and health care resources of the medical district to develop joint educational, research and clinical offerings in select areas that can effectively compete with the two dominant academic medical centers in Chicago.

7. Purpose of the plan

The UIC College of Medicine is committed to the implementation of goals set forth in its strategic plan. We view the plan as a dynamic roadmap that creates objective, measurable action steps within which strategic management decisions and resource allocations will be made. Given limited resources, any investment capital must be directed toward initiatives within the five strategic focus areas and must support translational research.

8. Call to readers and/or stakeholders for participation

The UIC College of Medicine has tremendous opportunity to be among the nation's premier academic medical centers. Through the clear articulation of a strategic plan and vision, we hope to inspire commitment and dedication to achieving this vision through our faculty, leadership, and partnerships. We continue to work toward a strong national reputation and recognition as the State of Illinois' flagship medical school.

**UIC College of Medicine
Strategic Plan 2005-2010
June 30, 2006**

MISSION

To produce new knowledge in the medical sciences, develop best practices in health care delivery, and educate the next generation of physicians and biomedical and physician scientists committed to serving the needs of Illinois and the nation.

VISION

The UIC College of Medicine aspires to enhance its national and international visibility as a major research intensive medical college deeply connected to the fabric of a thriving multicultural city and state and driven towards finding solutions to urban and rural diseases and their prevention, and to the biomedical adaptations needed to pursue optimal health and well being of its patients.

2020 VISION

The UIC College of Medicine will be among the top three public academic medical centers in the U.S. by 2020. We will be distinguished by our expertise and commitment to both rural and urban health solutions locally and worldwide. We will become a world leader in producing physicians, scientists and educators who have expert knowledge and understanding of the intricate complexity of culture, society and health needed to work successfully with individuals and communities toward disease prevention, treatment and cure.

To become among the premier public academic medical centers in the United States by the year 2020, the UIC College of Medicine (UICCOM) will better leverage its assets and its statewide college network (i.e., Peoria, Rockford, and Urbana) and build on existing local relationships to develop a functional Westside Medical District (WMD) consortium with its neighboring institutions: Rush University, Stroger Hospital, the Jesse Brown VA, and other community-centered health programs. This consortium will take advantage of geographic proximity, unique institutional strengths, economies of shared resources, and enhanced visibility and prestige inherent in such joint efforts. Additionally, the UICCOM's statewide campus network provides further opportunities for regional linkages, program development, and enhanced support from the state and other entities.

The WMD consortium will be a key factor across each of our three missions, thereby creating a clinical environment that attracts new patients and provides them with valuable, first-rate services, forming a critical mass of researchers and research subjects for clinical studies, and strengthening and broadening our educational programs. To develop this consortium, UICCOM will implement a strategic plan to enhance our strengths in education, research, and service to patients and community. We will concentrate on developing the excellence of the UICCOM in conjunction with development of inter-institutional affiliations based on the principles of mutual interests, increasing efficiencies, and reducing duplications as we prepare to affiliate.

In addition to offering state-of-the-art programs in all areas of clinical specialty, we will focus our research initiatives on a number of key areas of excellence with the greatest potential for basic science-clinical integration and academic distinction. This “Focus on Five” will include: 1) Cancer, 2) Neuroscience and Neurodegenerative Diseases, 3) Women’s Health, 4) Transplant Medicine and Obesity, and 5) Cardiac, Vascular, and Pulmonary Diseases. We expect to have at least a dozen topical areas within these focus areas where we have the number one program in Chicago, the state, or the country. A closely related factor is the need to create a strong brand identity for the UICCOM and Medical Center. Brand identity is an important factor related to reputation, development, and philanthropy. To achieve this, we will build a solid, consistent framework within the strategic plan across research, service, and education that will include the following key elements:

Research

- We will develop a National Institutes of Health-funded Clinical Translation Research Center (CTRC)¹ to provide the infrastructure to foster interdisciplinary collaboration within the above focus areas and allow the true translation of basic science research to medical care, education, and betterment of community health.
 - Within the CTRC framework, we will maximize our statewide and medical center networks to achieve National Cancer Institute designation as a comprehensive cancer center.
 - The College’s Peoria site has outstanding, prominent research in cancer biology. Peoria will achieve distinction in this area and serve as an important hub in the statewide comprehensive cancer center network.
 - We will develop information systems, training programs, and clinical processes required to promote and facilitate translational research and inter-disciplinary interactions.
- Although the CTRC and Cancer Institute are important foci of the research enterprise, existing strengths in basic science research programs will be crucial building blocks as linkages to the focus areas. For example, outstanding basic science programs in cardiology and pulmonology will form a solid foundation for clinical translation.
- The Medical District Consortium will also play an integral role in providing the critical mass of patient populations needed for large NIH studies and to be in the forefront of new drug treatments for cancer and other major diseases.

Service

- We will fulfill to a greater extent our public mission in the design of efficient health care systems and in providing clinical care to the public, while remaining financially viable through judicious and well-crafted alliances with community-based programs, including Federally Qualified Health Centers.
- We will strengthen the partnerships among UICCOM, UI Medical Center, and UIC Health Science Colleges to improve each entity’s financial position and investment

¹ This is a National Institutes of Health Clinical and Translational Science Award.
<http://www.ncrr.nih.gov/clinicaldiscipline.asp>

capital by focusing on operational efficiencies, customer service, clinical productivity, and new business development. We will work with our partners in the Medical District Consortium to optimize patient volumes across institutions based on our individual strengths, patient base, and areas of expertise.

- We will work with the entire UIC campus, including the other Health Science Colleges, to create an institute for patient safety that focuses on the delivery of safe medical care, coordinating and fostering patient safety research activities, and expanding educational efforts through simulation-based and global distance education strategies.
- The planned new clinical tower of the UI Medical Center will be essential in enhancing patient care, improving the financial position of both the Medical Center and UICCOM, and development of strategic interactions with our Medical District Consortium partners.

Education

- We will make it a top priority to obtain the capital for much needed improvements in the existing physical facilities for education.
- We will develop cutting edge teaching methods in key areas, including urban and rural health and technology (i.e., distance education and telemedicine). Consistent with UIC's urban mission, UICCOM's Urban Health program will be a critical element of our education programs.
- Because UICCOM has four regional sites that provide a tremendous opportunity to take advantage of the strong University of Illinois brand outside the City of Chicago, we will build upon the already premier rural health programs and infrastructure to support distance education and telemedicine.
- At the regional sites, Rockford will continue its development of a National Center for Rural Health Professions and become the leading rural medicine research and education program in the U.S. Urbana will also strive to have the top Medical Scholars program in the country, producing top quality multi-disciplinary scholars with joint MD/PhDs, MD/JDs, and MD/MBAs.
- Strong faculty development in teaching/learning activities will be crucial to the success of this strategy.
- We will plan and seek to develop an international educational program that combines onsite and distant learning and degree certificate programs.

The 2020 vision will focus the development of strategic thrusts within UICCOM's tripartite mission of education, research, and service that complements that of the university, campus, and Medical Center, and provides the greatest potential to achieve distinction as being among the premier urban U.S. academic medical centers by 2020. This distinction as an academic medical center as well as prominence in the five focus areas will create opportunities for accelerated development and fundraising efforts as philanthropy and development funds become an increasingly important element of UICCOM's financial portfolio. Intellectual property and biotech start-up companies will also constitute an important component of this plan. This overall approach creates the strongest possibility to develop true interdisciplinary/multidisciplinary teams that can elevate the UICCOM to the next level. To secure this future, excellence is the only option.

UNIVERSITY OF ILLINOIS AT CHICAGO COLLEGE OF MEDICINE – THE SETTING

Through our four locations, the UIC College of Medicine is improving the quality of life around the state in Chicago, Rockford, Peoria, and Champaign-Urbana.



UICCOM Overview

- Four sites – Chicago, Peoria, Urbana, and Rockford
- 2,700 students and trainees
- 800 full-time faculty
- \$70M state appropriation and tuition
- \$100M+ clinical operation
- \$120M+ grant expenditures
- \$350M annual operating budgets

UICCOM Guiding Values

- **Excellence everywhere** - in research, education and clinical work.
- **Collaboration** with all who can advance our mission at UIC and UIUC, the medical district and other institutions world wide.
- **Diversity** - in all its forms from students, to areas of research to collaborative partners - as a means to a higher quality of health care for all.
- **Innovation and Translation** of new knowledge and new approaches to disease and health care delivery.
- **Integrity and Commitment** to the people we work with as patients, research subjects, communities and our own students, faculty and staff.
- **The Promise of Hope** for our patients and supporters by striving toward cures for diseases that have plagued humankind for millennia.

The Environment: The State of Academic Health Centers

A detailed comparative analysis of the current state of UICCOM and other prominent academic health centers – University of California Los Angeles, New York University, Indiana, and Pittsburgh – examined and found:

Organizational Structures

- The organizational structures at most medical schools are traditional functional models with:
 - A medical school dean who is frequently the vice president for medical affairs
 - Vice deans and associate deans making up the balance
 - Administrative, academic, admission, and research deans are from higher education models and focus on academics
 - Strategy, operations, and clinical deans are likely more involved with teaching hospital(s) and other affiliated organizations

- Those with regional sites are typically 2:2 (2 years offsite, 2 years onsite). UICCOM has a 1:3 model with its regions (1 year offsite)
- Arrangements of medical schools, teaching hospitals, and medical centers vary greatly
 - Affiliations are omnipresent and common to all institutions
 - Mix of public and private hospital and clinical practices

Purpose of Academic Health Centers

- Academic Health Centers (AHCs) contribute to three major functional areas
 - Medical Education
 - Research
 - Medical Care
- AHCs perform nearly 30% of all the healthcare research and development and more than 50% of research supported by the National Institute of Health
- AHCs contribute 2% of non-federal care and about 1/3rd of uncompensated care
- Vital to the current state and future of all medical care

Current Challenges Facing Academic Health Centers

- AHCs are losing market share to low cost providers but gaining a large share of the uninsured segment
 - AHCs provided 37% of uncompensated care in 1994
 - Medicare/Medicaid represents 50% of AHC revenue
 - AHC costs are rising 8.1% annually, while inpatient admission is falling .5% annually
- Estimated that 70% of AHC services are available at community hospitals
- The cumulative effects are adverse for AHCs
 - Services once available only at AHCs are now offered by private organizations when profitable
 - Services offered by private hospitals are likely capturing paying patients
 - Overcapacity problem will increase at AHCs
- Other empirical estimates of AHCs higher costs versus non-teaching hospitals (approximate)
 - 1/3 higher wages and case mix
 - 1/3 indirect medical education
 - 1/3 excess capacity

Benchmark Analysis

A comparative analysis of UICCOM and 24 other major medical colleges reveals UICCOM's standing on several important measures. (See Appendix B for complete list of comparators.)

UICCOM Strengths and Competitive Advantages

- Excellence in basic sciences (and NIH ranking in funding)
- Outstanding group of physicians
- "Islands" of excellence in translational research
- Chicago is a faculty recruitment draw
- Geographically contiguous network for clinical research

- Quality minority recruitment and graduation
- High outpatient volume
- City and state partners
- Largest alumni group in U.S.
- A strong faculty supports the largest medical school, despite heavier teaching loads
- Strong urban and minority mission and success in forwarding that mission
- Opportunity to optimize out-of state tuition funds
- Significant progress in NIH ranking and grants as a percentage of revenue base
- Clinical enterprise is maintaining financial viability despite extraordinary cost increases
- Opportunities for better hospital funds flow and increasing development dollars

UICCOM Challenges and Competitive Disadvantages

- UIC name recognition
- 3/6 ranked in city
- Significant educational infrastructure and facilities needs
- CTRC and Cancer Center not yet funded through major sources
- Need improved collaborative campus relationships
- Weak clinical research infrastructure
- Need stronger record on women/minority faculty recruitment
- Philanthropy efforts in early phases
- UICCOM ranks 19th of 25 benchmarked medical schools in total revenue base and 24th of 25 in total revenue dollars per student
- UICCOM ranks 20th of the 25 comparators in fundraising as a percentage of total revenues
- Hospital support is well below the mean
- Other than senior basic science faculty, all faculty salaries fall below the median

UICCOM STRATEGIC PLAN GOALS, OBJECTIVES, AND ACTION STEPS

STRATEGIC GOALS

- 1) Create a unique and excellent brand name identity by establishing five focus areas of clinical translational research where UIC is Best in Class in Chicago, the state or the U.S, “Focus on Five:”**
 - Neuroscience and Neurodegenerative Diseases**
 - Cancer**
 - Women’s Health**
 - Transplant Medicine and Obesity**
 - Cardiac and Pulmonary Diseases**
- 2) Forge robust collaborative partnerships with UI Hospital, the Health Science Colleges, UIUC, the regions and the Illinois Medical District toward a more comprehensive group practice**
- 3) Diversify and expand our funding base**
- 4) Develop Infrastructure for Clinical Research**
- 5) Strengthen Education Mission and Faculty Development**

PRIMARY OBJECTIVES AND ACTION STEPS

Goal 1: CREATE A UNIQUE AND EXCELLENT BRAND NAME IDENTITY BY ESTABLISHING FIVE FOCUS AREAS OF CLINICAL TRANSLATIONAL RESEARCH WHERE UIC IS BEST IN CLASS IN CHICAGO, THE STATE OR THE U.S.

Objective 1A: Develop Clinical Translational Research Center focus in Neuroscience and Neurodegenerative Disease

Administrative Action Steps:

- Develop a neuroscience directorate at the College of Medicine with a clearly defined mission, a budget, and an individual to provide leadership and coordination

Research Program Action Steps:

- Recruit UIC investigators associated with circulation and thrombosis who have no current association with stroke research to this translational research focus to eventually develop a stroke center; strong from a basic and clinical science standpoint, stroke should also be able to attract publicity and interest from public officials
- Expand existing strength in clinical and basic research in mood and anxiety disorders to include substance abuse and pain
- Evaluate current research programs in other areas of neuroscience to determine whether they might drive a renewed clinical emphasis

Membership Action Steps:

- Compile list of UIC neuroscientists that outlines their research and/or clinical interests
- Hold monthly conferences to showcase UIC neuroscientists

Education and Training Action Steps:

- Require all neuroscience students to take a translational research course; build on current efforts to enforce translational education so that the next generation of clinicians and researchers appreciate how they might partner to achieve success
- Ophthalmology, neurology/neurosurgery/anesthesiology, and neuroimaging work to institute programs similar to psychiatry with training grants supported by NEI, NINDS, and NIMH respectively

Funding Plan Action Steps:

- Work with the OVCR to reach out to and partner with industry in drug development and clinical trials

Objective 1B: Develop Clinical Translational Research Center focus in Cancer

Administrative Action Steps:

- Reaffirm the commitment of UIC's top leadership to the Cancer Center through public acknowledgement of this goal and through specific recurring dollar commitments
- Achieve National Cancer Institute designation as a comprehensive cancer center within the Translational Research Center framework

- Recruit a Cancer Center Director who will report to the Dean of the College of Medicine and have the authority equivalent to that of a Department Head

Research Program Action Steps:

- Recruit clinical, translational research scientists in the areas of breast and prostate cancer research, as the first priority, followed by the areas of colon and women's cancers
- Stimulate and facilitate linkages between the Cancer Center and existing campus resources, including the Wellness Clinic, the Center for Botanical Dietary Supplement Research in Women's Health, and The Center for Women's Health and Chronic Illness
- Make recommendations to campus about realigning incentives to departments and individual investigators for transdisciplinary collaborations, including incentives to both junior and senior faculty for broadening collaborations
- Increase the patient base available for research by strengthening existing partnerships with local, strategically based institutions and through networks with more regional institutions, such as the UI Medical College campuses at Rockford, Peoria, and Urbana-Champaign
- Facilitate clinical trials research by establishing a clinical trials office that centralizes and coordinates clinical trials functions across departments and investigators
- Develop an informatics and communications infrastructure to help the Cancer Center serve as a "bridge builder" or "match maker" among scientists, clinicians, patients, and various stakeholders, providing timely and accurate information about research interests, opportunities, and ongoing projects, which would support the Clinical Trials function, the Tumor Registry, and Tissue Bank and Biostatistics Shared Resources

Shared Resource Development Action Steps:

- Conduct a needs assessment of cancer researchers on campus for high technology or service needs for research
- Develop a financial plan to provide core support to shared resources in return for subsidized rates for Cancer Center members
- Develop a Data Safety and Monitoring Plan and structure

Membership Action Steps:

- Review, update, and revise current Cancer Center membership.
- Define and market benefits of Cancer Center membership (e.g., access to shared resources, funds for pilot projects, new collaborations) to faculty throughout the UIC campus
- Recruit new members throughout the UIC campus to participate in the Cancer Center.

Comprehensive Clinical Care Action Steps:

- Appoint a Clinical Director of the Cancer Center to plan, direct, coordinate, organize, and evaluate clinical inpatient and outpatient activities for cancer on the UIC campus and to serve as an Associate Medical Officer for the Medical Center; to advise the Director of the Cancer Center and the Chief Medical Officer (CMO) of the Medical Center on issues related to clinical affairs; to participate in efforts to increase collaborative practices between disciplines, improve the delivery of cancer services; to develop and implement

policies necessary to the efficient running of the clinical programs; and to serve as a liaison between the Medical Center and Clinical Departments of the UIC College of Medicine to assure effective coordination and communication between cancer services

- Appoint a committee to explore financial models that align incentives between the different departmental practices and the institutions to create collaboration and growth for programs, such as building on the partnership developed between the College of Pharmacy and departments within the College of Medicine as a model for driving collaborative clinical practices across colleges and departments

Access to Clinical Populations and Partnerships Action Steps:

- Appoint a committee to develop partnerships with Stroger, Jesse Brown, and Rush hospitals
- Appoint a committee to examine the viability of partnerships with regional campuses

Education and Training Action Steps:

- Appoint a working group to review and catalogue cancer-related training and educational opportunities currently offered on campus, and to identify important gaps in training and opportunities for program development
- Appoint a working group to inventory and to explore mechanisms for coordinating and targeting outreach marketing efforts

Facilities Action Steps:

- Relocate the Cancer Center Administrative Core, Tumor Registry, and Hematology/Oncology Section to the Goldberg Building
- Formalize Cancer Center research floor space allocation, space management, and funds flow policies
- Inventory laboratory and research space occupied by cancer research faculty in all colleges and institutes to determine full or shared control by the Cancer Center
- Identify options for growth in research and administrative space

Funding Plan Action Steps:

- Appoint a working group to examine options for getting a committed, recurring state line for a Cancer Center at UIC
- Develop a dedicated philanthropy campaign for the Cancer Center
- Examine options for reallocation of ICR funds from grants with a cancer focus to support the Cancer Center
- Examine options with the Medical Center to provide support to the Cancer Center

Objective 1C: Develop Clinical Translational Research Center focus in Women's Health

Administrative Action Steps:

- Further develop and secure permanent status for multidisciplinary Center for Studies on Botanicals for Women's Health

Research Program Action Steps:

- Develop collaborative research programs in infertility and related health conditions within and outside UIC through UIC's Specialized Cooperative Centers Program in

Reproductive Research, which is already collaborating with researchers at several other universities and with pharmaceutical companies

- Expand endometriosis, implantation, and placental development research into translational research
- Conduct research, in partnership with Harvard and RAND researchers, to identify and better understand socioeconomic and racial disparities in infertility care
- Establish a Center on Health Disparities Research to conduct multidisciplinary basic and translational research to advance knowledge and develop interventions to eliminate socioeconomic and racial disparities in infertility care
- Enhance existing work in developing models of preventability to decrease maternal mortality and morbidity by adapting to translational research methods
- Further develop international work in women's health through ongoing participation in the NICHD-funded Global Network for Women and Children's Health
- Develop women's health research agenda that includes individuals' experiences with public programs and insurance coverage to understand public policy affect on health status outcomes
- Further develop research in botanicals, investigating promising ones and developing clinical studies
- Build on collaborative studies to understand changes in cognitive function and mood associated with reproductive stages, especially developing clinical studies on the role of estrogen in modulating cognition and brain function in women
- Enhance basic science studies focus on hormonal based processes related to neuron-protection, stress, and hormones and the fundamental nature of sex differences, with implications for all aspects of medicine

Comprehensive Clinical Care Action Steps:

- Develop interdisciplinary service delivery research projects in comprehensive health care delivery models adapted for depression detection and treatment in pregnant and postpartum women; conduct series of clinical, pharmacokinetic, and pharmacodynamic studies to guide clinicians and patients as they navigate pregnancies in the context of mental illness
- Translate clinical studies to practice interventions for postmenopausal women to alter rate of cognitive aging

Objective 1D: Develop Clinical Translational Research Center focus in Transplant Medicine and Obesity

Action Steps:

- Develop an immunology center in conjunction with the departments of surgery and medicine as basic science hub of the transplant program within a clinical departmental collaboration
- Promote three clinical areas where we have strong innovation (e.g. islet cell program and living donor transplant) and three areas that can generate sufficient volume to successfully compete locally (liver and kidney)
- Establish education programs across surgery and medicine that integrate the disciplines

- Leverage current expertise in obesity with strong demographics of African American and Latino populations to develop prevention, public health, community outreach and health education programs
- Develop novel treatments for obesity across the spectrum from pharmacological agents to laparoscopic band surgery

Objective 1E: Develop Clinical Translational Research Center focus in Cardiac, Vascular, and Pulmonary Diseases

Administrative Action Steps:

- Grow these areas by further integrating the existing Centers for Cardiovascular Research and Center for Lung and Vascular Biology with both basic science and clinical departments

Research Program Action Steps:

- Develop basic science and clinical interactions, multi-investigator center programs, translational research programs, and inter-disciplinary training programs focusing on cardiac, vascular, and pulmonary biology and pathobiology
- Develop new research that fosters new interactions

Education and Training Action Steps:

- Enhance career development programs for physician-scientists and recruit both basic and physician-scientists who are able to translate basic science information into clinical realities in early diagnosis and novel therapeutics

Facilities Action Steps:

- Dedicate core facilities for imaging, proteomics, and drug discovery

Funding Plan Action Steps:

- Garner new philanthropic interest in research into cardiac, vascular, and pulmonary diseases

Objective 1F: Work With cross functional campus team (Development, Public Affairs, Marketing, etc.) and outside experts to develop and execute branding strategies

Action Steps:

- Take stock of all existing UICCOM brands and marketing strategies
- Identify key audiences/markets for the enhanced brand identity
- Identify best practices of university-based branding strategies (include higher education institutions, not just academic medical centers, for broader perspectives and options)²
- Determine synergies with U of I and UIC brands and identities
- Refine core message for UICCOM and sub-messages for niche areas

² For example, see the online documentation for the University of Texas-Austin's branding campaign at: <http://www.utexas.edu/opa/utbrand/>

- Develop and execute branding strategy and marketing campaign with timelines and milestones
- Determine all costs associated with the plan and what resources can be leveraged internally within UIC and UICCOM
- Secure necessary resources

Goal 2: FORGE ROBUST COLLABORATIVE PARTNERSHIPS WITH UI HOSPITAL, THE HEALTH SCIENCE COLLEGES, UIUC, THE COLLEGE’S REGIONAL SITES, AND THE ILLINOIS MEDICAL DISTRICT TOWARD A MORE COMPREHENSIVE GROUP PRACTICE

Objective 2A: Establish Specialty Volume in five “Focus Areas” to use Translational Research Center to promote partnerships

Action Steps:

- UICCOM make recommendations to campus about realigning incentives to departments and individual investigators for transdisciplinary collaborations, including incentives to both junior and senior faculty for broadening collaborations
- Strengthen existing partnerships with local, strategically based institutions and through networks with more regional institutions, such as the UI Medical College campuses at Rockford, Peoria, and Urbana-Champaign to increase the patient base available for research
- Establish a clinical trials office that centralizes and coordinates clinical trials functions across departments and investigators to facilitate clinical trials research
- Define and market benefits of Clinical Translational Research Center membership (e.g., access to shared resources, funds for pilot projects, new collaborations) to faculty throughout the UIC campus
- Appoint a committee to explore financial models that align incentives between the different departmental practices and the institutions to create collaboration and growth for programs, such as building on the partnership developed between the College of Pharmacy and departments within the College of Medicine as a model for driving collaborative clinical practices across colleges and departments
- Appoint a committee to examine the viability of partnerships with regional campuses
- Examine options with the Medical Center to provide support to the Clinical Translational Research Center
- Build on relationships among all six health colleges through their affiliation with the National Center of Excellence in Women’s Health
- Develop collaborative research programs in infertility and related health conditions within and outside UIC through UIC’s Specialized Cooperative Centers Program in Reproductive Research, which is already collaborating with researchers at several other universities and with pharmaceutical companies
- Stimulate and facilitate linkages between the Cancer focus and existing campus resources, including the Wellness Clinic, the Center for Botanical Dietary Supplement Research in Women’s Health, and The Center for Women’s Health and Chronic Illness

Objective 2B: Grow primary care to build specialty referrals

Action Steps:

- Provide medical staff privileges for private primary care physicians
- Recruit own graduates practicing in Chicago
- Offer menu of enhancements for physicians
- Promote local affiliations, e.g., Union Health and Union Medical

Objective 2C: Increase satellite clinics within five miles

Action Steps:

- Enhance services already offered in Pilsen and South Campus
- Add two new sites

Objective 2D: Increase Medicare patients served

Action Steps:

- Develop and implement nursing home strategy by expanding geriatric program into senior care and extended care
- Use research to identify and better understand socioeconomic and racial disparities in infertility care better serve female Medicare patients

Objective 2E: Create Westside Medical District Consortium to Include Neighboring Institutions: Rush University, Stroger Hospital, the Jesse Brown VA, and Other Community-Centered Health Programs

Action Steps:

- Appoint a committee to develop partnerships with Rush University, Stroger Hospital, the Jesse Brown VA, and other community-centered health programs
- Strengthen existing partnerships with these institutions to increase the patient base available for research
- In partnership with these institutions, develop interdisciplinary service delivery research projects in comprehensive health care delivery models adapted for depression detection and treatment in pregnant and postpartum women; conduct series of clinical, pharmacokinetic, and pharmacodynamic studies to guide clinicians and patients as they navigate pregnancies in the context of mental illness
- Translate clinical studies to practice interventions at these institutions for postmenopausal women to alter rate of cognitive aging

Goal 3: DIVERSIFY AND EXPAND OUR FUNDING BASE

Objective 3A: Increase funding from government sources, especially NIH, DOD, and DOJ

Action Steps:

- Secure NIH funding for Clinical Translational Research Center with focus in five areas: 1) Cancer, 2) Neuroscience and Neurodegenerative Diseases, 3) Women's Health, 4) Transplant Medicine and Obesity, and 5) Cardiac, Vascular, and Pulmonary Diseases.
- Appoint a working group to examine options for getting a committed, recurring state line for a Cancer Center/Clinical Translational Research Center focus area

Objective 3B: Increase funding from private foundations

Action Steps:

- Expand faculty awareness of foundation funding opportunities in areas of interest and strength, especially in research from foundations such as the Keck Foundation and the Faulk Medical Research Trust
- Maintain active partnership between faculty, Development, and OVCR, where information about funding ideas and opportunities are exchanged and pursued jointly
- Strategically examine opportunities that would be of interest to private foundations with targeted objectives, such as a dedicated philanthropy campaign for the Cancer focus
- Pursue foundation funding for innovative work in education and policy from sources such as Michael Reese Health Trust, MacNeal Health Foundation, Polk Bros., Pew Charitable Trusts, Kaiser Foundation, and Robert Wood Johnson Foundation, and especially those sources with an interest in urban health issues

Objective 3C: Increase industry sponsored research

Action Steps:

- Each of the five translational research focus areas work with the OVCR to reach out to and partner with industry in drug development and clinical trials

Objective 3D: Promote Entrepreneurial Initiatives with Faculty Researchers/Inventors and Increase income from intellectual property rights, patents, and biotech start-ups

Action Steps:

- Promote strong coordination with the Office of Technology Management
- Provide training and access to researchers and inventors to University intellectual property resources
- Develop programs with University wide initiatives such as I-ventures

Objective 3E: Increase funding from individual donors/philanthropists/institutions

Action Steps

- Increase alumni donations from 10% participation to 22% participation with the help of the UIC Alumni Board and UIC Medical Council
- Develop a “grateful patient” giving program
- Build awareness of the UIC College of Medicine in the Chicago Philanthropic community/Enhance market penetration
- Garner new philanthropic interest in research into cardiac, vascular, and pulmonary diseases
- Name new centers (Cancer, Translational) for major donors
- Examine options with the Medical Center to provide support to the Translational Research Center

Objective 3F: Secure building/infrastructure capital

Action Steps

- Launch \$250 million major gift campaign in 2007 that is already in the planning phase

Goal 4: DEVELOP INFRASTRUCTURE FOR CLINICAL RESEARCH

Objective 4A: Funded NIH Clinical Translation Research Center and Clinical Trials Support Office

Action Steps:

- Develop CTSA infrastructure
- Implement CTSA seed grant program Fall of 2006
- Submit NIH CTSA proposal Fall of 2007
- Ensure recruitment and startup support is consistent with translational research and strategic focus areas

Objective 4B: Develop junior faculty in clinical research (K30)

Action Steps:

- Strengthen junior faculty mentorship programs
- Provide support of site visits to NIH and other institutions

Objective 4C: Integrate IS with hospital, COM, research, and other AH colleges

Action Steps

- Continue joint Medical Center, College committee work on formulating integration strategies
- Identify information systems synergies for longitudinal electronic medical records and clinical billing systems
- Continue to partner with regional sites and departments for consistent, common web applications, clinical systems, and shared information resources

Goal 5: STRENGTHEN EDUCATIONAL MISSION AND FACULTY DEVELOPMENT

Objective 5A: Establish Patient Safety Institute

Action Steps:

- Better integrate patient safety initiatives between the College and Medical Center
- Market patient safety programs to communities and other educational institutions
- Develop novel systems of education delivery, leveraging technology and human capital

Objective 5B: Develop Medical Student Learning Communities

Action Steps:

- Implement integrated “learning communities” models to maximize the educational experience of medical students. These include creating student clusters across classes and creating seamless transitions between curricula.
- Create groups for clinical rotations
- Create groups for senior theses

Objective 5C: Develop urban health curriculum and institute

Action Steps:

- Leverage existing excellence in Urban Health programs to recruit outstanding minority educators and faculty
- Promote leadership roles in urban health for existing faculty
- Partner with other University units with formal and strong urban health missions
- Optimize the College's relatively higher percentages of minority students

Objective 5D: Build new and renovate existing educational space

Action Steps:

- Accurately catalog existing space inventory and assess educational space allocation
- Work with departments on non-productive or underutilized spaces to reassign or make usable
- Participate in campus-wide initiatives to develop new educational space
- Partner with other health science colleges to create multidisciplinary and interdisciplinary space programming

Objective 5E: Recruit, retain, and mentor faculty – “Teach the Teacher”

Action Steps:

- Enhance services for faculty affairs and faculty development at the College level
- Implement stronger policy and standards for faculty recruitment, retention, and development with regard to promotion, salary structure, and productivity
- Create formal education programs for faculty to enhance teaching skills and provide a more structured commitment to required teaching time

FIVE YEAR OUTCOMES

FIVE YEAR GOALS AND OUTCOMES

Goal 1: **Create a unique and excellent brand name identity by establishing five focus areas of clinical translational research areas where UIC is Best in Class in Chicago, the state or the U.S.**

Five Year Outcome: US News and world reports ranking in the five areas; listing in Chicago magazine and other national listings of best doctors. NIH and other external funding in our focus areas and moving to the top tier of medical schools by NIH rankings by moving up from 48 to 40. by 2010 and to 34 by 2015 basic to clinical

Goal 2: **Robust Collaborative Partnerships with UI Hospital, the Health Science Colleges, UIUC, the regions and the medical district towards a more comprehensive group practice.**

Five Year Outcome: College works more closely with UI Hospital and All Health Science Colleges. Expand group practice to \$150-\$175M by 2010. Census to 400 by 2010; expand to 3 additional major ambulatory sites. Create Westside Medical District Consortium with Rush, Stroger Hospital, the VA, and Other Community-Centered Health Programs. Single residency/fellowship program in key areas across the medical district and joint center and program grants from NIH across the district and between UIC and UIUC.

Goal 3: **Diversify and Expand Funding**

Five Year Outcome: Double clinical research funding increased in ten years (2016) Program project grants and federally funded training grants also increased by 50%. Raise \$250M in philanthropic support between college and hospital. Increase grant funding from private sector. 10 fold increase in revenue from intellectual property and commercialization.

Goal 4: **Develop Infrastructure for Clinical Research**

Five Year Outcome: We will have a federally funded cancer center and clinical translational research center and will have a fully operational clinical trials office. Additionally, the COM will be home to four new nationally prominent centers: Urban Health, Rural Medicine, Women's Health, and Patient Safety Institute.

Goal 5: **Strengthen Education Mission and Faculty Development**

Five Year Outcome: Establish educational learning communities for medical students and residents. Graduating the country's most sophisticated students in cross cultural sensitivity and with knowledge and skills in developing health care delivery responsive to community needs and values. Connect our college with a local Math and Science High School, Increase MD grads

with MA, MPH, or PhD from 8% to 15% (to 25% of graduating class by 2015), Increase National Academy membership to at least 10
Develop nationally known educational-consultation company (universitydocs.com) with distant learning and telemedicine within U.S , India, China and Africa.

STRETCH GOALS

Goal 1: U of I Statewide Physician Group: “Illinois Cares” (I-CARE)

Objectives:

- 1) Brand identification
- 2) Leverage statewide organization (i.e. regions)
- 3) Leverage collaboration among 6 health sciences colleges and Medical Center
- 4) Focus on health maintenance and disease prevention
- 5) Partner with State and Feds
- 6) Entrée to schools and other community networks

Goal 2: Telemedicine and Distance Education

Objectives:

- 1) Leverage EMR
- 2) Telemedicine
- 3) Radiology and Behavioral Health, other tertiary care
- 4) International Programs
- 5) Partnerships with other states
- 6) International Master’s degree and certificate courses

Goal 3: Strong Formal Medical School Affiliation for IMD

Objectives:

- 1) Bigger research enterprise
- 2) Existing clinical research infrastructure
- 3) Broader research and education patient base

Appendix A

UIC COM Strategic Planning Process

The UIC College of Medicine has a comprehensive strategic planning committee. These members include:

Truman Anderson
Michael Bailie
William Chamberlin
Karen Colley
Arnim Dontes
Joseph Flaherty
Mike Harms
Lillye Hart
Jack Kaplan
Sarah Kilpatrick
Subash Kukreja
Chris Mollet
Howard Newman
Bill Nicholas

Department Heads

Hernand Abcarian
Edward Abraham
Iris Aronson
Jose Arruda
Scott Brady
Fady Charbel
Tapas DasGupta
Henry Dove

Deepak Edward
Robert Folberg
Phil Gorelick
Masound Hemmati
Tom Layden
Asrar Malik
Tim McDonald
Craig Niederberger
Bellur Prabhakar
Mark Rasenick
Gary Strange
Patrick Tranmer
Reagan Thomas
Joe Zhou

Senior Faculty

Conwell Anderson
Enrico Benedetti
Jose R. Cintron
Prakash Desai
Geri Donenberg
Marian Fitzgibbon
Stacie Geller
Gail Hecht

Elliott Kaufman
George Kondos
Mark Kushner
Dave Mayer
Laura Miller
Jerry Niederman
Ann Patla
Meena Rao
Mary Lou Schmidt
John Sweeney
John Tulley
William Walden

Hospital

Bernie Biskup
John DeNardo
Pat O'Leary

Regional Deans

Martin Lipsky
Rodney Lorenz
Brad Schwartz

Planning Sessions

On October 24 and 25, 2005 department heads, senior faculty, program directors, College and Medical Center administrators, and the regional deans participated in a strategic planning retreat that focused on the Chicago campus of UICCOM. The planning retreat included both large and small group sessions, with presentations on national benchmarks and UIC's Strategic Thinking process.

The 62 participants broke into nine topic areas to develop recommendations for the strategic plan. These topic areas are:

1. Allocating resources
2. Primary Care
3. Improving Education
4. Translational Research
5. Clinical Productivity
6. Building and Retaining a Strong Faculty

7. College of Medicine/Medical Center Collaboration
8. Development, Public Image, Reputation, and Marketing
9. Stretch Goals

The Strategic Planning Committee met again on December 2, 2005 to further discuss the strategic plan.

External Reviewers

In July and August of 2006, we will be site visited by three distinguished figures in the field of academic medicine. We will submit our plan for their critical review and assessment. The reviewers are Dr. Jordan Cohen, former president of the Association of American Medical Colleges, Dr. Eugene Feigelson, Dean of the College of Medicine at SUNY Downstate Medical Center, and Dr. Alfred G. Gilman, Nobel laureate and Dean of Medicine at UT-Southwestern.

Draft Review Sessions

On March 17, 2006 Department Heads, Dean Joe Flaherty, and Assistant Dean Arnim Dontes met to review the first draft of the strategic plan. The Strategic Planning Committee met on April 7, 2006 to review the first draft of the strategic plan. Verbal and written comments from both meetings and follow up communication were incorporated into the next draft of the plan.

UIC College of Medicine Planning Group Listserv

Information about the UICCOM strategic planning process and drafts of the plan were posted on the UIC College of Medicine Planning Group listserv. Listserv participants commented on the plan in this electronic forum. Listserv members include:

Herand Abcarian	Tapas DasGupta	Gail Hecht
Edward Abraham	John DeNardo	Masoud Hemmati
Ron Albrecht	Prakash Desai	Ian Huggins
Bruce Anderson	Geri Donenberg	Jack Kaplan
Conwell Anderson	Arnim Dontes	Elliot Kaufman
Truman Anderson	Henry Dove	Sarah Kilpatrick
Iris Aronson	Deepak Edward	George Kondos
Jose Arruda	Gloria Elam	Subhash Kukreja
Michael Bailie	Marian Fitzgibbon	Mark Kushner
Jan Baldwin	Joseph Flaherty	Rose Ann Laureto
Enrico Benedetti	Robert Folberg	Thomas Layden
Bernie Biskup	Stacie Geller	Martin Lipsky
Scott Brady	Carol Gerby	Rodney Lorenz
William Chamberlin	Joe Goldberg	Asrar Malik
Lawrence Chan	Jay Goldstein	Dave Mayer
Fady Charbel	Philip Gorelick	Ted Mazzone
Jose Cintron	Mike Harms	Tim McDonald
Karen Colley	Lillye Hart	Laura Miller

Chris Mollet
Arno Mundt
Howard Newman
William Nicholas
Craig Niederberger
Jerry Niederman
Grace No
Pat O'Leary
Ann Patla
Bellur Prabhakar
Kuntal Rana
Meena Rao
Mark Rasenick
Mary Lou Schmidt
Bradford Schwartz
John Solaro
Gary Strange
John Sweeney
Henry Taylor
Jacqueline Taylor
Regan Thomas
Keith Thulborn
Patrick Tranmer
John Tulley
Barb Vela
William Walden
Joe Zhou

Appendix B

List of Comparators

David Geffen School of Medicine at UCLA
Indiana University School of Medicine
Loyola University Chicago Stritch School of Medicine
Medical College of Wisconsin
Medical University of South Carolina
New York University School of Medicine
Northwestern University Feinberg School of Medicine
Ohio State University College of Medicine
Rush Medical College
Southern Illinois University
SUNY School of Medicine at Buffalo
Temple University School of Medicine
UMDNJ
University of Alabama School of Medicine
University of California - Davis, School of Medicine
University of Chicago Pritzker School of Medicine
University of Cincinnati College of Medicine
University of Pittsburgh School of Medicine
University of Louisville School of Medicine
University of Minnesota Medical School
University of Texas Medical School at San Antonio
University of Texas Southwestern at Dallas Southwestern Medical School
Virginia Commonwealth University
Wayne State University