University of Iowa Health Care Strategic Plan, 2017-2020

Background and Process

University of Iowa Health Care has developed a new, three-year strategic plan to focus on initiatives that are most important to our future success. Over the course of several months during 2016, more than 100 faculty, staff, students, and administrators met during several day-long planning events and participated in scenario planning, decision-acceleration activities, and other best practices of strategic planning to ensure coverage of all aspects of UI Health Care's tripartite mission of research, education, and patient care.

As Iowa's only comprehensive academic medical center, UI Health Care plays a unique and important role in the rapidly evolving health care environment. The strategic-planning efforts ensured that we explored the many possible futures that may unfold and that we considered how our path forward might change—or not change—in response. We developed strategic storylines that explored how the landscape of academic medicine will evolve over the next decade, and we considered how global economic growth, consumerism, personalized medicine, and the emergence of big data and other technologies will permeate all aspects of what we do. The whirlwind pace of change in science and medicine is the common thread that requires us to build capacity to manage that change and enable our organization to be more responsive and flexible than ever before.

Through these efforts, and through the creative thinking of some of our most talented people, we have developed a robust yet flexible plan that will allow us to continue to be successful in carrying out our mission and achieving our goals. This includes identifying key indicators of impending change and responding rapidly. Importantly, we also adopted an approach to more selectively prioritize our initiatives and ensure that they are supported by the budget.

Strategic Plan Overview

Our Mission: Changing Medicine. Changing Lives.

University of Iowa Health Care is changing medicine through pioneering discovery, innovative interprofessional education, delivery of superb clinical care, and an extraordinary patient experience in a multidisciplinary, collaborative, team-based environment; and changing lives by preventing and curing disease, improving health and well-being, and assuring access to care for people in Iowa and throughout the world.

Our Vision: World Class People. World Class Medicine.

World Class People.
Building on our greatest strength.

World Class Medicine.
Creating a new standard of excellence in integrated patient care, research, and education.

For Iowa and the World.
Making a difference in quality of life and health for generations to come.

Our Values: I CARE

Innovation	**Collaboration**	**Accountability**	**Respect**	**Excellence**
We seek creative ways to solve problems.	We believe teamwork—guided by compassion and commitment—is the best way to work.	We behave ethically, act openly and with integrity in all that we do, taking responsibility for our actions.	We honor diversity, recognize the worth and dignity of every person, and aim to earn the trust of all those whom we serve.	We strive to achieve excellence in all that we do.

Overarching Strategic Imperative: Advance the Tripartite Mission

It quickly became clear that reinforcing and advancing our tripartite mission is our organizational North Star and key point of differentiation. We have an overarching strategic imperative to invest, align, and integrate clinical, research, and education activities; establish a clear plan of economic interdependency between elements of the tripartite mission; prioritize research linked to clinical strategies; and prepare our workforce for an evolving health system.

Goals

The new plan sets out five primary goals that span each of our mission areas and provide the foundation from which our strategies emerge. These are the building blocks:

The Best People
Foster an environment in which the most talented want to learn, work, and lead here at Iowa.

Collaborative Learning, Research, and Care Models
Deliver excellent outcomes through team-based collaborations that drive patient-directed care models, education, and research.

Nimble Structure and Accountable Culture
Provide clear and supportive organizational structures that allow our people to do their best work supporting our tripartite mission.

Diversified Financial Resources
Ensure sustainability of our tripartite mission through a broad base of financial resources.

Strong Partnerships
Grow in Iowa and beyond, working with partners who share our values.

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Goal 1: The Best People

Foster an environment in which the most talented want to learn, work, and lead here at Iowa.

Strategy	Critical Tasks	Performance Metrics
1.1 Enhance recruitment and retention of high-performing individuals toward achieving greater diversity	▪ Create a more effective Health Care Human Resources reporting structure for all those who learn and work at UI Health Care that is integrative with UI Human Resources and that bolsters the key areas of talent management, employee onboarding, and compensation and classification. ▪ Enhance effective professional development and leadership opportunities for all those who learn and work at UI Health Care through mentoring, succession planning, and increased autonomy. ▪ Provide opportunities for beneficial quality of life for all those who learn and work at UI Health Care through aligned incentives, excellent support services, and improved work/life balance. ▪ Direct investments to ensure the continued strength of the research enterprise.	▪ Retention and recruitment rates ▪ Reduced turnover ▪ Increased employee satisfaction ▪ Decreased time to hire ▪ Duration of position vacancies ▪ Percentage participation in LiveWELL and health coach services ▪ Reduced percentage sick leave usage as an indication of employee engagement or burnout ▪ Improved population health in identified behavioral risk factor areas ▪ Number of grant dollars
1.2 Enhance interprofessional team science and education	▪ Change promotion and tenure, compensation models, and other organizational structures to create nimble models that incentivize and align basic science, clinical practice, clinical research, and interprofessional education, and develop the appropriate long-term financial models to support interprofessional team science and education. ▪ Develop interprofessional team-training programs across the spectrum of learners, including faculty, staff, and students. ▪ Collaborate with other health science colleges to escalate interprofessional educational training and develop care-delivery experiences that demonstrate interprofessional care delivery.	▪ Number of new program leaders ▪ Number of new funded programs ▪ Improved value proposition ▪ New metrics for promotion and tenure ▪ Number of seminars sharing best practices in interprofessional clinical care
1.3 Increase individualized learning opportunities through the continuum of medical, scientific, and professional development education	▪ Strengthen educational bridges and commonalities in undergraduate medical education, graduate medical education, and continuing medical education. ▪ Develop longitudinal, self-directed, competency-based curricular modules for all those who learn and work at UI Health Care. ▪ Develop simulation center, with open access for learners across the institution, and other innovative training models and platforms. ▪ Better alignment of funds with the educational mission, and directly reward participants for their efforts in education. ▪ Explore innovative models to reduce the cost of medical education.	▪ Improved learner satisfaction ▪ Improved licensing examination scores and pass rate ▪ Increased employee satisfaction and retention ▪ Improved Association of American Medical Colleges scores ▪ Number and use of online modules and courses

Goal 2: Collaborative Learning, Research, and Care Models

Deliver excellent outcomes through team-based collaborations that drive patient-directed care models, education, and research.

Strategy	Critical Tasks	Performance Metrics
2.1 Further develop value-based care models	▪ Develop and provide through partnerships the full continuum of care, to include patient-directed care and care provided in clinician offices, community hospitals, diagnostic centers, ambulatory surgery centers, tertiary care facilities, home care, skilled nursing facilities, hospice, etc., improving the patient and provider/staff experience, improving the health of populations, and reducing per capita cost of health care. ▪ Develop and expand payer, employer, and provider partnerships that support value-based payment models. ▪ Integrate research and education into this care continuum. ▪ Utilize innovative technologies to improve access, communication, and coordination of care (e.g., e-health). ▪ Develop innovative care packages/bundles to offer to payers, employers, etc. ▪ Establish incentive models for clinical services, training, and research to align partners. ▪ Ensure UI Health Care is Iowa's preeminent provider of value-based programs.	▪ Out-of-network utilization ▪ Total cost of care ▪ Quality metrics, aligned with accountable care organization metrics (e.g., reduced readmissions) ▪ Patient, clinician, learner, and staff satisfaction ▪ Number of clinical trials and community educational programs
2.2 Transform interprofessional models to support research, team-based care, education, and practice	▪ Apply best practices to team-based care to increase value, improving access, quality, and service. ▪ Enhance value proposition by integrating education and research into clinical care. ▪ Develop the future care team workforce using innovative models and platforms. ▪ Develop and implement strategies to reduce variations in care, such as clinical practice guidelines and measuring variation. ▪ Invest in human research infrastructure with clinical linkages (e.g., clinical trials, population-based research, robust registries). ▪ Explore and research innovative methods to integrate learners into the team-based care model. ▪ Link disease-based treatment with clinical research through patient engagement, team-based care, and assistance from the Institute for Clinical and Translational Science. ▪ Increase involvement with patient advocacy groups for research and clinical care opportunities. ▪ Leverage e-health/telehealth/electronic medical record to achieve goals. ▪ Enhance communication/navigation among team members. ▪ Develop pilot grant program to support new team-based endeavors.	▪ Patient, clinician, staff, and student satisfaction ▪ Productivity (number of patients in panel per team) ▪ Timely access to care ▪ Team recruitment and retention (turnover rate, burnout level) ▪ Establishment of successful clinical research programs ▪ Impact on value-based contracts ▪ Increased team-based, interprofessional education learning opportunities ▪ Establishment of new pilot grant program for team-based science or education activities

Goal 3: Nimble Structure and Accountable Culture
Provide clear and supportive organizational structures that allow our people to do their best work and achieve results supporting our tripartite mission.

Strategy	Critical Tasks	Performance Metrics
3.1 Leverage informatics for analysis and data-driven decision-making	▪ Hold informatics summit to identify best practices, inventory current expertise, and identify insourcing/outsourcing models for informatics science, technology, and education. ▪ Identify and invest in a strong informatics infrastructure (leader, governance structure, partners, tools and technologies) that supports the tripartite mission. ▪ Expand informatics educational offerings at all levels of the organization to increase expertise and recruitment for informatics science and services. ▪ Establish an organized/unified delivery of analytics across the organization to improve query response and data storage and to identify one true source of business information (data warehouse).	▪ Creation of three- to five-year roadmap with team, governance, curriculum database system, and funding commitment established ▪ Integrated informatics team established (with governance and operations in place) ▪ Curriculum database system in place ▪ Improved turnaround time for projects ▪ Reduced administrative overhead costs ▪ Published papers utilizing big data ▪ Grants using and/or creating big data ▪ National recognition of new department/program ▪ Culture of using analytics for prospective measurement and predictive modeling rather than prescriptive measurement
3.2 Establish clear criteria and decision-making processes that support focused prioritization and investment	▪ Work with university to reduce duplicative administrative rules and refine processes toward managing risks and regulatory burden. ▪ Develop formal, transparent project management processes that support comprehensive review of all major initiatives, including identification of decision maker, engagement of all stakeholders, and alignment with budget. ▪ Develop a process to identify and invest in strategic priorities and a process for discontinuing initiatives that are no longer aligned. ▪ Integrate administrative structures, especially in smaller departments, based on criteria that will ensure continued responsiveness and cost-effectiveness.	▪ Reduced time to complete administrative processes ▪ Establishment of an enterprise-wide solution to track all projects, time to decision, deliverables, and outcomes ▪ Alignment and dissemination of enterprise priorities
3.3 Strengthen integrated marketing and communications to support growth and build the UI Health Care brand	▪ Develop and invest in marketing and communications strategies that support clinical, research, and education growth goals throughout Iowa and beyond. ▪ Increase marketing efforts to highlight well-established and renowned programs and services. ▪ Develop internal communication infrastructure that allows targeted and customized communications. ▪ Improve integration of all staff engaged in marketing and communications throughout the organization. ▪ Engage appropriately with health advocacy groups. ▪ Increase presence and diversity of UI Health Care faculty and staff on national boards and associations. ▪ Create an employment brand and improve integration of recruitment functions across the enterprise.	▪ Increased number of patients from outside of eastern Iowa ▪ Improved internal engagement scores ▪ Improved regional awareness and perception scores ▪ Increased number of faculty and staff on National Institutes of Health review sections, national committees, and boards ▪ Increased number and diversity of prospective students, faculty, and staff

Goal 4: Diversified Financial Resources

Ensure sustainability of our tripartite mission through a broad base of financial resources.

Strategy	Critical Tasks	Performance Metrics
4.1 Enhance internal operations and create alignment to increase revenues, decrease costs, and optimize efficiencies	▪ Create a tight focus on hospital and clinic operational core competencies. ▪ Improve payer reimbursement strategy, including pursuit of direct-to-employer, narrow networks and other approaches. ▪ Increase efficiency of research and education by streamlining and expediting administrative functions while ensuring necessary infrastructure.	▪ Cost savings on operations ▪ Increased reimbursement ▪ Improved out-of-network capture rate ▪ Involvement in narrow networks ▪ Research productivity as assessed by infrastructure cost versus grant funding ▪ Improvements in quality and cost of care
4.2 Increase philanthropic support for UI Health Care by identifying new sources of revenue	▪ Explore reinstating patient data sharing between UI Health Care and UI Foundation as allowed under the Health Insurance Portability and Accountability Act (HIPAA). ▪ Work through patient advocacy groups and mission-based donors to cultivate philanthropic funding for clinical care, research, and education. ▪ Utilize data to better profile prospects through UI Foundation's data analytics department. ▪ Leverage programmatic capabilities and renowned faculty and staff for naming opportunities and establishing brand name recognition. ▪ Establish advocacy boards composed of philanthropists to assist with fundraising efforts for specific clinical programs. ▪ Increase student scholarship support.	▪ $100M/annually in dollars raised through philanthropy ▪ Increase in philanthropy ▪ Implementation of process for successful grateful patient fundraising ▪ Establishment of new relationships with patient advocacy groups ▪ Formation of select advisory boards ▪ Increased philanthropic support for scholarship
4.3 Build more (and broader) relationships with industry and the private sector to develop and implement innovative research initiatives	▪ Escalate partnerships with industry. ▪ Expedite process of launching clinical trials and translational research in order perform in top tier of national benchmarking institutions. ▪ Identify regulatory and other barriers that inhibit our ability to nimbly execute entrepreneurial efforts and develop strategy to address.	▪ Increased number of industry trials and research projects ▪ Increased dollars from industry ▪ Increased faculty companies and dollars from companies
4.4 Identify new and/or strengthen current initiatives with potential to convert to business enterprises and produce profits with or without a partner	▪ Utilize existing infrastructure to bring in new funding sources for research and development efforts. ▪ Create a dedicated position within UI Health Care to establish clear pathway and pipeline for these purposes and serve as UI Health Care liaison on Iowa Economic Development Authority and Iowa Innovation Council. ▪ Explore ways to streamline processes and reduce high indirect costs industry partners experience when partnering with UI Health Care on research and development efforts. ▪ Develop diversification and growth strategies in non-patient-care areas (e.g., invest in buildings/infrastructure that will provide return on investment). ▪ Develop full system of care through partnerships (e.g., hospice, rehab, home care, long-term acute care). ▪ Expand use of telehealth, telemonitoring, teleintensive care unit, potentially through partnerships. ▪ Build comprehensive pharmacy solution expanding on existing UI Health Care successes.	▪ Number of new companies ▪ Dollars in for companies and research affiliated with these companies ▪ Utilization, volumes, profitability (full system of care tactic)

Goal 5: Strong Partnerships
Grow in Iowa and beyond, working with partners who share our values.

Strategy	Critical Tasks	Performance Metrics
5.1 Establish partnerships that will drive growth and dollars and increase scale	▪ Evaluate current and develop new clinical, research, and education partnerships and determine appropriate models and legal/contracting frameworks. ▪ Identify differentiated regional or statewide clinical and educational services to deploy in conjunction with partners. ▪ Identify barriers and framework for assessment of potential partnerships. ▪ Eliminate obstacles that have potential to discourage potential partners from joining with UI Health Care. ▪ Identify investment partners or seed capital. ▪ Create a structure to market ourselves, engage with partners, make decisions quickly, and execute nimbly—a vetting and decision-making process that is rapid and nimble.	▪ Margin (return on investment) ▪ Volume (referrals) ▪ Data ▪ Access to new populations ▪ New sites care ▪ Regional footprint ▪ Value-based metrics/new revenue streams
5.2 Improve access to and increase UI Health Care's share of complex care	▪ Foster a culture of entrepreneurship. ▪ Establish support structure for use and expansion of telehealth to increase access. ▪ Establish a dedicated team to streamline front-end processes and ensure access for making referrals successful. ▪ Address culture, incentives, and robust stakeholder (physician, nursing) engagement.	▪ Value of new referrals tied to partnership ▪ Value-based savings/full risk capabilities for capitation savings ▪ Aligned incentives ▪ Stakeholder engagement
5.3 Expand geographic reach—defined as physical presence	▪ Develop community-based physician network. ▪ Devise where to locate in phases. ▪ Determine capital needs and hiring approach. ▪ Develop operating and financial model (regional organizational structure).	▪ Growth of number of new patients ▪ Acuity metrics ▪ Revenue/margin
5.4 Enhance UI Health Care's position in primary care	▪ Identify primary care leader to grow and build the business. ▪ Build clinically integrated network. ▪ Determine whether and when to buy, build, or partner. ▪ Identify opportunities for capital.	▪ Growth of referrals linked to practices ▪ Value-based contracts/revenues ▪ Population health quality indicators ▪ Cost-effectiveness of care
5.5 Enhance global reach for research activities and relationships	▪ Establish models of community research endeavors and risk-versus-reward thresholds. ▪ Change culture of collaboration and of succeeding in partnerships. ▪ Address access for referrals and helping in research coordination across network. ▪ Establish quality metrics for trials/audit functions. ▪ Demonstrate value to stakeholders.	▪ Increased clinical trials ▪ Increased funding for trials ▪ Network recognition and branding ▪ Numbers of international patients ▪ Ease of access for long-distance travelers