LONG SCHOOL OF MEDICINE

STRATEGIC PLAN FY2023-2027

MISSION - MAKING LIVES BETTER THROUGH EDUCATION, RESEARCH, HEALTH CARE AND COMMUNITY ENGAGEMENT

STRATEGIC PLANNING PROCESS

There were three working groups based on mission area - Health Care, Education and Research. Health care was co-chaired by Drs. Carlos Rosende, Robert Leverence, and Edward Sankary. Research was co-chaired by Drs. Manzoor Bhat, Patrick Sung and David Gius. Education was co-chaired by Drs. Deborah Conway, Scott Jones and Jan Patterson. A global email invitation to all Long School of Medicine (LSOM) faculty, staff, students and trainees to participate in the process was sent with a link to sign up to volunteer for one or more of the working groups. Inclusive virtual meetings were scheduled to accommodate all who volunteered, and scribes took notes of all comments. There were three meetings of these large, inclusive working groups, which each had >100 members:

1st mtg- Review past plan for successes and failures. Why did a goal succeed or fail?

2nd mtg- Review vision and values.

3rd mtg- SWOT analysis for that specific mission.

The leaders of each working group then chose a representative group of 15-20 faculty, staff, students and trainees based on who volunteered for further work or were invited by the working group chairs based on needed expertise. This group wrote the strategic plan's goals, metrics of success for that goal, tactics to reach metrics based on the SWOT analysis above for each mission area. These were presented to the Leadership Council (Chairs, Deans, and Center/Institute Directors) and Faculty Assembly Executive Committee for comment and potential revision by the chairs of the working groups. The final plan was voted on by the Faculty Assembly of the Long School of Medicine and signed into implementation by the Dean, Dr. Robert Hromas to be initiated **September 1, 2022, the start of FY2023**.

Health Care

Mission - Provide innovative, accessible, patient-centered care reflective of community needs, with outstanding health outcomes for all.

The clinical practice's strategic plan to provide superb health care to the region was initially started in 2012 and periodically modified through the years permitted it to expand to new clinical sites throughout San Antonio; it increased the number of patients served; it supported the development and extension of specialized clinical programs to the community; and it generated revenues that contributed to investments in all the missions of the Long School of Medicine at UT Health San Antonio. The clinical practice, termed UT Health Physicians (UTHP) is now constructing a major new medical office building at Kyle Seale Parkway with an acute surgery center and its own multispecialty research hospital. These milestones mark a new direction for the clinical enterprise and the institution. A new strategic plan is required to guide UTHP through the next five years, incorporating these new assets and directing it through a rapidly changing healthcare landscape. The Clinical Practice Strategic Planning Committee has drafted the following Strategic Plan for FY2023-2027. The Committee received input from stakeholders, obtained demographic and health data for the community, identified developing clinical and health IT technologies, considered advancements in the delivery of medical care, and assessed trends in healthcare financing.

GOAL 1: INCREASE THE NUMBER OF LIVES TOUCHED

Consistent with its Mission and Vision, UTHP must continue to increase the number of patients for whom it cares. The Practice must also ensure that established patients have access to necessary care, while accommodating new patients in a timely manner.

Strategy 1: Increase clinic efficiency and productivity. Conduct analysis of existing clinic infrastructure and resources (space, support staff, providers) to determine modifications to processes and operations that can yield greater clinical productivity.

    a. Establish a Practice Plan <u>Process Improvement Team</u> which will guide individual clinics through an internal assessment of present clinic resources, help seek examples of efficient operational models, and assist with the redesign of current clinic operations to optimize present capabilities.

    b. Empower Clinic Medical Directors to have operational authority over their individual clinic. The respective department chair with input from the UTHP CMO will appoint and evaluate a physician to this position. The Clinic Medical Director will have a dual reporting line to the department chair and to the CMO.

    c. Seek efficiencies through optimization of EPIC capabilities. Establish an "EPIC Optimization Team" and train Physician Champions for each specialty that can serve both UT and University Health (UH).

    d. Establish an <u>Analytics Center,</u> which can support UTHP by analyzing past performance and generate predictive analytics for future decision-making.

    e. Health IT will seek potential "tech partners" (IT firms, SWRI, UH, etc.) to collaborate on cutting-edge initiatives which enhance care delivery efficiency.

Strategy 2: Increase capacity at existing healthcare locations. There is untapped patient care capacity in the current clinic locations.

a. Establish extended hours in as many clinical settings as practicable.
b. Provide care for patients without the need for in-office visits, such as virtual visits, e-consults, and home visits (making use of APPs).
c. Placing specialists at satellite locations (Hill Country, DeZavala, Gateway) may diminish the demand for specialty visits at the MARC or Kyle Seale.
d. Establish phone or online access to nurses to triage calls and to offer medical advice to established patients of UTHP.
e. Work with UH to improve length of stay (LOS) to create more in-patient bed space.

Strategy 3: Geographic expansion by establishing new clinical sites. Establishing new clinics throughout the community has been very effective in extending UTHP services, attracting new patients to the practice and in increasing the number of referrals to specialists.

a. Proceed with Phase 2 expansion of the De Zavala Clinic and hire faculty and staff for this expansion.
b. Create more clinic capacity at the MARC by moving selected adult clinical activity to Gateway and the Brain Health Building.
c. Hire providers and staff and open Kyle Seale Parkway clinic.
d. Hire providers and staff and open the UT Multispecialty Research Hospital (MSRH).
e. Open Brain Health clinical building and transfer Neurology/Biggs faculty there.
f. Partner with UH to provide appropriate care at their new community hospitals, consider shifting some services to these new peripheral locations.
g. Establish new out-patient clinic locations. Use the Analytics Center to define future locations and staffing.
   i. Conduct thorough analysis of the region utilizing such tools as Sg2 and community surveys for need and competition. The analyses and decisions must be made objectively and not be influenced by internal politics or push for projects without benefit to the overall Practice.
   ii. Determine what clinical services could be placed at what locations and within what timelines to meet projected needs.
   iii. Assess what specialties would be maintained at selected sites and calculate driving times for different care levels.
   iv. Decide whether to lease, buy or build the clinic site.
   v. Generate a business plan for each new location using the above financial analyses.

Strategy 4: Develop networks with community providers and leverage the affiliations to improve access, enhance quality and strengthen coordination of care. UTHP alone will not be able to directly serve the rapidly growing population of the region. It will need the participation of other providers.

a. Continue to expand Regional Physicians Network, the Medicare Accountable Care Organization of UTHP, with additional primary care providers and covered lives.
b. Create partnerships with community providers to expand access, either by merger, extending Epic or creating a Clinically Integrated Network for value-based contract models with other payors.
c. Coordinate more efficiently with University Medical Associates (UMA) on shared patients and processes.

Strategy 5: Assess in real time opportunity and threats. The strategies being developed for UTHP's future can be derailed by competition or missed opportunities for market share, providers and support personnel.

a. Create a committee of UTHP leaders to regularly determine opportunities and threats.

METRICS of SUCCESS - Success will be measured by whether the Process Improvement Team and the Analytics Center are constituted. We will also assess the following questions in assessing metrics of success for this goal: Do these two groups have work plans? Are RVUs/FTE and clinic exam room utilization/FTE improved? Is the CMO participating in annual reviews of the clinic medical directors? What is the number and overall fraction of clinic sessions that occur after hours? Has Kyle Seale Parkway clinic (KSP) opened? What are the KSP RVUs/sFTE? What is the financial performance to budget? Has the UT MSRH opened? What are the admissions/time? Was 340b obtained? What is the MSRH financial performance to budget? How many new sites have been established and what are their RVUs/FTE? Are the meetings on threats/opportunities taking place and have recommendations been offered?

GOAL 2: MAKE LIVES BETTER

As UTHP touches more lives, its goal is to make the lives it touches better. As an academic medical institution, the providers practice what they teach, and they teach leading-edge therapies and procedures. UTHP will constantly pursue the most effective delivery of the finest quality of care.

Strategy 1: Use the Analytics Centers to analyze clinical outcomes and quality data to develop continuous improvement plans.

    a. Use the Epic Optimization Team to enhance structured documentation to improve quality and efficiency of providers.
    b. Deploy the Analytics Center for robust analytics of clinical decision-making.
    c. Establish specialty- or clinic-specific processes to review and address improvement opportunities.
    d. Use the quality data collected for value-based contract negotiations and marketing the practice to the community.
    e. Work with UH to improve in-patient quality and safety through the Quality Incentive Agreement and other joint quality efforts.
    f. Promote improvement in national benchmarks such as US News and World Report and Leapfrog rankings for UT Health and UH.

Strategy 2: Enhance the patient experience. UTHP must *exceed* the patient's expectations for their interactions with us in every interaction.

    a. Create a Patient Experience Education Program with curricula for providers and staff.
    b. Continue Patient Experience Surveys and share results with specialty and department leadership.
    c. Work with UH and the VA to improve physician in-patient HCAHP scores.
    d. Enhance our digital healthcare experience by improving each patient's digital touch point with us and create additional capabilities to meet evolving patient needs.
    e. Improve access when and where the patient needs it.
    f. Create a Tier 1 program for UT Select, Community First and UMA patients to enhance access.

Strategy 3: Create multi-disciplinary service lines for specific medical conditions. These provide one clinic for patients with diseases that affect multiple organ systems in a highly coordinated and integrated manner to improve efficient care delivery.

a. Continue development of the multi-disciplinary Spine Center in the MARC.
b. Establish further coordination between all services caring for oncology patients at the Mays Cancer Center and the UT MSRH while maintaining excellent oncology service at UH for their cancer patients.
c. Increase integration of Cardiology, Cardiovascular Surgery, and related services into a service line, and expand the relationship of this service line with UH.
d. Grow the Sports Medicine Service Line.
e. Create an overall UTHP Service Line Director which would be tasked with overseeing the creation, development, and operations of the various service lines.
f. Promote service line creation and integration in the Multi-Specialty Research Hospital.

Strategy 5: Provide community outreach and service. Care for the unfunded/underfunded of the region is the mission of both UH and UTHP. The partnership with UH served the community immensely during the COVID-19 pandemic and demonstrated the power of alignment of the two institutions.

a. Continue providing community health care and education in collaboration with UH, STRAC and Metro Health. Survey UH annually for service improvement areas.
b. Support the student-faculty collaborative clinics by extending Epic and hiring a director.
c. Support the development of the new UT Health San Antonio School of Public Health and enhance its impact on the public health of the region.
d. Continue working with UH and the VA to train providers for the region.

METRICS of SUCCESS - Has a formal patient experience training program been established? Are patient satisfaction surveys improved? Is Tier 1 access being communicated, implemented and monitored? What are the RVUs/FTE for the Spine Center, Sports Medicine and Cardiology/CT surgery? Are surveys of UH and the VA for service improvement occurring? Are areas where deficiencies are identified addressed in an action plan?

GOAL 3: PROVIDE HIGHEST QUALITY OUTCOMES WHILE CONTROLLING COSTS

UTHP must not only demonstrate that it provides high quality care with superior outcomes, but that it also has wisely used clinical resources and contained costs.

Strategy 1: Develop processes to continuously analyze quality and outcomes data combined with resource-utilization and cost information.   UTHP must be able to determine and manage the costs of achieving target outcomes and quality metrics to enhance the margin of value-based contracts and Medicaid waiver programs.

a. Use the Analytics Center to analyze costs and develop negotiation strategies and identify value propositions for third party payers.

Strategy 2: Identify opportunities for managing complex and resource-intensive cases through the entire episode of care. Recognize that some complex patients require close supervision of their care to improve quality, reduce complications, and contain costs.

a. Optimize existing Epic and clinic workflows to manage highly complex patients.
b. Employ other digital technologies to identify and follow these patients.
c. Cultivate alliances with UT, UH and community hospitalists to help them manage our complex patients.
d. Create care algorithms in the Multi-specialty and Research Hospital to manage complex cancer patients.

e. Develop relationships with community post-acute facilities for better management of UTHP and ACO patients and enhance their transition to home care.

Strategy 3: Establish provider affiliations to expand the network patient base for more effective contract negotiations. Provider networks improve coordination of care, improve access and by using standardized protocols and outcome and quality metrics, they improve patient care.

   a. Use the Analytics Center to identify provider groups that fit with the quality and culture of UTHP.
   b. Execute affiliations between these groups and UTHP to enhance access and promote referrals.
   c. Select the proper platform for data sharing, requiring assessment of ease-of-use, compatibility with various EMRs, and cost.

Strategy 4: Analyze the short-term and long-term consequences to charge Hospital Outpatient Department (HOPD) rates at UT Health sites. Converting the MARC Imaging Center and the Mays Cancer Center to HOPD, for example, would have dramatic immediate positive financial impact on the revenue of the Practice. However, there are negative consequences to charging HOPD rates; the patients' copays are higher, adding further financial burden on the patients. In addition, another negative consequence of HOPD rates is that it will increase the Medicare expenses for our ACO patients, making it more difficult to reach shared savings.

   a. Establish a Task Force to work with the Analytics Center to conduct the analysis of converting specific facilities to HOPD and identifying the short-term and long-term financial impact, as well as assessing the reputational consequences and the potential loss of GME support.

METRICS of SUCCESS - Is the Analytics Center reporting quality and cost data monthly? Are communications with hospitalists occurring in real time on our complex patients? Has the number of community provider affiliates increased? Has the number of ACO covered lives increased? Is there shared savings from the ACO? Is the UT MSRH open and what are its admissions over time? Are service line algorithms created for the MSRH? Does the MSRH have a positive margin?   Is HOPD billing implemented in appropriate clinic locations? Is it financially beneficial?

GOAL 4: CREATE A SUSTAINABLE PRACTICE

Some specialties and clinics that are essential for UTHP operate at a loss, and the margin from other clinical operations covers those losses. However, such subsidy cannot be taken for granted, and losses must be minimized while positive margins maximized for UTHP to expand delivery of superb health care to the region.

Strategy 1: Create processes for successful recruitment and effective retention of workforce at every level.

   a. Avoid desperation hires to fill an immediate need. UTHP should shy away from candidates who are simply looking for a "paycheck" or a job in which they just "clock in and clock out". This requires due diligence on every candidate, irrespective of position.
   b. UTHP must take definitive steps to ensure retention of its employees. The cost of replacing providers and staff is higher than retention. UTHP must continuously assess compensation, working conditions, benefits, professional development, advancement, and morale.

Strategy 2: Evaluate all new and existing clinical programs to ensure adequate downstream revenues and sustainability. There must be financial, operational, and/or strategic benefit to the LSOM for all clinical programs and that benefit must be sustainable.

 a. Review all clinical initiatives to make sure they can generate self-sustaining revenue. Consider opportunity costs in this review.
 b. Similarly, new and current clinical operations should be reviewed to ensure that the activity is of strategic benefit to the LSOM, fulfilling a clinical, educational, or research need.

Strategy 3: Ensure continuing investment in critical UTHP infrastructure.

 a. Use a fraction of the margin generated by the Multi-Specialty Research Hospital and other clinical enterprises in needed UTHP infrastructure.
 b. Establish quarterly meetings of UTHP leadership to plan for infrastructure investment which will inform the annual budget process.
 c. Generate business plans to assist in decision-making on investing in infrastructure.
 d. Attribute value-based care contract revenues, including TIPPs, to the entities that generated them. This will augment the ability of these essential infrastructure groups to grow, prosper, and ensure the success of future UTHSA endeavors.

METRICS of SUCCESS - Are faculty and staff attrition rates decreasing? Are Upward Evaluations of leaders improving? Are losses per patient volume decreasing in subsidized clinics? Are faculty hires being approved by the UTHP Executive Director? Is the margin from TIPPS attributed to the entities that earned it? What fraction and amount of the margin of the UT MSRH is invested in UTHP infrastructure?

Vision: UT Health will be the premier healthcare provider for the communities of Central and South Texas.

Research

Mission - Be an international leader in making high-impact, innovative discoveries that improve human health, health equity and the health care delivery system.

GOAL 1: CREATE A RESEARCH ENVIRONMENT THAT ATTRACTS, SUPPORTS AND RETAINS HIGH-POTENTIAL AND HIGH-PERFORMING RESEARCH TEAMS

Strategy 1.1: Increase targeted faculty and staff recruitment and retention.
1. Proactively identify strong prospective faculty and invite them for a seminar presentation.
2. Put targeted advertisements out highlighting institutional success and competitive start-up packages.
3. Use the knowledge of existing faculty to make contacts with prospective candidates.
4. Organize San Antonio symposia and meetings to target prospective applicants.
5. Provide research incentives to successful faculty based on productivity.

METRICS OF SUCCESS - Success will be measured by the number of well-funded faculty recruited to LSOM. In addition, the number of outstanding faculty whom we have been able to retain (defined by sustained extramural support over the years in LSOM) will be measured. We expect the majority of first-time tenure-track faculty we recruit to have a K or R00 NIH award.

Strategy 1.2: Develop formal processes for effective mentoring of faculty at all levels.
1. Establish a school-wide mentoring committee consisting of well-funded senior faculty members.
2. Mentors should be assigned based on input from the junior faculty mentees with input from the Chair/Director and the LSOM mentoring Committee.
3. Successful mentors who help junior faculty mentees to successfully compete for extramural funding should receive commendations and financial awards.
4. Successful mentees should play an active role in sharing experiences and then participate in the mentoring of other junior faculty.
5. Use the mentoring process to enhance diversity of students, fellows, and faculty of those under-represented in biomedical research.

METRICS OF SUCCESS - Success will be measured by how quickly junior faculty obtain their first NIH R01 or equivalent, and how we reduce the number of unfunded faculty in the LSOM. Further evidence of success will be whether at-risk faculty members are identified and proactively mentored to external funding. Whether the LSOM provides grant writing support and education regarding how to target study sections and NIH institutes to enable them to successfully compete for external funding will be assessed. Success will also be measured by how long after the grant writing course do new faculty submit a research grant and the success rate on 1st and 2nd submissions. Establishment of a new Hrabowski-like pipeline program for graduate student diversity is a measure of success. We will also measure the diversity of students, fellows and faculty in research.

Strategy 1.3: Support and track faculty research effort and productivity.
1. Establish a centralized dashboard to track faculty funding and publications.
2. Annual faculty evaluations should be used by Chairs/Directors to highlight faculty successes as well as to identify areas that need improvement.

3. Formulate benchmarks and milestones for all junior faculty to help ensure that they remain on track for obtaining promotion and tenure.
4. Fast track promotions and tenure of successful junior faculty.

METRICS OF SUCCESS - The goal will be ≥90% of tenure-track faculty within a Department, Center, or Institute maintaining at least one R01 or equivalent of federal funding. Additional parameters of success will be the number of publications each year and the impact factor of the journals in which each PI has published.

Strategy 1.4: Expand investigator interactions to create more effective multi-disciplinary teams, and reward teams that are successful in obtaining large multi-PI grants.
1. Increase awareness of multi-PI grant opportunities as well as consistent support from Office for Research to facilitate these grants by providing templates, support documents, as well as organization and advice.
2. Create small group meetings or workshops in thematic areas and invite faculty to join, with emphasis on bringing together investigators from different departments to enhance research synergy.
3. Incentivize group leaders and reward teams that are successful in obtaining extramural team science funding.
4. Establish inter-school teams that bring specific expertise and knowledge to develop large grant applications.
5. Organize workshops to permit successful teams to share their pathways in obtaining multi-PI and large extramural grants.

METRICS OF SUCCESS - Success will be measured by both the number and scope of multi-PI, program projects, and center grants that faculty are able to obtain.

GOAL 2: PROMOTE INCLUSIVE, COLLABORATIVE, MULTIDSICPLINARY RESEARCH AND COMMUNITY PARTNERSHIPS

Strategy 2.1: Develop robust pilot research funding programs in targeted areas and encourage participation.
1. Establish research focus groups consisting of basic and clinical faculty to prioritize research topics that have the highest probability of attracting extramural funding and to proactively seek participation of productive faculty to submit pilot grant applications.
2. Organize regular meetings of select research groups/group leaders to identify funding opportunities in the select areas.
3. Promote and review grant preparations and submissions from pilot programs.
4. Develop Standard Operating Procedures (SOP) and templates that outline all the required files for each type of NIH grant from basic research to clinical trials.
5. Promote research projects that impact our minority-majority city and region.

METRICS OF SUCCESS - This will be measured by the return on pilot grants in terms of NIH or equivalent extramural funding as well as the number of new applications and re-submissions. Investigators will submit progress reports every six months to show that satisfactory progress is being made on the pilot projects. We will measure grants and contracts funded and publications for projects that impact our community.

Strategy 2.2: Increase funding of multi-investigator collaborative research through NIH Center and Program grants.

1. Establish Chair-level interactions to share successful multi-PI grant-building strategies across Departments and Centers/Institutes.
2. Identify role models with multi-PI grant successes to provide consulting expertise.
3. Create regular brainstorming meetings and cross-discipline working groups.
4. Encourage faculty to collaborate with PIs outside of the organization to build strengths in MPI and other team science projects.
5. Provide templates, support documents, and guidance as needed to faculty applying for team science grants.

METRICS OF SUCCESS - Success will be measured by the number of multi-PI, program project grants, and similar large team science grants that are submitted and eventually funded.

Strategy 2.3: Align philanthropy with research needs and expand community partnerships in areas of brain health, aging, cancer, and metabolic diseases.

1. Align philanthropy, pilot funding, clinical sample access, and working groups that will lead to team science grants.
2. Engage our successful scientists/clinicians through presentations to potential donors for philanthropic support in target areas

METRICS OF SUCCESS - This will be measured by the amount of philanthropy obtained that supports research in these key areas. This philanthropic investment should focus on large pilot grants to enhance synergy among our top investigators and the strengths of existing research programs, as well as to develop new areas of impactful research.

GOAL 3: LEAD DISCOVERY IN EMERGING RESEARCH AREAS TO CREATE NEW KNOWLEDGE, TREATMENTS AND INTELLECTUL PROPERTY

Strategy 3.1: Identify research teams and areas that have maximal translational potential to develop diagnostics or therapeutics.

1. Assemble subcommittees for focus groups representing areas of major strengths (chaired by a senior investigator with the appropriate leadership and expertise).
   a. Aging
   b. Neuroscience and dementia
   c. Cancer
   d. Metabolism/Inflammation and Diabetes
   e. Infectious Diseases
   f. Data Science and Artificial Intelligence (AI)
2. Provide financial resources to each focus group to stimulate collaborative and synergistic activities within teams that will lead to high impact findings, team science grants, and center grants.
3. Aggressively pursue philanthropic gifts or venture capital to support initiatives to maximize success and outcomes.

METRICS OF SUCCESS - Number of initial disclosures by the faculty to the Office of Technology Commercialization (OTC), number of submitted small business NIH grants, number of patent applications filed and granted, amount of licensing royalties obtained, number of FDA INDs obtained, number of

Orphan or Fast-Track designations, number of phase 1/2/3 trials from our science that are opened to accrual here or at partner institutions.

Strategy 3.2: Create lecture-based courses, which can be viewed at any time, to focus on translational mechanisms and commercialization.
1. Develop courses to provide guidance in the basic principles of drug discovery and commercialization, as well as on how to conduct clinical trials.
2. Encourage trainees and faculty to take advantage of these courses.
3. Issue certificates attesting to course participation and completion.

METRICS OF SUCCESS - Success is defined as establishing courses featuring internal and external speakers who have class-leading expertise in the commercialization of discoveries.

Strategy 3.3: Develop effective methods to incentivize the commercialization of high-impact research discoveries.
1. Strengthen interactions between the OTC and investigators.
2. Eliminate barriers in successfully connecting IP filing to commercialization.
3. Increase personnel strength at OTC to reach out to faculty on a regular basis.
4. Use pilot projects for using specific cores for data acquisition to enhance commercialization, such as a voucher that could be used for the Center for Innovative Drug Discovery.

METRICS OF SUCCESS - This will be measured by an increasing percentage of our faculty disclosing inventions to OTC to exploit available infrastructure for commercialization of research findings and inventions. Success will also be measured by the number of disclosures, patents, licenses and royalties derived from the pilot projects.

Strategy 3.4: Support robust core facilities and expand core facility services.
1. Assemble subcommittees of focus groups representing areas of major strengths (chaired by a senior investigator with the appropriate leadership and expertise).
    a. Aging
    b. Neuroscience
    c. Cancer
    d. Metabolism/Inflammation
    e. Infectious Diseases
    f. Big Data Science/Data Mining
2. Provide financial resources to each focus group to stimulate collaborative and synergistic activities within teams that will lead to high impact findings, team science grants, and center grants. Consider small grants that can only be used by the PI's applying for a specific core. For example, a voucher that could be used for the "Drug Discovery Core".
    a) Aggressively pursue philanthropic gifts to support initiatives to maximize success and outcomes.
    b) Create and strengthen the following cores:
        a. Computational biology
        b. Transgenic animal core
        c. Proteomics/other omics
        d. Gene editing (CRISPR technologies)
        e. Drug discovery and development
        f. Protein production and biochemistry support
        g. Structural biology
        h. Imaging Core/RII

METRICS OF SUCCESS - When investment is made in new core infrastructure, usage of cores should increase, and user satisfaction should increase. Core support should be clearly listed in the acknowledgement section of every publication by faculty.

GOAL 4: GROW CLINICAL AND TRANSLATIONAL RESEARCH THAT LEVERAGES OUR EXPANDING CLINICAL FOOTPRINT

Strategy 4.1: Enhance the clinical trials infrastructure
1. Recruit and retain a highly productive clinical trials staff.
2. Enhance processes for in-patient clinical trials at UH, the VA and the UT MSRH.
3. Establish clinical trial training for faculty primarily engaged in basic research.
4. Provide financial incentives for departments to engage in clinical trials.
5. Identify areas of research potential based on our institutional strengths, faculty, and the patient population in our catchment area.
6. Establish an institutional tracking system to monitor the opening and accruals of clinical trials, especially investigator-initiated trials.
7. Increase central support of data collection and analysis.
8. Provide mentorship for junior translational scientists and pair them with successful senior colleagues and with clinicians.

METRICS OF SUCCESS - Success will be measured by retention of the Clinical Trials Office staff, the number of clinical trials initiated or completed, and the number of patients enrolled in trials. Success will also be measured by the increase in the number of faculty engaged in clinical trials, promotion and retention of these faculty, overall amount of clinical trial funding from federal and non-federal sources. A crucial metric will be the number of new therapeutic trials that successfully demonstrate efficacy.

Strategy 4.2: Enhance clinician contributions to translational research in basic science departments.
1. Recruit and retain successful senior physician investigators to help develop and mentor junior basic science faculty.
2. Reward departments for obtaining external funding for the protected research time of their physicians.
3. Annually evaluate protected research time for metrics of productivity and renew based on prior productivity.
4. Develop programs to identify and retain outstanding trainees in clinical departments and fast track them into faculty positions.

METRICS OF SUCCESS - This will be measured by the number of collaborations that are established between clinical/translational and basic science investigators as measured by co-authored publications. Success will also be measured by how many grant applications are submitted as collaborative efforts between clinical/translational and basic research investigators, and by the number of extramural collaborative grants obtained.

Strategy 4.3: Strengthen critical translational research support platforms including bio-banking, clinical informatics and bioinformatics, artificial intelligence, and data analytics.
1. Establish biannual workshops to foster strong interactions between bio-informatic and Artificial Intelligence (AI) data analysts and clinical staff.
2. Establish a web page that facilitates connections between UT Health faculty and biobanking, biostatisticians and informatics.
3. Assemble like-minded working groups to develop clinical trials that use state of the art

informatics, AI, and analytics as part of IITs.

METRICS OF SUCCESS - Success will be measure by the number of faculty users of the above cores. The number of publications and grants that acknowledge biobanking, clinical or bioinformatics or biostatistics cores in a manuscript or funded on an external grant or contract will be assessed. The number of bio-samples collected and their usage by investigators across UT Health will be measured. The successful development of methods to enhance data analytics and the application of artificial intelligence will also be measured.

Strategy 4.4: Leverage the UT Health Multidisciplinary and Research Hospital to promote clinical research and utilization of data analytics to promote patient care.
1. Use clinical trials to offer cutting edge care not yet widely available.
2. Match basic researchers in a specific disease to physicians working in the hospital.
3. Create a navigator to streamline approval of trials for the hospital.
4. Develop programs to inform clinical faculty of open trials to boost patient accrual.
5. Develop methods to identify potential patient candidates for trials upon hospital admission and a system to relay this information to nurses and staff.
6. Create disease-based teams that work at the UT MSRH to define novel approaches to complex clinical problems that could lead investigator-initiated trials.
7. Make use of the mentoring program for clinicians to become educated in clinical trials.
8. Enhance data analytics and AI to improve the quality of patient care.

METRICS OF SUCCESS - This will be measured by the number of open clinical trials and their accruals at the UT Health Multispecialty Research Hospital (UT MSRH). Also, the number of publications and amount of external funding from trials at the UT MSRH will be assessed. Most importantly, we will measure how many trials and accruals at the UT MSRH came from our science.

Vision- We will translate our innovative discoveries into new treatments, devices, or diagnostics that will save lives.

EDUCATION

Mission - Be the university of choice for educating health professionals and scientists focused on transforming health and health care for all.

GOAL 1: BROADEN OPPORTUNITIES ON THE PATHWAY TO MEDICAL PRACTICE THAT DEEPEN OUR CONNECTION TO OUR COMMUNITIES

Strategy 1a: Increase medical school class size. Plan an increase to 240 by entry year 2024.

Strategy 1b: Expand academic support programming. Tactics include novel or expanded utilization of learning specialists, academic advisors, validated self-assessment instruments, and test prep services to support learners, as well as developing systems to identify and intervene early with struggling learners.

Strategy 1c: Support pathway/pipeline programs and other recruitment initiatives to enhance diversity of the undergraduate and graduate medical educational programs. Tactics include building new and leveraging existing partnerships to enhance recruitment into medical school, residencies, faculty, and staff positions (e.g., CASTMed high school, BEAT Academy, HBCUs, Diversity Visiting Scholars Program, Hispanic Faculty Association).

Strategy 1d: Increase the training of residents to meet the needs of the expanding regional population, in partnership with UH and the VA.

Strategy 1e: Include education on social determinants of health in both the undergraduate and graduate medical educational programs.

METRICS OF SUCCESS - One key metric will be whether the medical school class size reaches 240/yr. Have the staff been hired, and the anatomy teaching space renovated for these added students? What is the GPA and MCAT scores of the entering class and how do they compare to other UT medical schools? What is the fraction of women and under-represented in medicine enrolled? Another metric of success is whether the residency programs have increased on pace with the growth in the region. Are the added residents passing boards? Staying in the region to practice?

GOAL 2: EQUIP LEARNERS WITH SKILLS FOR SUCCESSFUL TRANSITIONS THROUGH THE MEDICAL EDUCATION CONTINUUM: UME TO GME, GME TO PRACTICE, AND TRANSITIONS WITHIN A MEDICAL CAREER VIA CME

Strategy 2a: Build knowledge and skills in cultural competency in learners. Tactics include development of a GME MPH program and expanded elective and track opportunities in SDOH within GME.

Strategy 2b: Modify UME curriculum to optimize the transition to residency. Tactics include transitioning the start of the clerkship phase to the end of MS2 year, increasing professional identity formation activities within the curriculum, building curricular and co-curricular activities that promote development of self-regulated learning skills, and improving clinical observation and feedback experiences for both learners and teachers.

Strategy 2c: Establish a coaching program for medical students. All medical students will have a 4-year coach to assist with goal setting, academic success, self-reflection, specialty discernment, professional identity formation and professional behaviors.

METRICS OF SUCCESS - Has the residency MPH program been initiated? Has the Entrustable Professional Activities program for transition to residency been implemented? Has the coaching program been implemented?

GOAL 3: OFFER INNOVATIVE EDUCATIONAL TRACKS THAT PREPARE LEARNERS TO HAVE A POSITIVE IMPACT ON SOCIETY AND THE POPULATIONS WE SERVE

Strategy 3a: Develop cross-program educational tracks and electives in GME. Tracks and electives for residents in areas of Health Systems Science, Leadership.

Strategy 3b: Offer medical students additional dual-degree programs. Create Dual degree offerings in AI/Informatics (MD/MS) and business (MD/MBA) in the next 5 years.

Strategy 3c: As part of continuous quality improvement, review the undergraduate curriculum for equity and diversity in the presentation of knowledge.

Strategy 3d: CME to work with faculty activity directors to identify opportunities for diversity awareness and involvement in existing activities as well as expanded ones. CME programs to include diverse faculty and community physicians and scientists as speakers and organizers.

Strategy 3e: Proactively recruit a diverse faculty for role models for our students and trainees.

METRICS OF SUCCESS - We will ask whether the visiting diversity scholars program expanded to 15 by 2023 and 20 by 2025 with a Match rate here of at least 25%. Has the IM Equity track begun? Has the GME Office cross-discipline health equity elective started by July 2024 with cross-program track by 2025 with 4 Programs and 15 Residents to grow to 8 Programs with 40 residents by 2027? What are the practice locations in HPSAs of graduates from the track? Has CME included in their activity planning guide inclusion of DEI? Has CME had an increase in the fraction of under-represented speakers? Is there an increase in community physicians reached by CME by 10%? Does the diversity of our student, trainee and faculty populations mirror our community?

GOAL 3: PIONEER INNOVATIVE APPROACHES TO SYSTEMIC AND INDIVIDUAL WELLNESS TO CREATE A THRIVING LEARNING ENVIRONMENT

Strategy 4a: Stand up a Systems-Focused Wellness Committee in GME. Committee will identify and address systems-based factors that impact well-being of teachers and learners in the clinical environment.

Strategy 4b: Start the planned LSOM Wellness Council. Council will identify offerings and gaps in programming at LSOM for student, faculty, and staff wellness and make recommendations to the dean.

Strategy 4c: Supplement existing wellness programming in GME in collaboration with UH and the VA. Building on ongoing wellness efforts in GME, tactics will include systematic collection of wellness information using validated instruments and expanding the reach of the Wellness Home and Wellness podcast.

Strategy 4d: Provide on-site counseling services for faculty. Establishment of on-site access to services for faculty to reduce barriers to engaging with counseling and mental health care.

Strategy 4e: Increase residency program coordinator retention and skill sets. Stability and high performance in residency/fellowship program coordinator roles are both essential to high functioning GME programs in an increasingly complex system.

METRICS OF SUCCESS - Are the GME and LSOM Wellness Committees initiated? What is the number and type of wellness activities sponsored? Is there counseling for faculty like for students and residents? Has the attrition rate of residency program coordinators decreased?