Strategic Planning Retreat
August 27, 2015
Strategic Planning Timeline

- **May 2015**: Overall Committee Charged
- **June-August 2015**: Committees Meet
- **June 2015**: Individual Committees Charged
- **August 2015**: Retreat
- **Sept-Oct 2015**: Committees Re convene
- **November 2015**: Committee Reports due to Executive Committee
- **Nov-Dec 2015**: Executive Committee Reviews, COMAC and Faculty Reviews
- **March 2015**: Call for COM participants
- **Jan-April 2016**: Implementation Planning for FY17
### Retreat Agenda

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
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<tbody>
<tr>
<td>8:00 am</td>
<td>Registration and Breakfast</td>
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<tr>
<td>8:30 am</td>
<td>Welcome from Dean Morin</td>
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<tr>
<td>8:45 am</td>
<td>Financial overview from Brian Cote</td>
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<tr>
<td>9:00 am</td>
<td>Overview from each Committee</td>
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<td>10:20 am</td>
<td>Break</td>
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<td>10:35 am</td>
<td>Morning Breakout Groups</td>
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<tr>
<td>11:45 am</td>
<td>Lunch: Committee Leaders/Reports merge group reports</td>
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<tr>
<td>1:00 pm</td>
<td>Morning Breakout reports from each Committee</td>
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<td>2:00 pm</td>
<td>Afternoon Breakout Groups</td>
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<tr>
<td>3:10 pm</td>
<td>Break: Committee Leaders/Reporters merge group reports</td>
</tr>
<tr>
<td>3:30 pm</td>
<td>Afternoon Breakout reports from each Committee</td>
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<tr>
<td>4:30 pm</td>
<td>Closing Remarks from Dean Morin</td>
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<tr>
<td>4:35 pm</td>
<td>Reception: Drinks &amp; hors d'oeuvres</td>
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Financial Overview
Brian Cote, MBA, Senior Associate Dean
COM FY15 Expense Total
$176,840,666

- General Fund (22%)
- Income/Expense (2%)
- Other Unrestricted (0%)
- Sponsored Activities (62%)
- Gifts, Endowment, & Loans (14%)
Incentive Based Budgeting (IBB)

- Responsibility Centers (Academic Units)
  - Revenue Generating Units
- Cost Centers (Central Administrative Units)
- All Revenue is distributed back to the Responsibility Center that Generated it.
- A series of allocated university overheads is applied against the revenue to cover cost center expenses
- Net Revenue (after all allocated university overhead) Becomes the Responsibility Centers Spendable Budget
FY16 General Fund Revenue Projection
$69,160,000

- Undergraduate Tuition (7%)
- Graduate Tuition (0%)
- F&A Recovery (25%)
- Subvention/Other Income (19%)
- Medical Tuition (33%)
- Non-Degree & Summer Tuition (2%)
- State Appropriation (14%)
COM FY 16 GF Total Expense Total: $69,160,000

$31,180,000, 45%

$37,980,000, 55%

Direct Expense (55%)

Allocated University Overhead (45%): Central Research Enterprise (9%), Space Cost (32%) and Central Admin Cost Pools (59%)
COM General Fund Direct Expense
Total $37,980,000

- FTARRS - Department (59%)
- COM Dean's Office (16%)
- Medical Education Administration (8%)
- Research Support (10%)
- Graduate Student Stipend and Admin (2%)
- COM Information Systems (5%)
Medical Education Expense Composite
Total Expense: $20,733,320
Total Revenue: $22,770,000

- Department - FTARRS (49%)
- Med Ed Admin (15%)
- 66.67% of IT (6%)
- 42.5% of COM Dean's Office (12%)
- Allocated University Overhead (18%)
Research Expense Composite
Total Expense: $22,049,951
Total Revenue: $17,260,000

- Department - FTARRS (23%)
- 33.34% of IT (3%)
- Allocated University Overhead (53%)
- Research Support (17%)
- 42.5% of COM Dean's Office (4%)
Overview
Research Committee A
Research A Members

Ira Bernstein
Elizabeth Bonney
Brian Cote
Mary Cushman
Gregory Holmes
Charles Irvin
Beth Kirkpatrick
Lyndelle Lebruin
Debra Leonard, Co-Chair
Kim Luebbers

Mark Nelson, Co-Chair
Kaela Plant, Recorder
Gary Stein
Russell Tracy, Dean’s Office Support
Claire Verschragen
Richard Wasserman
Richard Watts
Research A Process

10 one hour meetings to date

Presentations and Data on:
- Overview & Data on COM Research (Tracy)
- Core Facilities 2015 Review Reports (Tracy)
- Health Services Research (Wasserman)
- IDeA Grant Opportunities (Irvin)
- Clinical Research Infrastructure (Luebbers/Kirkpatrick)
- Jeffords Institute (Noonan/Kaigle-Holm)
- Tenure Track Faculty Attrition (Irvin)

Discussions & draft recommendation development
Overarching Goal of Recommendations

Enhance the research environment at the COM to facilitate and promote strong, notable and fundable research by current and new faculty
1. Faculty Training and Support

**Goal:**
Develop a strong research faculty training and support infrastructure to foster research excellence and success in basic, clinical, translational and health services/population research (e.g. grant writing training & review, grant type selection, mentoring, program project facilitation & support, clear clinical trials infrastructure & support, streamlined administrative requirements).

**Possible Action Item:**
Convene a work group to recommend the design, function, implementation, and success metrics of this support and training system for research faculty. Also develop a financial analysis and plan to support this program, including grant support.

**Timeline:** Work group report due in 3 months.
2. Team Science

**Goal:**
Enhance cross disciplinary “team science” collaboration and integration among basic scientists, clinicians and translational researchers (e.g. research expertise database, focus COM research priorities with regular review, promote a collaborative/interactive environment, explore integration of basic science and clinical departments, shared models for support of centers/institutes & faculty recruitment and ongoing support).

**Possible Action Item:**
Convene a work group to assess and recommend a specific action plan to promote team science efforts.

**Timeline:** Work group report due in 6 months.
3. Big Data

**Goal:**
Develop infrastructure to facilitate and support big data analysis in basic, translational, clinical, and health services research, which is essential for facilitating all aspects of modern biomedical research (e.g. support for database management, bioinformatics, biostatistics, medical informatics, computing strength, storage capacity, assurance of privacy & confidentiality for clinical, billing, imaging, consumer health, public health and “omics” [genomics, proteomics, etc.] data sources).

**Possible Action Item:**
Convene a group to recommend the design, function, implementation, and success metrics for big data capabilities, including a financial analysis and plan to support this program, including grant support.

**Timeline:** Work group report due in 3 months
4. Core Facilities

Goal:
Develop infrastructure to facilitate and support big data analysis in basic, translational, clinical, and health services research, which is essential for facilitating all aspects of modern biomedical research (e.g. support for database management, bioinformatics, biostatistics, medical informatics, computing strength, storage capacity, assurance of privacy & confidentiality for clinical, billing, imaging, consumer health, public health and “omics” [genomics, proteomics, etc.] data sources).

Possible Action Item:
Convene a group to recommend actions for existing and new cores based on existing information and information the group will collect about needs and shared equipment.

Timeline: Work group report due in 6 months.
5. Health Services Research

**Goal:**
Provide a design for health services research at the UVM COM, with a target of becoming a national leader in this field, with a focus on healthcare reform especially in Vermont and the greater region.

- Design model for HSR at UVM COM or leave to leader
- Recruit a HSR leader to implement HSR infrastructure & funding
- Expand & leverage Jeffords Institute research program

**Possible Action Item:**
Make decision on approach and engage in process.

**Timeline:** Recruitment with start up package completed in 1 year.
6. Graduate Students

**Goal:**
Strengthen resources for graduate training at the College of Medicine to assure the continued viability of research training

- Systematically identify training grant opportunities, directions for new training programs, and individuals to lead the programs
- Develop new training BS/MS combined training opportunities
- Create a central location for researchers & students to access up-to-date grant and fellowship opportunities

**Possible Action Item:**
Convene a work group to recommend a graduate training strategic plan.

**Timeline:** Work group report due in 3 months.
Questions for Discussion

1. How can we maximize the benefit of COM Resources?
2. How can we best accomplish increased capabilities in Informatics?
3. What structure would best support multi-disciplinary team-based research initiatives?
4. What structure and organization is best for a Health Services Research Program at the COM?
5. What is the optimal vision for PhD education at the UVM COM?
6. What feedback do you have for the draft recommendations? What is missing?
## Research Committee B

<table>
<thead>
<tr>
<th>Name</th>
<th>Department</th>
<th>Committee Role</th>
</tr>
</thead>
<tbody>
<tr>
<td>Robert Althof, MD, PhD</td>
<td>Psychiatry</td>
<td></td>
</tr>
<tr>
<td>Jonathan Boyson, PhD</td>
<td>Surgery</td>
<td></td>
</tr>
<tr>
<td>Marilyn Cipolla, PhD</td>
<td>Neuro Sciences</td>
<td>Exec Committee Rep</td>
</tr>
<tr>
<td>Brian Cote</td>
<td>Dean's Office</td>
<td></td>
</tr>
<tr>
<td>Eric Gagnon</td>
<td>Medicine</td>
<td>Secretary</td>
</tr>
<tr>
<td>Richard Galbraith, MD</td>
<td>Medicine</td>
<td></td>
</tr>
<tr>
<td>Rodger Kessler, MD</td>
<td>Family Medicine</td>
<td></td>
</tr>
<tr>
<td>Donald Matthews, MD</td>
<td>Anesthesiology</td>
<td></td>
</tr>
<tr>
<td>Polly Parsons, MD</td>
<td>Medicine</td>
<td></td>
</tr>
<tr>
<td>Robert Pierratini, MD</td>
<td>Psychiatry</td>
<td>Co-Chair</td>
</tr>
<tr>
<td>Douglas Taatjes, PhD</td>
<td>Pathology</td>
<td></td>
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<tr>
<td>Gary Ward, PhD</td>
<td>MMG</td>
<td></td>
</tr>
<tr>
<td>David Warshaw, PhD</td>
<td>Physiology</td>
<td>Co-Chair</td>
</tr>
<tr>
<td>Daniel Weiss, MD, PhD</td>
<td>Medicine</td>
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</table>
Research Committee B

**CHARGE: Connecting the vision to the finances to make it possible**

I. Enhancing current sources
   a) Grantsmanship
   b) Mentorship by individual and groups

II. Diversifying sources of funding
   a) Corporations & foundations
   b) Tech transfer, SPARK, & SBIR/STTR
   c) Upstream funding
   d) Philanthropy

III. Align current commitments and resources
   a) Cores, centers, and departmental shared resources
   b) Current center and departmental commitments
Research Committee B

**CHARGE: Connecting the vision to the finances to make it possible**

I. Enhancing current sources
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Research Committee B

Enhancing and diversifying sources of extramural financial support

1. NIH IS NOT THE ONLY GAME IN TOWN!
   - Federal Agencies (e.g. DOD, DOE, NSF, PCORI)
   - Industry
   - Foundations
   - Tech Commercialization
   - Philanthropy

Question: (Richard Galbraith, Discussion Leader)

What is the best way to engage or familiarize faculty with the resources that currently exist or could be created at UVM to assist them in this search process?

What is most needed by faculty to secure funding for their research endeavors?
Research Committee B

Enhancing and diversifying sources of extramural financial support

**Actionable Suggestions**

*Linking Faculty to Diverse Funding Opportunities*

1. Better utilize SPA personnel and search engines for identifying funding opportunities.
2. Create a “Research Navigator” that matches faculty to funding opportunity.
3. Form a Workgroup that creates a “Living Playbook” for “Cost/Benefit” analysis of various funding sources.
4. Educate faculty about resources and alternate funding sources through departmental workshops.
Research Committee B

Enhancing and diversifying sources of extramural financial support

Actionable Suggestions

Incentivize Faculty to Pursue Alternate Funding Sources

1. Explore an incentive-based system to encourage faculty to increase research funding.
   • Individual Investigators initiated proposals.
   • Large multi-PI proposals (COBRE, PPG, T32).

Questions: (David Warshaw, Discussion Leader)

Do we agree that these large grants are valuable and deserve strong support from the faculty collectively? If so, how do we incentivize and support eligible PIs to pursue them?
Research Committee B

**CHARGE: Connecting the vision to the finances to make it possible**

I. Enhancing current sources
   - a) Grantsmanship
   - b) Mentorship by individual and groups

II. Diversifying sources of funding
   - a) Corporations & foundations
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   - c) Upstream funding
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III. Align current commitments and resources
   - a) Cores, centers, and departmental shared resources
   - b) Current center and departmental commitments
Research Committee B

Align current commitments and resources
Cores, Centers, and Departmental Shared Resources

**Actionable Suggestions**

**Effective Use of Limited resources**

Cores are a critical resource to faculty and their competitiveness. However, principles that govern implementation, evaluation, and decommissioning are needed.

1. Adopt COM Research Core Facilities Report with recommended changes.
2. SADR should oversee Cores with advice from Dean’s Research Advisory Council.
Research Committee B

**Align current commitments and resources**

Cores, Centers, and Departmental Shared Resources

**Actionable Suggestions**

**Effective Use of Limited resources**

Centers, Institutes, and Programs exist within the COM many of which receive COM financial support. However, principles that govern their creation, evaluation, and decommissioning are needed.

1. As with Cores, existing Centers, Institutes, and Programs should be reviewed with a recommendation to adopt principles governing their existence and support.

**Questions: (Bob Pierattini, Discussion Leader)**

- What is a Center and its potential value?
- What are the attributes of a Center that justify ongoing COM financial support?
- What process should be developed for ongoing review of centers?
Overview
Education Committee A
Education A Members

Chris Berger
Jan Carney, Dean’s Office Support
Brian Cote
Eileen CichoskiKelly
Kristen DeStigter, Co-Chair
Claudia Gwilliam
Jim Hudziak
Ted James
Doug Johnson

Claude Nichols, Co-Chair
Paula Tracy
Margaret Vizzard
Tamara Williams
Three Areas of Discussion

1. **Inventory** of current College of Medicine Graduate and Undergraduate Courses and Programs;

2. **UVM approval processes** for graduate and undergraduate courses, including COM committees and process.

3. **New ideas and possibilities** for COM courses and programs, including but not limited to, undergraduate, graduate, UVM Honors College, and non-credit.

The Committee also met with UVM Continuing and Distance Education to discuss current and future potential offerings.
Recommendations - Inventory

1. Inventory

Maintain an ongoing inventory and metrics (enrollment, trends, revenue, etc.) related to College of Medicine courses, non-credit, undergraduate majors and minors, and graduate programs (certificates and degrees).
Recommendations – Approval Processes

2. Approval Processes:

A. The Committee recommends a College of Medicine Education Committee (or other name) for all non-doctoral education that would encompass non-credit, undergraduate and graduate credit.

Proposals for new initiatives would be reviewed by the Department Chair, COM Education Committee, COM Dean’s Office.

This committee might be modeled on the current Medical Curriculum Committee with both elected and appointed members, to ensure diverse departmental representation.
Recommendations – Approval Processes

2. Approval Processes

B. Development of Core Resources in the College of Medicine to support development of non-doctoral education that can rapidly respond to educational needs, gaps, and innovations, both local and national (or international).

Specific needs: Navigating and tracking approval processes; facilitating ongoing collaboration with UVM Continuing and Distance Education.

This role may be well-suited for the Teaching Academy.
Recommendations – New Ideas for Courses and Programs

• Non-Credit Portfolio
  • (Timeline – 6 months)

• Undergraduate and Graduate Programs
  • (Estimated Timeline - 1 Year)

• Additional Study/Vetting/Market Research
  • (6 months to determine best options)
Recommendations: New Ideas for a Non-Credit Portfolio

1. **Summer Institute.** Pre-Medical Preparation (MCAT, Clinical Simulation and Clinical Experiences). Summer-long (6 to 8 weeks for undergraduate students Target audiences would likely be post-baccalaureate pre-meds here as well as undergraduate students at UVM, regionally, and nationally.

2. **Non-credit consumer/patient health education certificate.** Rationale: Chronic conditions (one or more) drive up health care costs. The goal is ensuring patients are partners in their health.

3. **Non-credit health courses (or certificate)** for UVM, health care organizations (including insurers), government, other organizations or businesses (as part of employees’ job).
Recommendations: New Ideas for Undergraduate and Graduate Programs

1. Undergraduate
   - Behavior Change Health Studies Minor – in process.
   - Consider also Non-credit “how to” for other schools; online, and/or summer institute.

2. Master’s Degrees
   - Genetic Counseling (Degree or Certificate of Graduate Study)
   - Physician Assistant program – Master’s Degree granted. Curriculum would fit well with Master of Medical Science program, and local and national needs.
   - Medical Sonography – Associate Degree (2-year program); Bachelor’s Degree; Certificate of Graduate Study. This would fit local and national needs and our expertise. (CDE recommends additional market research to prioritize.)
Recommendations for Additional Vetting/Market Research

1. Global Health – Graduate Certificate or Degree Program; Non-credit options

2. Other potential Non-doctoral Graduate Programs:
   • Biotechnology
   • Forensic Science
   • Bioinformatics – What would make UVM’s program unique?

3. Other additions to Non-Credit portfolio, such as courses/certificates for high school science teachers.
## SWOT Analysis
Non-Doctoral Educational Initiatives

<table>
<thead>
<tr>
<th>STRENGTHS</th>
<th>WEAKNESSES</th>
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<tbody>
<tr>
<td>Internal</td>
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<tr>
<td>• National expertise of Faculty</td>
<td>• Faculty Time</td>
</tr>
<tr>
<td>• Course and Program Content</td>
<td>• Not knowing external market well</td>
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<tr>
<td>• Teaching Academy at COM</td>
<td>• Faculty not well versed in work of CDE (yet)</td>
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<tr>
<td></td>
<td>• Lack of COM infrastructure to support rapid course and program development</td>
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<tr>
<td>External</td>
<td></td>
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<tr>
<td>• Could start some initiatives tomorrow!</td>
<td>• University Course/Program Approval Process</td>
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<tr>
<td>• More revenues to COM</td>
<td>• IBB used at other universities?</td>
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<tr>
<td>• Collaboration with UVM CDE</td>
<td></td>
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<tr>
<td>• IBB</td>
<td></td>
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<tr>
<td>• Teaching Academy at COM</td>
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Recommendations

The Committee recommends the non-credit summer institute for pre-medical preparation as a top priority that should be implemented in 2016, as the timing and need supports this. This has potential to be a national program.

The list of non-credits ideas, graduate certificates and masters should also be further studied (market need) with assistance of and continuing collaboration with UVM Continuing and Distance Education.
The morning question for each table:

How can we support faculty to develop and teach these new initiatives? (i.e. what are positive incentives?)
Overview
Education Committee B
## Education B Members

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
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<tbody>
<tr>
<td>David Adams, Co-Chair</td>
<td>Bill Jeffries, Dean’s Office</td>
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<tr>
<td>Harry Dauerman</td>
<td>Janusz Kikut</td>
</tr>
<tr>
<td>Melissa Davidson</td>
<td>Mark Levine</td>
</tr>
<tr>
<td>Claude Deschamps, Dean’s Office</td>
<td>Jesse Moore</td>
</tr>
<tr>
<td>Elise Everett</td>
<td>Mitch Norotsky</td>
</tr>
<tr>
<td>Lewis First</td>
<td>Tom Peterson, Co-Chair</td>
</tr>
<tr>
<td>Candace Fraser</td>
<td>Renee Stapleton</td>
</tr>
<tr>
<td>Timothy Fries</td>
<td>Sheri Youngberg, Reporter</td>
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<tr>
<td>Mark Fung</td>
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Education B Introduction

UVM Health Network Physician Integration project – Academic Workgroup
  ◦ Groundwork drafted by a multidisciplinary group of clinicians and scientists over the past 9 months.
  ◦ Academic Workgroup plan provides for a three phase process for UVMHN academic integration
  ◦ Recommendations were reviewed and approved by the UVM Medical Group Board on July 2, 2015

UVM College of Medicine Strategic Planning Education B Committee
  ◦ Recognized the comprehensive and broadly representative effort that went into the Academic Workgroup
  ◦ Strategic recommendations must align closely with the UVM College of Medicine mission and vision
  ◦ Approached our charge by focusing in four strategic and tactical areas:
    ◦ Governance and Oversight of the Network Academic Infrastructure for Medical Education
    ◦ Range and Benefits for UVM-COM Faculty Appointments
    ◦ Integration of Medical Student Education
    ◦ Integration of Graduate Medical Education
Three Phase Plan For Academic Integration

Phase I
2015—Inventory

- Medical Students
- Graduate Medical Education and CME
- Patient Research: Clinical Trials Population Health

- Inventory and Barriers to Network Integration

Deliverables:
- Guiding Principles—benefits to Patient, Provider, Network
  - Strategic Template and Priority Matrix

Phase II
2017—Initial Implementation

- Expand Infrastructure for Oversight of Network Wide Faculty Development and Research Collaboration
  - Medical Student—Network Adapted Curriculum Ambulatory Clerkships Emergency Medicine
  - GME: Role of Rural Residency Structure Identify Rotation Capability Emergency Medicine Residency

- Create Network CME Office: Expand technology offerings App based CME offerings and credit

- Research: Shared database across all sites
  - Single IRB
  - Institute DOM Mechanisms for Expansion

Deliverables:
- 3 new or revised clerkship experiences
- 1 new residency and 1 expanded residency
- App based integrated CME
- Single IRB
- Trial follow up at Network sites

Phase III
2019—Advanced Implementation

- Infrastructure
- Medical Student
- GME
- CME
- Research

Deliverables:
Preliminary Network Data
Patient Volume per Student at UVMMC and UVMHN

<table>
<thead>
<tr>
<th></th>
<th>Admissions/Student</th>
</tr>
</thead>
<tbody>
<tr>
<td>UVMMC</td>
<td>150</td>
</tr>
<tr>
<td>UVMHN</td>
<td>300</td>
</tr>
<tr>
<td>UVMMC + WCHN</td>
<td>450</td>
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</tbody>
</table>
Network Medical Education Governance Structure & Oversight
Oversight Recommendations

1. UVM College of Medicine adopt the Academic Infrastructure: Dual Oversight – COM and UVMHN.

2. Site Champions for UVM COM medical education established at UVMHN affiliate sites. Appointed as a Director of Medical Education (DOME), each would be responsible for:
   - Management of clinical teaching activities at that site
   - Interact with local faculty and hospital leadership, UVM COM, and the UVM Health Network
   - Provide local leadership in matters of curriculum implementation and educational oversight

3. Education Leadership Operations Team (ELOT) oversee medical education operations for the COM, UVMMC, and UVMHN (medical students, residents, fellows).
   - ELOT membership includes the Senior Associate Dean for Medical Education, the Education Director for Foundations, the Associate Dean for Clinical Education, the Associate Dean for Graduate Medical Education, the Associate Dean for Continuing Medical Education, the Director of the UVM COM Teaching Academy, and the site Directors of Medical Education.

4. An interprofessional Advisory Council for Health Education (ACHE), charged with strategic planning for regional health education within the UVMHN be formed.
   - ACHE will advise the ELOT particularly on matters of maximizing interprofessional education
   - ACHE will be tasked to prioritize various clinical education programs when resources are limited
   - ACHE will optimize clinical educational resources including patient access, faculty, team training
Faculty Recruitment, Incentives, & Appointments
Faculty Recommendations

1. Adoption of UVMHN Employed and UVMHN Non-Employed appointment strategy as per Academic Workgroup playbook and following slides

2. Appointments in Clinical Practice Physician (CPP) Pathway versus traditional Tenure/Scholar tracks to be approved by Department Chair and Dean as per Faculty Handbook (i.e. two year terms)

3. For Non-UVMMC Network Physicians: Appointments to be initiated by Regional Medical Director or Faculty Leader (i.e. Director of Medical Education-DOME) based at affiliate site.

4. Incentives to be stratified according to appointment as a CPP Faculty Member versus a traditional Tenure/Scholar track at both UVMMC and all Network Affiliated Hospitals.

5. As per current UVMMC policy, no incentives for Volunteer Pathway (i.e., Clinical Assistant Professor) at UVMMC or the affiliate sites.
UVMHN Employed Physicians

### UVMMC Employed Physician:
- 100% Faculty with some level of Research or Teaching Requirement
- Tenure vs Non Tenure Track
- Clinical Scholar, Research Scholar and Education Scholar Pathways—Instructor, Assistant, Associate and Full Professor
- Appointed by UVM Department Chair with approval of Dean
- Direct Oversight by Academic Integration Infrastructure

### Single UVMHN Physician Group

- **UVMMC: Status Quo**
  - Opt In for Research or Teaching
  - Primarily Clinical Practice Physician Pathway
    - A Measured Commitment
    - Nominated by Local Institution Leadership
    - Appointed by UVM Department Chair with approval of Dean
    - Instructor, Assistant Professor, Associate...
      - Periodic review as per Faculty Handbook
      - Direct Oversight by Academic Integration Infrastructure

### All Other Network Affiliates
- Opt Out of Research and Teaching
- Community Clinician
  - No Faculty Title

### Physician Balance
- Requiring Annual Review and Potential Incentives to Meet Needs
UVMHN Non-Employed Physicians

Non-Employed Physicians within UVMHN

UVMMC: Status Quo

All Other Network Affiliates

Opt Out of Research and Teaching

Community Clinician
No Faculty Title

UVMMC Non-Employed Physician:
• Potential Engagement in Clinical Care with Research, Teaching
• Volunteer Pathway—Clinical Instructor, Clinical Assistant Professor
• Appointed by UVM Department Chair with approval of Dean
• No FTE related to academics

Opt In for Research or Teaching

UVHN Non-Employed Physician:
• Potential Engagement in Clinical Care with Research, Teaching
• Volunteer Pathway—Clinical Instructor, Clinical Assistant Professor
• Appointed by UVM Department Chair with approval of Dean
• No FTE related to academics
## Potential Academic Appointments for **UVMHN Employed** Physicians

<table>
<thead>
<tr>
<th>Title</th>
<th>UVMMC Employee Physician Eligible</th>
<th>Non-UVMMC Network Employed Physician Eligible</th>
<th>Requirements</th>
<th>UVM FTE and Salary eligible</th>
<th>UVM Benefits eligible</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical Assistant Professor</td>
<td>No</td>
<td>No</td>
<td>Voluntary, approval of Chair and Dean</td>
<td>no</td>
<td>No</td>
</tr>
<tr>
<td>Clinical Practice Physician (Potential to transition to Clinical Scholar Pathway after 2 Years)</td>
<td>Yes</td>
<td>Yes</td>
<td>Local Appointment, Approval of Chair and Dean, per Handbook</td>
<td>Usually Not: Per Chair Discretion</td>
<td>Selectively</td>
</tr>
<tr>
<td>Assistant to Full Professor, Non Tenure Track (i.e. Research, Clinical or Education Scholar Pathway)</td>
<td>Yes</td>
<td>Yes</td>
<td>Local Appointment, Approval of Chair and Dean, Per Handbook</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Assistant to Full Professor, Tenure Track</td>
<td>Yes</td>
<td>Yes</td>
<td>Local Appointment, Approval of Chair and Dean, per Handbook</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Community Clinician, UVMHN Physician Group</td>
<td>No</td>
<td>Yes</td>
<td>None</td>
<td>No</td>
<td>No</td>
</tr>
</tbody>
</table>
## Incentives to Join the UVM COM Faculty: Stratification by Pathway

<table>
<thead>
<tr>
<th>Benefits and Incentives</th>
<th>Clinical Practice Physician Faculty—Title: Faculty</th>
<th>Traditional Education, Research, Clinical Scholar Pathway—Title: Assistant to Full Professor</th>
<th>Volunteer Pathway: Title—Clinical Asst. Prof.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tuition Remission at UVM for Family Members</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>FTE offset of RVU Target (i.e. 10% Educational Time = 10% less RVU clinical target)</td>
<td>Not Necessarily: At discretion of Department Chair</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Professional Faculty Development Programs via Teaching Academy</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Annual CME Bonus Money for journals, subscription and conferences</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Resident Coverage of Patients: (night, day, weekend, holiday) if UVM residency available on site</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Educational Package: Online access to Dana Library journals, Free access to CME Programs coordinated by UVMMC</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Access to UVMMC for Complex Surgery/Procedure with Faculty Support (if non UVMMC Patient)</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>
Integration of Undergraduate Medical Education
UME Recommendations

1. New Educator Capacity: Formally assess the fraction of presently underutilized committed teachers across the Network; volunteer (opt in) and full time. This along with the clinical volume will help define the additional teaching capacity across the network.

2. Create mechanisms to more fully engage full time faculty – through activation, mentoring and teaching (faculty development), or curriculum modification.

3. Through the Teaching Academy (TA) evaluate the need for faculty development in volunteer faculty. TA would establish minimum teaching credentials for all teaching faculty and create regional workshops and digital modules for skill development. Additional mentoring and faculty development would also come from the Assistant Dean/Director of Medical Education and from the specific medical school departments

4. Systematically assess ways to achieve UME educational goals and competencies using the entire network capacity. (For example, replicate current methods in the wider network v. specific redesign to reflect the wider network resource.)

5. Examine gradual ways to phase in regional UME, as well as innovative approaches for medical education, ideas below:
   • Modify the UVM COM curriculum to incorporate Doctoring in Vermont across the Network.
   • Develop a Rural Primary Care Track.
   • Develop one or more Longitudinally Integrated Clerkships
   • Co-develop UME elective or selective experiences in concert with focused regional residency development; for example emergency medicine, family medicine, psychiatry, OB Gyn.
Integration of Graduate Medical Education
GME Recommendations

1. Assess opportunities for expansion or enhancement of UVMMC residency and fellowship programs.
   - Additional GME training opportunities will emerge as the UVMHN develops.
   - Based on existing GME infrastructure, the incremental costs would largely be trainee salary and benefits.
   - Existing UVMMC residency and fellowship training programs perform a needs assessment.

2. Support development of new residency and fellowship training programs
   - New GME training programs should align with strategic local, regional and national workforce needs, network patient population, and faculty resources.
   - Existing administrative infrastructure and expertise for additional GME programming is in place at UVMMC
   - New Family Medicine residency program is being implemented at CVPH
   - A network Emergency Medicine Program is envisioned as part of the clinical and physician integration discussions.

3. Support faculty development in teaching and assessment skills throughout the UVM Health Network
   - Faculty at network affiliates who “opt-in” will participate in the entire spectrum of UME, GME and CME.
   - Faculty development around resident supervision, education, and evaluation will be a necessary component of residency program development and expansion.
   - An expanded role for the UVM-COM Teaching Academy in supporting network faculty development targeted toward all levels of medical education is recommended.
Questions for Retreat Group

1. Given the changes in health care and the structure of the new network, what would the optimal medical education program look like if it incorporated our new partners in the network? What would it take to get there? Is the proposed structure optimal for this task?

2. Recognizing there may be competitive requests, how do we identify, sort, and prioritize educational access and academic resources across the expanded network to best serve the mission of the UVM COM and the UVM Health Network? How will existing and newly formed residencies or other educational programs be strategically aligned to complement each other rather than compete for resources?
Strategic Planning Retreat
Breakout Session Morning: RESEARCH A
Q1: How can we maximize the benefit of COM Resource Allocation?

• Create COM Core Council
  ◦ Tasked to use current inventory list, develop and implement procedures and policies for infrastructure, and communicate resources
  ◦ Meet with Senior Associate Dean for Research to discuss, focus, and direct COM research vision and strategic planning
  ◦ Review start-up package equipment requests
  ◦ Large equipment purchased during faculty searches should have a “home” in an existing core; not physically, but assigned to a specific core
  ◦ Planning equipment for emerging technologies
  ◦ Allocating resources for the future

• Strategically hire faculty with a focus to maximize the COM collective interest
  ◦ Complement strengths already at COM
  ◦ Intentional Growth to move COM forward
  ◦ Totally new that is a communicated priority to create critical mass

• Vet all faculty candidates through COM Advisory Council, Research Leadership Council, and Senior Associate Dean for Research
  ◦ Ensure equipment purchases are not redundant or for sole use with no surrounding area of collaboration
  ◦ Maximize successful resource environment
Q2: How can we best accommodate the requirements for increased capabilities in Informatics

Informatics is not a single thing. Develop an informatics structure to assist in decision making and resource allocation; should integrate multiple ways of describing informatics. We need an inventory of current activity.

- One way to describe informatics: health services, clinical research, basic research data;
- Another way to describe informatics: data gathering, data handling, data analysis; Group consensus is our greatest need is “data handling”: content specific informaticists.

Two areas emerge as critically important and in need of increased informatics support, especially support to integrate these areas with other research programs

- Clinical data for health services research;
- Genetics and Genomics data for more basic research;
Q2: How can we best accommodate the requirements for increased capabilities in Informatics

We had a lot of discussion around administrative structure for informatics;

We believe strongly we need “center” or “core” so that investigators can learn from one another, can learn each others data sets and languages, etc; in other words, create a culture of informatics; VACC may provide an opportunity.

A department was discussed but considered to be insufficiently nibble in the changing informatics environment. A center or core received the most support

Question: what capacity is needed within each program, COM-wide, UVM-wide, or regional/national; i.e., what’s here at UVM, and what do we outsource?

We discussed resourcing; probably a mix of central support and fee for service.

We may need to grow our own informaticists; create one or several new undergrad or master programs?

We need a financial model that includes equipment and software upgrades
Q3: What structure should we develop to establish & foster multi-disciplinary team science?

Innovation Center
- Forum for researches to get introduced and connect
- Tie to a call for proposals for new team-based science awards from COM

Develop a searchable database of investigators and their research (Catalyst software)
- Enhanced with biosketches, CV’s, patents, etc.

Coordinate & unify research administration for Centers & hire one NORDP

Develop Chair & Faculty incentives to incentivize & reward Team Science
- Alignment of new hires with our research strengths
- Assure RPT process recognizes Team Science scholarship

Revisit UVMMG compensation plan that has lower comp for research effort

Team Science development should be responsibility of the SADR
Strategic Planning Retreat
Breakout Session Afternoon: RESEARCH A
Q4: What structure and organization would best serve the development of Health Services Research at the UVM COM?

• Desired Outcomes
  ◦ Informatics as a single integrated Core
    ◦ Bio/Clinical informatics, leveraging University and regional resources, Engineering /Complex Systems
    ◦ Center model for Health Services Research with primary academic appointment to be determined
      ◦ Physical colocation with current CCTS resources (Education, Economics)

• Resources
  ◦ Money Needed
  ◦ Resources require support from the whole COM (every department)
  ◦ Buy-in from UVM, UVMMC, Jeffords Institute, State Health Department

• Responsible Parties/People Involved
  ◦ Hire a Center Director to be a vocal champion to build a group that creates a strategic plan
  ◦ Use the people we already have here to help find the leader
Q5: What is the optimal vision for PhD education at the UVM COM?

Desired Outcomes

- Strong vibrant PhD programs aligned with college of medicine research strengths; in many labs Grad Students perform a large fraction of the research, plus they are key to education efforts across campus

The Problems: Small programs, small student pools, low stipends, inadequate national image, loss of Training Grants

The Solutions

Systematic efforts to define non-traditional, novel training programs and non-traditional funding sources;

- e.g., since many students don’t enter academia, can we identify support from Pharma, Biotech, etc for graduate fellowships;
- make research a higher priority in Develop efforts;
- Create tuition-baring masters programs in our strongest research areas to help support PhD education and identify PhD candidates
Q5: What is the optimal vision for PhD education at the UVM COM?

The Solutions

Develop mechanisms to identify and account for graduate students research and teaching efforts.

Improve our national image through improved advertising and social media;

Invest in mentoring of faculty to develop a culture of “training grants”;

Use teaching academy to mentor graduate students in teaching;

Central help (COM?) with training grant databases, tracking trainees, etc.
Q6. What feedback do you have for the draft recommendations? What is missing?

Big topics are the right topics, but addenda were added.

Recommendation 1 – Faculty Training & Support
- Include trainees – require training in various curricula
- Central calendar of all talks in UVMMC, UVMCOM, UVMMG as default page/desktop icon (searchable/filterable)

Recommendation 2 – Team Science
- Training program in team science
- Analysis of impact (unintended consequences) of the UVMMG comp plan on research and teaching participation
Q6. What feedback do you have for the draft recommendations? What is missing?

Recommendation 3 – Big Data
- Cohorting tool about to launch for PRISM at UVMCC – need roll-out communication and training
- Need institutional solutions to medical informatics for research

Recommendation 5 – Health Services Research
- Include quality improvement research with training for faculty & trainees including asking the important clinical questions
- Gap analysis of adequacy of access and support for clinical informatics data and tools development
Strategic Planning Retreat
Morning Breakout Session: RESEARCH B
GROUP 1
Table Leader – Richard Galbraith
Table Reporter – Kevin McAteer
Cmte Members – Rodger Kessler, Dan Weiss
Non-Cmte Members – Janet Stein, Julie Dumas, John King, Tony Morielli

Research B identified many resources that can help investigators find alternative sources of funding. This include such ideas as:

a) Creating a new Research Navigator position to assist investigators
b) Creating a “Standard Operating Procedure” with SPA to guide potential researchers
c) Create a modular “research resources” training program that chairs can use at the department level
d) UVM research opportunity search engines (SPIN/GENIUS) for federal (NIH, NSF, DOD, DOE), foundation, and industry funding sources
e) Expansion of SPARK
f) Tech transfer and commercial partnerships
g) Philanthropy

Question: With the decrease in NIH funding it is critical that faculty explore alternate sources of funding. What is the best way to engage or familiarize the faculty at large about the resources that currently exist or could be created at UVM to assist them in this search process? What is most needed by faculty to be secure the funding for their research endeavors?
WITH LIMITED RESOURCES, PRIORITIZE THE FOLLOWING RESOURCE TOPICS:

Grants Navigator (68%)
- Bifurcate education for junior / senior faculty
- Navigator provides annual update to Department Chairs who are required to disseminate that information to their faculty

Increase Bridge and New Research Grants (16%) – NEW
- Early data collection can be an incentive for pursuing and securing future grants
- Specific allocation for COM priorities, COBRE grants etc.

Grow Tech Transfer / Commercialization Partnerships (5%)
- Is my research even a candidate for commercialization?

Expansion of SPARK (5%)
- Possibly funded through philanthropy

Philanthropy (2%)
- Fundraising training for faculty, with emphasis on basic research
- Corporate & Foundation relations gift officer to increase private foundation/corporate support

Research Day (2%)
- Resource booths
- Build personal / professional connections

Technology (2%)
- Build or make use of a relational database to aid in search for collaborators and resources

RESEARCH B – RESOURCES
GROUP 2
Table Leader – Bob Pierattini
Table Reporter – Eric Gagnon
Cmte Members – Brian Cote, Doug Taatjes
Non-Cmte Members – Taka Ashikaga, Matt Poynter, Grant Linnell, Bonnie Libman, Matt Wargo

The College of Medicine has many units identified as Centers, many of which are partially funded within the college. The COM Cores were recently reviewed, with a resulting report and recommendations. Research B recommends that the Centers be reviewed as well.

Questions: What is a Center, and what are the potential values of a center? What are the attributes of a Center that would justify ongoing COM financial support? What is the process that should be developed for ongoing review of centers?
**What is the definition of a Center at the COM-level?**
- Multidisciplinary, collaborative, self-sustaining
- Provides benefit to members (i.e., core facility support, protected research time, mentoring, administrative support, efficiently leverage research success, etc.)

**What is a Center (within the COM), and what are the potential values of a Center?**
- *Two official university board-designated Centers:* CCTS & VCC
- *Unofficial Centers (COBRE):* VLC (PH3+), VCIID (PH3 begins 7/1/16), Neuroscience Imaging and Physiology Core (PH3+), & Center for Behavior and Health (PH1)
- *Unofficial Centers (Other):* Vaccine Trials Center, Area Health Education Centers (AHEC), etc.
- *Institutes/Offices/Organizations:* CVRI, OHPR, OPC, etc.

**What are the attributes of a Center that would justify ongoing COM financial support?**
- Self-sustaining
- A short term investment plan and a long term survival plan
- Centers provide an Environment impact on grant proposal review (i.e., institutional commitments, established mentorship programs, established core facility support, administrative support, etc.)
What is the process that should be developed for ongoing review of Centers?

• Adopt the process used for the COM Core Facility Review
• Add quantifiable metrics (income/expenses, productivity (publications, grant proposals, new grants awarded, etc.)
• *Did a Center help a faculty member get promoted?*

Impact of supporting a Center versus supporting individual faculty or departments?

• Inconsistency in the institutional research vision (i.e., taking ad hoc opportunities versus strengthening a central theme)
• What is the COM nationally and internationally renowned for?
• Are departments incentivized to support Centers/COBRE?
• How does the COM know that investment in COBRE mechanisms provides greater return than investment at the individual faculty member level?
Recommendations:

• Establish a COM COBRE pipeline to ensure continued NIGMS support as existing COBRE funding ends

• Refer to university’s existing Administrative Unit Review program and criteria to establish draft benchmarks for COM Center review

• Center for Clinical and Translational Sciences curriculum value?
  • What is it now?
  • Which unit ‘owns’ CTS-related coursework (COM, CEMS, other?)?
  • Link to Education A? What is the existing infrastructure (i.e., personnel, space, commitments)? If ‘re-purposed’, could the CTS present an educational resource value?

• Consider soliciting external advisory group review/consultation for the COM
GROUP 3
Table Leader – Dave Warshaw
Table Reporter – Rob Althoff
Cmte Members – Don Mathews,
Non-Cmte Members – Susan Wallace, Yvonne Janssen-Heninger, Larry Kien, Karina Perusse

Large grants like COBRE, PPG, and T32 grants bring great value to the college. But the application process is complex and time-consuming. A potential PI is asked to invest considerable time for funding that may primarily benefit others.

Questions: Do we agree that these large grants are valuable and deserve strong support from the faculty collectively? If so, how do we incentivize and support eligible PIs to pursue them?
Do we agree that large grants (Program Project Grants, COBRE grants, training grants) are valuable and deserve strong support from the faculty collectively?

There are advantages
- Funds for administrative support is built into the grant
- Puts COM “on the map” in terms of reputation

There are disadvantages
- Time and effort required of the PI during application process and after
- Daunting task that takes away from PIs program and continued success
- Training grants require assembling enormous pieces of information

How do you do a risk-benefit analysis of this?
- While it is a daunting task – if you get one, the pride is worth it
- How do you assure success?
  - Application must read like it came from a single individual, so a content leader has to stitch it together
  - Infrastructure support to track trainees, schedule meetings, etc.
If so, how do we incentivize and support eligible PIs to pursue them?

**Convincing writers that it is going to benefit them**
- PPG are great dollars to have behind R01 and provide core facilities
- Perhaps prioritizing of internal project grant funds to incentivize the writing of team science (vs. investing in bridge funding)
- Can the development office target donors and corporations for these kinds of smaller grants to seed the writing of larger team-based initiatives?

**Can we offer something centrally that provides “intel” about these grants**
- Who is the local person on study section – how they are reviewed?
- Is there a way to know more about what is actually offered centrally in terms of support (eg. SPA, other resources)?

**What kinds of incentives can we offer?**
- A percentage of FTE (support salary while writing it). Takes at least 30% FTE.
- A bonus for the receipt of these grants?
- Bridge funding/grant support to write it?
  - COM, UVMMC, UVMMG, Foundation, corporation support
If so, how do we incentivize and support eligible PIs to pursue them?

One recommendation of a central “S.W.A.T.” Team for large grants

- Would be a competitive process – would need to apply to the College
- Would include grant writing support, administrative support, support for the PI who is writing the grant
- Would move from one large grant to the next, as determined by the College
How to force the synchronization of effort in supporting the strategic vision?

- Desired outcomes?
- Resources?
- Responsible parties and people involved?
- Barriers?

Consolidate into two tables to focus on two questions

1. Critique the idea of the mobile large grant team. What are the elements of the team? What are the criteria for having access to the team? Should there be a competitive process to have access to the team?

2. If the SAD for Research has an annual budget of $X, what amount should be allocated to the following investments?
   - Bridge
   - COBRE
   - Cores
   - Centers
   - Incentives
Strategic Planning Retreat
Afternoon Breakout Session: RESEARCH B
1. Critique the idea of the mobile large grant team. What are the elements of the team? What are the criteria for having access to the team? Should there be a competitive process to have access to the team?

2. If the SAD for Research has an annual budget of $X, what amount should be allocated to the following investments?
# How should the SAD-Research allocate an annual budget of ~$4M?

<table>
<thead>
<tr>
<th>Area</th>
<th>Desired Outcomes</th>
<th>Resources</th>
<th>Responsible Parties</th>
<th>Barriers</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Bridge</strong></td>
<td>Reallocate COM support to shift resources to higher priority</td>
<td>Dept. matching?</td>
<td>Dean’s Office &amp; Depts</td>
<td>Success rate of bridge funding? Tenure liability?</td>
</tr>
<tr>
<td><strong>COBRE</strong></td>
<td>Faculty development and infrastructural support</td>
<td>Adequate</td>
<td>All</td>
<td>Sustainability in the post PH3 era?</td>
</tr>
<tr>
<td><strong>Cores</strong></td>
<td>Validate existing cores are universally required and operating as efficiently as possible</td>
<td>What is an adequate level of rate subsidization?</td>
<td>All</td>
<td>Reducing or ending support of existing unused cores IOT fund new cores with demonstrated need</td>
</tr>
<tr>
<td><strong>Centers</strong></td>
<td>Cost-Benefit -- Validate center is contributing to mission and is current support is adequate?</td>
<td>Adequate</td>
<td>All</td>
<td>Ongoing commitments</td>
</tr>
</tbody>
</table>
How should the SAD-Research allocate an annual budget of ~$4M?

<table>
<thead>
<tr>
<th>AREA</th>
<th>NOW</th>
<th>NEW</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bridge Funding</td>
<td>20% - $800K</td>
<td>0%</td>
</tr>
<tr>
<td>COBRE</td>
<td>25% - $1M</td>
<td>25%</td>
</tr>
<tr>
<td>Cores</td>
<td>30% - $1.2M</td>
<td>30%</td>
</tr>
<tr>
<td>Centers</td>
<td>25% - $950K</td>
<td>25%</td>
</tr>
<tr>
<td>Incentives (i.e., FTE support for large and training grants)</td>
<td>0% - $0</td>
<td>2.5%</td>
</tr>
<tr>
<td>Strategically-oriented Pilot Projects</td>
<td>0% - $0</td>
<td>15%</td>
</tr>
<tr>
<td>SWAT Team</td>
<td>0% - $0</td>
<td>2.5%</td>
</tr>
</tbody>
</table>
Critique the idea of the mobile large grant team. What are the elements of the team? What are the criteria for having access to the team? Should there be a competitive process to have access to the team?

Desired Outcomes
- Increased large grants (COBRE, Training grants, Program Project grant, etc.)
- Grants that fit the overall mission / priority areas
- Increased national recognition
- Embraces Team Science
- Reducing the burden on the PI

Resources
- Resources Needed:
  - Administrative Support, Financial Management Advisor, Grant Writer, Grant Navigator (more key than Grant Writer for some grants)
  - Time release to cover % PI effort based on type of grant
  - Funding specifically for preliminary data collection or other resources needed to advance large grant applications
- Source of New Resources:
  - University faculty outside of COM
  - Central University financial resources
  - UVM Medical Center, UVM Health Network, UVM Medical Group
  - Philanthropy to specifically seed early phase efforts that may lead to a large grant
Critique the idea of the mobile large grant team. What are the elements of the team? What are the criteria for having access to the team? Should there be a competitive process to have access to the team?

Responsible Parties/People Involved
- SADR, Dean’s Research Advisory Council (Chairs of Basic Science Departments, Pathology, Medicine, and Center Directors)
- Central University administration and other faculty outside of COM

Barriers (non-financial)
- Even with this resource will we have a PI step forward to submit a large grant?
- COM will have to choose not to invest in other priorities
- Resource is limited to a certain investigator level
- Will it require staggering submissions to ensure access to the resources?
Strategic Planning Retreat
Morning Breakout Session: EDUCATION A
Education A

Objective:

How can we support faculty to develop and teach these new initiatives?
How can we support faculty to develop and teach these new initiatives? - Money

Allocate “income” from new courses to return to the faculty
- Whatever is not required to go to UVM + COM Dean
- Remainder to be negotiated by the developer to split:
  - Chair
  - Developer
- The negotiation should favor the faculty member who is developing the “new resources” in order to incentivize the creation of new initiatives and new dollars.
  - Buying down current RVUs
  - Increase variable base salary
  - Bonuses based on annual performance
How can we support faculty to develop and teach these new initiatives? - Money

Explore patentability of various products – to market thru CDE

◦ Then – faculty member negotiates the split
How can we support faculty to develop and teach these new initiatives?

Understood as the job of the Chair and the Deans:
Assure that the “product”/course fits the overall mission of the COM
Help the developer to develop a business plan
  ◦ Clear expectation about when the “product” will become profitable
Provide assistance to the developer/faculty re
  ◦ Approvals process in UVM
  ◦ Any resources that are available
Maintain quality, high academic standards
How can we support faculty to develop and teach these new initiatives?

Provide Front End support
- Teaching Academy assistance
- UVM approval process
- Build a sustainable funding model
- Closer relation with CDE – MOU already exists
- Career development opportunity for faculty researchers

Core resources @ Dean’s level support
- Logistical engineer
- Administrative office (tracks needs, gaps, outcomes, enrollment, trends, $)
- Faculty idea incubator
- Bridge funding
How can we support faculty to develop and teach these new initiatives?

**Back End support**

Revenue sharing with the faculty member

Development funds to faculty member’s department

Professional development of faculty

Bartered services to save time in daily living
  ◦ Stanford model –

Value for teaching
  ◦ Recognition and advancement
  ◦ Collaboration/network building
  ◦ Learning
How can we support faculty to develop and teach these new initiatives?

SWOT – Understood Weaknesses/Opportunities

◦ Faculty time limited
◦ External market not known
◦ Faculty not versed in work of CDE
◦ Lack of COM infrastructure to develop courses
How can we support faculty to develop and teach these new initiatives?

MCAT Prep – lots of students would pay
- Need to find somebody to teach sociology

Advocacy – maybe not so many people, but COM really really wants it
- Needs initial foundational support
- Break even point is ~6-10 students

Be honest about FTE distribution for teaching - transparently
- Don’t assign RVUs to cover teaching time

UVM patents:
- developer 49% - UVM 51%
- Is it negotiable? – some have heard that it is (c.f.Chris Jones)
How can we support faculty to develop and teach these new initiatives?

Can support faculty to become better teachers
- TA

If a faculty member is developing a new course (to sell)
- They will choose the best teachers – who are already busy

When a new course/product is developed – part of the income needs to go to the developer
- In addition to FTARRS – COM, goes to the chair
- A different $ stream that goes to the faculty
- If interdisciplinary: where does the money go?
  - If the leader if in the COM, keep the money in the COM
  - Make sure some $ goes to the leader

There is already a process to encourage patent $ split
How can we support faculty to develop and teach these new initiatives?

Money – are there different ways to think about this?
- Textbooks, Patents - ~10% back to the author
- Should there be a royalty?
- Should undergraduate teacher be paid relative to number of students?
- Department takes it – author has no control
  - IBB – pred takes 45%, COM Deantakes 10%, rest goes to the author, with prerogative to allocate

Need to meld business model (IBB) with education model (previous)

Time
- Then requires the chair to hire new faculty to fill the clinical holes
- For basic scientists:
How can we support faculty to develop and teach these new initiatives?

Revenue stream\Explore applicability of patentable versions
- On line versions of curriculum

Re: PA program
- Not enough patients
- Already a PA program at Plattsburgh State – next door to CVPH
- What about our school of nursing APRN program already here?
Strategic Planning Retreat
Afternoon Breakout Session: EDUCATION A
How do the funds flow?
Education A - Kristen DeStigter

Incubator Portfolio

COM Exchange

Dean’s Tax

Loan Repayment

Dean Morin’s AMEX Card

And/Or

Cayman Account #

UVMMG Dept

UVM COM Dept
Education A – Claude Nichols

Incentives for Clinical and non-clinical faculty
  ◦ Negotiations leading to.....

Education as a Business
  ◦ Leverage what we are good at to develop new opportunities
  ◦ Develop business plan
  ◦ Inventory current Faculty Resources and courses
Incentives for Clinical Faculty

Problem
- VIC development was under different productivity model of faculty time
- Now: Faculty involvement affects the entire UVM medical group because revenue is shared

Solutions
- Clinicians encouraged to contribute to courses without developing
  - Expertise list from Teaching Academy
- Support clinicians for course development
  - teaching equivalents would offset the RVUs
- In the context of College of Medicine, revenue share with chair
  - Business plan needs to be developed for each course?
  - Negotiation
Incentives for non-clinical faculty

**Problem**
- Time is already constrained, faculty are struggling to maintain research funding

**Solutions:**
- Bridge Support through teaching to offset times when grant funding is low
- Discretionary time and money for course developer
- In the context of College of Medicine, revenue share with chair
  - Business plan needs to be developed for each course?
  - Negotiation
Education as a Business: Business Planning Process

Idea for course/program

Submit to CDE for marketing analysis

Expectations of faculty:
  ◦ IBB—need credit for development
  ◦ Effects on Medical Group—credit to offset clinical responsibility
    ◦ Research and Education committee—impact of course development on the medical group

Credit for the time: in advance or after course is run
  ◦ Decide if development can be done without time ahead for later benefit

What is the budget cash flow?
Business Plan: Faculty and Course inventory

Faculty Resources to teach the courses: What effort is available?

Existing courses still need to be taught

What do we need to offer?
- Benefit of new courses
- Benefit of removing old courses that are no longer needed
- Course Audit: Academic review
EA-3: How do we get new students to take our classes/courses?

External students
- Marketing, marketing, marketing; partner with CDE; Know the target learner
- Reach out to non-traditional learners
- Leverage COM assets

Internal (UVM) students
- Social media outreach
- Market within existing large enrollment courses
- Craft appealing course descriptions
EA-3: How do we get new faculty involved in the teaching in our new educational initiatives network?

Incentives- Time, Money, Development

Articulate non-traditional benefits of student interaction (ie, source of research assistants)

Create an Entrepreneurial Environment (SPARK for education programs)

Searchable inventory of COM courses and programs (match faculty expertise with program needs)
How do we get new external Students?

Enrollment Marketing
- Exemplar: Summer Neuroscience Graduate Program
  - Post-Bac premed students recruited via classic marketing approaches (email/snail mail) to other undergraduate institutes
  - Sell the excellence of UVM COM and 5 weeks in VT
  - Built every year

Marketing, Marketing, Marketing (use social media as well).

Focused Discussion on using tried and tested marketing approaches (in consultation with CDE) to recruit.

Possible testing ground – New Proposed MCAT-Prep Course

Develop Novel Teaching Approaches
- CDE will help via market research and help guide decisions

Develop New Markets
- Training grade school, high school, and college level teachers in new curriculum developments

Develop Novel Content Courses
- Larner Classrooms
- SIM Center
How do we attract new Internal Students?

Market within existing courses

Use social media to recruit across the campus

Need resources (personnel) to take advantage of these opportunities (infrastructure for course development, course descriptions, and marketing for COM courses etc).

Approach non-traditional learners who have education funds available (teachers, MD faculty development, etc.)
How do we get new faculty involved in the teaching in our new educational initiatives network?

Provide appropriate incentives- money, time, development

Create an entrepreneurial environment- extra bonus for those who design and launch successful and creative new programs for the COM, something like SPARK for education programs

Real-time inventory of courses being taught by COM faculty and index of new programs (classified postings for COM faculty “program seeks faculty to teach...” and “faculty seeking teaching in...”) which could be organized as a searchable database to identify who teaches what and who may be the best faculty for teaching new courses and teaching opportunities

Articulate benefits to faculty of student interaction in new courses (ie, undergrad research assistants in EMRAP Surg 200)
Strategic Planning Retreat
Morning Breakout Session: EDUCATION B
Given the changes in health care and the structure of the new network, what would the optimal medical education program look like if it incorporated our new partners in the network? What would it take to get there? Is the proposed structure optimal for this task?
Education Group B – David Adams

Teacher quality and engagement
Maximize the opportunities for both tertiary and rural care
  ◦ Teacher/learner/patient alignment and balance (high yield for all)
Build an adaptive, flexible and nimble structure to maximize strengths
Clearly identify roles and responsibilities
  ◦ Student work adds value and contributes to the team
  ◦ Faculty provide adequate supervision and feedback
Patient-centered volume allocation
  ◦ Continuity
  ◦ Continuum
Community involvement
  ◦ Engage
  ◦ Incent
Balanced curriculum
  ◦ Clinical work
  ◦ Quality
  ◦ Population health
  ◦ Practice management
Incentives
  ◦ Teachers
  ◦ Students
Education Group B – Tom Peterson

We need to have an active deliberate plan for phasing education into the Network
- Risk of competition
- Risk of squandering an organized use of resources

Local infrastructure is important
- The DOME, housing
- Ensure longitudinal teaching relationships

When will our partners be at the planning table

Network curriculum redesign
- Competency based
- Local culture and strengths need to be understood
- Consider value of co-location with residency
Systematic curriculum review
- Curriculum opportunity connected to strengths of location i.e., rural medicine
- Leverage digital connectivity

Regional Student Considerations
- Students interested in the North Country
- Regional loan repayment by partners
- Incentivize the best students to stay
- Leverage a rural Primary Care track

Regional Resident/Fellow considerations
- Develop Senior Resident/Fellow rotations
- Hybrid Fellow/Junior Attending Hire
- Could NNY “premium pay” = Loan forgiveness
- Loan indebtedness could be a recruitment lever
DOMES
◦ Should be individuals with local influence
◦ Should have Network and COM reporting relationships
◦ “Could this be an underutilized Full-time academic?”
◦ Prefer individuals with education experience
◦ Ensure Faculty Development

This is an educational research opportunity
◦ Process for education in the Network
◦ Outcomes research for education in the Network.

Values and Mission discussion
◦ Are we prioritizing Network retention v.
◦ Training the best for wherever they go
◦ ? Slotted slots from the North Country
Education Group B – Bill Jeffries

Analysis: UME Integration into Network

- Needed: Comparison of Needs Analysis of Network (Playbook) vs those of College of Medicine
- More detailed identification of unique qualities of network affiliates that can be leveraged
- What does integration mean?
  - Cloning of current model?
  - Expand into strengths (e.g., Pediatrics, emergency medicine)
  - New approach?
Education Group B – Bill Jeffries

What are COM Needs

◦ How to improve Quality for Patients
◦ How to teach quality improvement
◦ What does a UVM graduate need to look like based on local expectations, changing health care environment and emerging national standards?
◦ Physical place for training existing and possibly additional students
◦ Short and long-term plan for UME changes in response to new environment
Education Group B – Bill Jeffries

Recommendations

◦ Perform full needs analysis, taking into account local and national issues
◦ Explore longitudinal clerkship model using other systems for comparison (Cambridge Community, Yankton, Commonwealth, WAAMI)
◦ Fully leverage sim lab
◦ Market advantages to community physicians, students, patients
Education Group B – Bill Jeffries

Barriers

- Different EMRs
- Logistics
- Resources - Bandwidth
- Culture
Strategic Planning Retreat
Afternoon Breakout Session: EDUCATION B
Recognizing there may be competitive requests, how do we identify, sort and prioritize educational access and academic resources across the expanded network to best serve the mission of the UVM COM and the UVMHN? How will existing and newly formed residencies or other educational programs be strategically aligned to complement each other rather than compete for resources?
Education B – David Adams

Identify: needs assessment and inventory development

- Economic modeling
  - Demand: network, organizations, patients
  - Supply: faculty
  - Product: learner
- Supply chain modeling and simulation
  - Leverage what we know from OR scheduling – capacity assessment
  - Leverage what we know about bed placement – one point of contact/centralized process

Prioritize: easy quick wins & low hanging fruit

- Built trust and respect with known quick wins
- Decision matrix to identify higher likelihood of success
- Needs vs. Wants: current programs, proposed and aspirational
Education B – Bill Jeffries

Prioritizing Educational Access: Methods

Policy – learning opportunities are network assets

Compliance
  ◦ Rules as to who has access
  ◦ Insurance
  ◦ HIPPA, EMR training
  ◦ JACHO
Prioritizing Educational Access: Methods

<table>
<thead>
<tr>
<th>Buy-in</th>
<th>Coordination</th>
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</thead>
<tbody>
<tr>
<td>◦ Internal marketing</td>
<td>◦ Chief Education Officer</td>
</tr>
<tr>
<td>◦ Affiliates CEOs</td>
<td>◦ DOMES</td>
</tr>
<tr>
<td>◦ Affiliation agreement</td>
<td>◦ Chairs</td>
</tr>
<tr>
<td>◦ Contracts for P.O.</td>
<td>◦ Local Champions</td>
</tr>
<tr>
<td>◦ GME</td>
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</table>
Competition for Resources

Ensure appropriate coordination at administrative levels
- C.Ed.O/ SAD
- ACHE
- Chairs

Preserve teaching mission of GME and UME

Separate Clerkship and residency Start-ups where possible

However, investigate pairings of residents and students where possible

Always emphasize collaborative approach to increase pool of participating physicians

Anticipate Funding changes in GME and UME

Investigate V.A. opportunities
Education B – Tom Peterson

Desired Outcomes
- Identify and inventory resources
- Prioritize educational access
- Prioritize educational resources
- Strategically align educational programs

Resources
- Capacity inventory
- Where and what is being taught already
- Scheduling systems
- Inter-professional Advisory Council
- (Successful) models or partnerships (ex. PA program, Inter-professional training opportunities
- A full cultural assessment
- The assets of interested parties
- OME, SIM Lab, Teaching Academy
Education B – Tom Peterson

Responsible Parties/People Involved
- ELOT
- ACHE
- Departments
- DOMES

Barriers (non-financial)
- Existing programming
- Finite OME capacity
- Training and competency requirements
- Lack of awareness of teacher benefits