Strategic Plan Update 2011-2015

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Professor and Chair
Pathology and Laboratory Medicine
Why have a strategic plan??

- **A roadmap**
  - Provides direction and goals.
  - Defines priorities: What we do **and** what we won’t do.
  - Guides day-to-day decisions, including where we invest resources (time, people, $$). 
  - Framework for evaluating progress and changing approaches.
Started our last planning process in January 2011

Mission Statement – “Core Purpose”

*Improving lives and transforming healthcare.*

*The UCDHS Mission Statement*

Vision Statement – “Big inspiring audacious goal”

**Leading through innovation in:**

- Pathology and Laboratory Medicine;
- Education; and
- Scientific Discovery
Strategic Plan: Goals

1. Establish the Department as the referral center for other hospitals and health care providers in the region and beyond.

2. Foster high-impact and collaborative, interdisciplinary research.

3. Create and apply innovative diagnostic testing that is tailored to the prevention and management of disease.

4. Develop a culture of excellence, service and continuous quality improvement.

5. Create a people-friendly work environment that facilitates recruitment, retention and mentorship.

6. Be a leader in educating and training health care professionals and the community.

7. Maximize departmental resources, efficiency and effectiveness.
Alignment of strategic goals between UCDHS and department

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- GOAL 1: PERSON- AND FAMILY-CENTERED CARE: Improve health by placing the persons and families we serve at the center of care.

- GOAL 2: SOCIAL RESPONSIBILITY AND LEADERSHIP: Address broadly the social determinants of health and equitable delivery of health care.

- GOAL 3: INTERPROFESSIONAL EDUCATION TO SHAPE THE FUTURE: Prepare well-qualified health-care professionals, researchers, educators, staff and leaders who will shape the future.

- GOAL 4: HIGH-IMPACT RESEARCH: Increase the scope, quality and impact of our innovative research.

- GOAL 5: EXCELLENCE IN PEOPLE Attract, retain and mentor excellent and diverse faculty, staff, students, trainees and leaders.

- GOAL 6: COLLABORATIVE ORGANIZATIONAL CULTURE: Promote a culture that fosters a collaborative, respectful, diverse and effective organization at all levels.

- GOAL 7: SUSTAINABLE RESOURCES: Develop sustainable utilization of resources and infrastructure that provides optimal support for all mission areas.

- GOAL 8: STRATEGIC USE OF TECHNOLOGY: Expand the strategic use of technologies to enhance research, education and clinical care.
Implementation began in September 2011... but where did we start??

- The top of the list and work down?
- An item from every goal??
- How did we prioritize??
Maslow’s Hierarchy of Needs: A model for our implementation

- Survival
- Success and Esteem
- Peak performance
Phase III: Implementation

- Foundational goals are first priority.
- Higher level goals can then follow.

**Departmental Goals**

- Leader in education and training
- Innovative diagnostic testing
- High-impact and collaborative, interdisciplinary research
- Referral center for other hospitals and health care providers
- Maximized resources, efficiency and effectiveness
- Culture of excellence, service and continuous quality improvement
- People-friendly work environment

Foundational goals

Higher level goals

Peak Performance

Success & Esteem

Survival
So....where are we at and what have we accomplished??
Implementation:
Foundational goals

- Maximized resources, efficiency and effectiveness
- Culture of excellence, service and continuous quality improvement
- People-friendly work environment

- Leader in education and training
- Innovative diagnostic testing
- High-impact and collaborative, interdisciplinary research
- Referral center for other hospitals and health care providers
Goal 5: People-friendly work environment

- **Strategy 5.1: Recruitment, retention and succession plans.**

<table>
<thead>
<tr>
<th>Tactics</th>
<th>Leaders</th>
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<tbody>
<tr>
<td>Recruitment and succession planning</td>
<td>Howell, Vice Chairs</td>
</tr>
<tr>
<td>Increase diversity</td>
<td>Howell</td>
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</tbody>
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- **Recruitments, 2011-15:**
  - 21 new faculty: 6 AP, 7 CP, 8 Research (net increase 15 faculty)
  - Diversity: Women = 3 of 4 Ladder-rank ("FTE") recruits and 6 of 21 overall.
  - Retention of new recruits: 17/21; exceeds nat’l average of 50% at 5 years.

- **Recruitments in progress for 2015-16:**
  - Clinical recruitments in progress: Hemepath, Renal/Transplant, 2 Surg Path
  - Stowell Chair in Experimental Pathology: Focus on genomics, partner with CCM
People-friendly work environment: Diversity

- **Implemented recommendations from David Acosta MD, Associate Vice Chancellor:**
  - Add a diversity section to our website: Completed in 2013-14
  - Increase diversity of our guest speakers:
    - 2014-15 Stowell and Highman Lecturers are women; the latter also the former Chief Diversity Officer for Cornell Medical School.
    - 1st Asian Stowell and Highman speakers
  - Consider diversity in our admissions to CLS and CT programs:
    - Example: 1st 3 CT students: Hispanic, African-American, Asian-American
  - Pipeline development: Diversity in our Edmondson summer intern program
    - Director Sharon Wahl → ~50% under-represented minorities in past 2 years.
  - Leadership in Diversity:
    - Asst. professor Veronica Martinez-Cerdeno is active in many UCD diversity committees and strategic efforts
    - Dept chair Howell is chair of APC’s Leadership Development & Diversity Committee
People-friendly work environment: Faculty Development and Mentorship

- Dept. research seed grants: ~$200,000 (2012-15); Inter-dept grant (2015-16)

- 17 faculty participants in 11 development programs over past 5 yrs, including:
  - Early and mid career leadership programs
  - Mentored Clinical Research Training Program
  - K12
  - UCD Entrepreneurship program
  - AAMC programs
  - ASCO Faculty Development program
  - Teaching Scholars Program
  - Healthcare Quality Certificate program

- Special thanks to our faculty mentors!
  - Mentors participate regularly in Mentoring Academy programs,
  - Dedicated departmental mentoring directors (Drs. Jensen and Jin)
Goal 5: People-friendly work environment
Goal 4: Culture of service excellence

<table>
<thead>
<tr>
<th>Tactics</th>
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<tbody>
<tr>
<td>Create clinical subspecialties</td>
<td>Bishop</td>
</tr>
<tr>
<td>Create efficiencies</td>
<td>Bishop, Widmann</td>
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- **Subspecialty teams in surg path**
  - Developed in 2011-12
  - Refined each year, including external review in 2014
- **Faculty extenders:**
  - Outsourced autopsy; effective 2012.
  - 1 new PA; effective 2012.
- **Surg path process improvement:**
  - Lean process: Less “re-work”; Launched 2015.
  - Grossing room director; Dr. Gui appted in 2014-15
Other Goal 5 People-friendly tactics

<table>
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<th>Tactics</th>
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<tr>
<td>Compensation plan</td>
<td>FAC</td>
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<tr>
<td>Flexible work environment</td>
<td>Howell</td>
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- Comp plan revisions began in 2013-14; on-going tweaks
  - Aligning reward with strategic goals.
  - Recognize and reward contributions to team and citizenship within the dept.
  - Ensure no unconscious bias or penalties within the comp plan, particularly re: “face-time” and flexibility.

- Flexibility: WebEx for faculty mtg participation as of 2013-14.
How are we doing re: People-friendly work environment?

Faculty Forward Survey: Frequency of Top 2 Responses (Very Satisfied/Satisfied)

- Dept. Governance: 69%
- Relationship with Supervisor: 67%
- Growth Opportunities: 70%
- Promotion Equality: 75%
- Compensation and Benefits: 64%
- Faculty Recruitment/Retention: 61%
- Clinical Practice: Ability to provide high quality care: 52%

Legend:
- Pathology %
- School %
- Path Cohort %
- Path Peers %
Implementation: Foundational goals, con’t

- Maximized resources, efficiency and effectiveness
- Culture of excellence, service and continuous quality improvement
- People-friendly work environment
- Leader in education and training
- Innovative diagnostic testing
- High-impact and collaborative, interdisciplinary research
- Referral center for other hospitals and health care providers
Goal 4: Develop a culture of excellence, service, continuous quality improvement

Strategy 4.3: Develop a dept-wide service excellence program.

<table>
<thead>
<tr>
<th>Tactic</th>
<th>Leader</th>
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<tbody>
<tr>
<td>Employ ARUP and UCDHS service excellence programs</td>
<td>CAOs</td>
</tr>
</tbody>
</table>

- **2011-12**
  - Patient survey at ACC phlebotomy site: “Excellent” responses 57% → 90%.
  - Expand client services: New telephone program.

- **2012-13: Kick-off for ARUP service excellence program**
  - Workshop, 8/2012; Initiated client survey

- **2014-15:**
  - ASCP Communication Course: Participation exceeded our 50% goal → 95% hospital staff, 75% SOM staff.
  - Participated in the hospital’s Restful Night pilot for patients.
Goal 7: Maximize resources

Strategy 7.2: Increase operational efficiency

<table>
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<tbody>
<tr>
<td>Strategic in-sourcing and out-sourcing; use of reference labs</td>
<td>Clinical CAO and lab sections</td>
</tr>
<tr>
<td>Utilization</td>
<td>Clinical CAO and lab sections</td>
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- **Why?** This is why we are hired to be lab medical directors.
  - Efficiency is a one of the IOM quality domains.
  - Important to value-based reimbursement.
- **In-sourced testing:** $\sim$$500,000$ over 2 years (2011-13)
- **Re-negotiated send-out contract with 1st ref lab (ARUP), 2014-15:**
  - Total savings of $338,673$ in first year; similar savings with NeoGenomics contract
- **Blood utilization and savings:**
  - 2012-13, 2013-14: Development of transfusion registry
  - 2015-16: RFP for UC-wide contract → new blood provider (Red Cross), $\sim$$2M$ savings to UCDHS
Goal 7: Maximize resources -- New billing processes

- Opportunity and urgency for improvements to our processes, thanks to Epic “Big Bang” issues with billing backlog.

- Change: Moved to centralized billing and coding team (HIM); new processes and oversight
  - $8M above revenue projections for technical (hospital) revenue.
  - Professional (i.e., school-side) billing gaining similar improvements.
Implementation: Goals to build success and esteem

- Maximized resources, efficiency and effectiveness
- People-friendly work environment
- Culture of excellence, service and continuous quality improvement

- Innovactive diagnostic testing
- High-impact and collaborative, interdisciplinary research
- Referral center for other hospitals and health care providers

- Leader in education and training

Departmental Goals
Goal 1: Become a referral center for our region
Goal 7: Maximize resources

**Strategy 7.1: Develop new sources of revenue**

<table>
<thead>
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<tbody>
<tr>
<td>Increase outreach services thru new clients</td>
<td>Sharma, Green</td>
</tr>
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- **2011-12:**
  - Developed business plan and client pipeline; began client connectivity build.
  - RFP from Tahoe-Forest – chosen as their lab provider, but then put on hold.

- **2012-13:**
  - Recruited new outreach manager: Madhu Sharma
  - New major client: Marshall Hospital

- **2013-14:**
  - Billing and IT challenges 2º to “Big Bang”: limited ability to recruit new clients.
  - Align outreach efforts with UCDHS’ new regional affiliation strategy.

- **2014-15:**
  - Continued billing and IT challenges – yet to be resolved.
  - Hospital increased outreach overhead and lowered prices --> revenue declined
  - Renewed interest from Tahoe-Forest for telepathology services.
Implementation:
Goals to build success and esteem, con’t

- Maximized resources, efficiency and effectiveness
- People-friendly work environment
- Culture of excellence, service and continuous quality improvement

- Innovative diagnostic testing
- High-impact and collaborative, interdisciplinary research
- Referral center for other hospitals and health care providers

- Leader in education and training

Departmental Goals
Outcomes: Upper 1/3 of medical school pathology departments in NIH funding

- Our efforts are working!
  - 2013-14: 30 awards totaling $8M!
  - 2014-15: 52 awards totaling $11M!

- A few examples here!

<table>
<thead>
<tr>
<th>Senior Faculty</th>
<th>Recent Awards</th>
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<tbody>
<tr>
<td>Yvonne Wan</td>
<td>$2.9M, NIH U01</td>
</tr>
<tr>
<td>Peter Barry</td>
<td>$1.8M, NIH R01</td>
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<tr>
<td>Richard Levenson</td>
<td>$276K, NIH R21</td>
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<td>Veronica Martinez-Cerdeno</td>
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<tr>
<td>Konstantinos Zarbalis</td>
<td>$1.5M NIH R01</td>
</tr>
<tr>
<td>Izumi Maezawa</td>
<td>$625K NIH R01</td>
</tr>
<tr>
<td>Mingyi Chen</td>
<td>$235K (NIH R01 subaward)</td>
</tr>
<tr>
<td>James Chan</td>
<td>$200,000 NSF</td>
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Goal 2: Foster high-impact inter-disciplinary research,

Strategy 2.1: Develop innovative platforms for collaboration

<table>
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<tr>
<th>Tactics</th>
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<tbody>
<tr>
<td>Pursue large team science grants</td>
<td>Wan, ARC</td>
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<tr>
<td>Provide incentives via seed grants</td>
<td>Wan, ARC</td>
</tr>
<tr>
<td>Grow biorepositories</td>
<td>Wan, Anderson</td>
</tr>
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</table>

- Vice Chair of Research, UCDHS Biorepository Director: Yvonne Wan
- Seed grants: 3-yr commitment of $200,000; Inter-dept grant in year 4.
- Biorepository:
  - Master plan completed (2012-13)
  - CAP-accreditation for Cancer Center biorepository (2013-14)
  - GI biobank established by Dr. Wan via collaborative work with GI division (2014-15)
  - Recent UCDHS focus on informatics infrastructure (2014-15)
Informatics as a strategy and tactic for our research-related goals

Strategy 2.1: Develop innovative platforms for collaboration

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<tr>
<td>Utilize technology to increase research collaborations.</td>
<td>Anderson, Hogarth</td>
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- 2013-present: Leadership in new clinical research networks, PCORnet
  - Mike Hogarth: UCD site PI for 'Patient-centered Scalable National Network for Effectiveness Research'
    - Collaborators: all 5 UC medical centers, USC, SFSU, VA, RAND Corporation.
  - Nick Anderson: co-PI for 'Community-Engaged Network for All'
    - Collaborators: Genetic Alliance, UCSF, Private Access, 10 advocacy groups
Improve infrastructure for our research-related goals

**Strategy:** Build an outstanding research management infrastructure

<table>
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<tr>
<td>Enhance administrative research support</td>
<td>Diaz-Khansefid</td>
</tr>
<tr>
<td>Improve core facilities</td>
<td>Howell, Diaz-Khansefid</td>
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**2012-13:**
- New academic CAO with experience in research administration: Cathy Diaz-Khansefid

**2013-15:**
- New business manager, Dyana Greene, to improve accounts management.
- Research admin staff attending classes on research support – over 40 classes completed thru 2015!
- SRA has completed the clinical research certification series: More expertise for clinical studies.
- Working with Centers to develop a more equitable method for sharing the Indirect Cost Returns for shared faculty.
- Advocacy with campus and Dean’s office for better core support.
Goal 2: Foster high-impact inter-disciplinary research
Goal 3: Create/apply innovative diagnostic testing

Strategy 2.1: Develop innovative platforms for collaboration

Strategy 3.1 Position the dept. to integrate personalized medicine

<table>
<thead>
<tr>
<th>Tactic</th>
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<tbody>
<tr>
<td>Utilize technology and industry relationships to increase research collaborations.</td>
<td>Levenson, Gregg</td>
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</table>

- 2011-12: Vice Chair of Strategic Technologies, Richard Levenson MD,
- 2012-13: Established Davis Technology Series to host potential industry partners,
- 2013-14: Grow research and innovative diagnostics thru industry relationships
  - Roche Molecular Center of Excellence
  - 1 of 11 initial Nanostring Prosigna sites
- 2014-15: R21 for MIBI: Levenson
- 2014-15: Venture Catalyst Award; “slide-free microscopy”: Levenson, Borowsky.
Implementation:
Goals to build success and esteem, con’t

- Maximized resources, efficiency and effectiveness
- People-friendly work environment
- Culture of excellence, service and continuous quality improvement

- Innovative diagnostic testing
- High-impact and collaborative, interdisciplinary research
- Referral center for other hospitals and health care providers

- Leader in education and training
Goal 3: Create and apply innovative diagnostic testing/services

Strategy 3.3: Position for path-rad convergence

<table>
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<th>Tactic</th>
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<tr>
<td>Pathology-Radiology integration</td>
<td>Howell, Dougherty</td>
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- **2011-12:**
  - Completed Diagnostic Services Integration Plan with Dept. of Radiology
  - Virtual autopsy workgroup: Completed workflow and CT pilot of anatomy cadavers, developed unique sampling device with biomed engineering students.

- **2012-present:**
  - Implementation of integration plan: Joint sponsorship of Highman Lecturer Paul Chang MD (January 2014)
  - BME students participating in virtual autopsy project annually
  - Plan to leverage new LIS for Path-Rad report integration and utilization efforts.
Maximized resources, efficiency and effectiveness

People-friendly work environment

Culture of excellence, service and continuous quality improvement

Innovative diagnostic testing

High-impact and collaborative, interdisciplinary research

Referral center for other hospitals and health care providers

Leader in education and training

Implementation:
Peak goals as a leader in education and training
Goal 6: Be a leader in educating and training health care professionals and the community.

- **Strategy 6.1:** Develop new teaching opportunities to prepare health care professionals for the future

<table>
<thead>
<tr>
<th>Tactic</th>
<th>Workgroup leaders</th>
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<tbody>
<tr>
<td>Creating new med student electives</td>
<td>Bishop, Gregg</td>
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</table>

- **2012-13:** Restructured electives:
  - New curriculum plus new 2-wk options.

- **2013-14:** Strong enrollment; excellent student evals

- **2014-15:**
  - Grow “lab literacy” via Path-SIG
  - Institute new AP Acting Internship

- **2015-16:**
  - New 3rd year elective approved
Our residents: Lots to be proud of!
We provide pathologists for California and the nation!
Lots of focus on residency program

- Many changes since our external review 2 yrs ago:
  - New program directors
  - Increased training in grossing
  - New orientation program
  - New rotation schedule
  - New expectations and handbook.
  - Milestone development
  - New recruitment process
  - New approaches re: professionalism and resilience

- Many residents presentations annually at national meetings:
  - Avg. 7 presentations a year.
  - 10+ nat’l specialty societies.
Other tactics for Goal 6: Leadership in education for many different learners and practitioners

- **Fellows:**
  - Subspecialty focus for surg path fellows, 2012-13
  - Funding for participation in informatics certificate program, 2012-present

- **Community education:** New annual diagnostic seminar, 2013-present

- **Other inter-disciplinary education:**
  - Biomed engineering undergrads: Pathology capstone projects (Tran), recognized by the Dean’s Award for Excellence in Education.
  - PA/NPs: New teaching opportunities with joint education with CLS students, launched 2013.
Great progress – but there’s more to do, and lots of room for good ideas!

- Your chance to:
  - Assess our progress.
  - Reassess our priorities.
  - Provide input as to where we want to focus our efforts and resources going forward.
  - Consider how we may need to partner or restructure to achieve goals.
Summary: SWOT analysis

- **Strengths:**
  - Dedicated, committed people
  - Made investment in the all missions positioning us well for future growth:
    - Recruitments, seed grants, new courses, external review of the residency program, Lean and other clinical changes.

- **Weaknesses:**
  - IT infrastructure isn’t up to par yet – but change process has begun.
  - Perception of quality by a vocal minority of constituents.
  - $$: Resources are shrinking, little institutional support for our outreach efforts to create new resources.
SWOT, con’t

- **Opportunities**
  - New Epic Beaker LIS should be a giant step forward re: quality and efficiency for clinical service – but 2 yrs away.
  - Significant institutional interest in regional alliances – can leverage this by aligning our outreach efforts?
  - New recruitments: Stowell Chair in Experimental Pathology, new clinical faculty
  - Growing public interest in disease and new treatments.
  - Emphasis on importance of pathology in healthcare quality, thanks to the new IOM report on diagnostic error reduction.

- **Threats**
  - Uncertain funding for research.
  - Changing clinical reimbursement ("value-based"): Will we get our fair share?
  - Hospital proposal to other hosp-based depts to “work for them.”
I am an optimist thanks to all of you!

I am willing to give more that what is expected of me: Strongly Agree/Agree

95%