Gerald Baldasty
Vice Provost and Dean
The Graduate School

John Slattery
Vice Dean for Research and Graduate Education
School of Medicine

July 9, 2009

Dear Dr. Baldasty and Dr. Slattery,

We appreciate the time and effort the academic program review (APR) committee, lead by Dr. David Notkin clearly put into the Division of Biomedical and Health Informatics (BHI) academic program review report. We are of course pleased the committee recommends "continuing status with a subsequent review in 10 years". We find the report to be a fair and accurate assessment of our young program's accomplishments, strengths, and areas for improvement. We believe the report complements and augments the strategic plan developed as part of the preparation for our academic program review. The report fills in some gaps in the plan and augments existing parts of our plan.

We will update our strategic plan to incorporate the recommendations of the APR report as detailed below. Over the next few months BHI will use this revised strategic plan as a guide for: a) our annual faculty retreat, b) a meeting with our external advisory board, and c) a meeting with our internal advisory board. Our goal will be to answer the question, "How should we take the next big step?" as posed by the review committee to fulfill the promise, "the best is surely yet to come" for our, "excellent program that already does great credit to the field and to UW". After our retreat and advisory board meetings, the strategic plan will remain a living document that we will continue to use to help guide our decision making.

Table 1 summarizes the high level elements of our current strategic plan and the edits we are making to incorporate the recommendations of the APR review committee (insertions are **bolded**, deletions are ~~struck-through~~).

Recommendation 1: Enhance the Division's Vision and Image
Response: Our strategic plan is built using a VSAM matrix (Visions, related Strategies, corresponding Actions and Metrics). This recommendation directly correlates to our strategic plan vision, "C. Strengthen program identity and visibility". Based on the APR report and discussions, we plan to augment our Vision C as follows "Vision C: Strengthen program identity and visibility in the areas of research, training and service" since where we would like to be in a decade will vary depending on which area (research, training,

Table 1. Revised Strategic Plan Incorporating APR Recommendations

Strategic Plan Vision	Corresponding APR Recommendation
A. Strengthen curriculum	
B. Expand student body **and graduate program**	4. Continued Retention of the NLM Training Grant
	7. Consider Augmenting Masters Program and Clinical Informatics Programs
	8. Improve professional development for graduate students
C. Strengthen program identity and visbility **in the areas of research, training and service**	1. Enhance the Division's Vision and Image
	5. Become More Actively Engaged in Developing and Evaluating Electronic Health Records
D. Increase and diversify funding	
E. ~~Acquire co-located space~~**Improve infrastructure including space, organizational structure, and faculty/leadership development**	2. Improve the Division's Organizational Structure
	3. Consolidate and Increase Space for BHI Faculty and Students
	6. Conduct Faculty and Leadership Training

service) we consider. We agree two important goals for our Vision C are (1) defining a vision for where BHI should be in the upcoming decade and (2) defining an internal and external image that is consistent with this vision and that aids in achieving this vision". We will add these two points (goals) as strategies under our augmented Vision 3 and develop corresponding actions and measurable outcomes. We will work closely with our Internal Advisory Board, the Dean's office of the School of Medicine, and the Department of Medical Education and Biomedical Informatics as we work on these goals. Related to our external image and public relations we will add a strategy to pursue relationships with business that "also include the local biotechnology community, including many companies that are

University spinoffs, and local software companies that are eager to be more involved in the medical computing space (e.g. Microsoft)." As we pursue this vision, we will keep in mind the important APR observation, "BHI presents a complex story as starting point; they need a simpler starting story (and leave it to the listeners to complicate)."

Recommendation 2: Improve the Division's Organizational Structure
Response: During our preparation for the APR, our faculty and students identified challenges to our organizational structure. These challenges didn't quite rise to the level of being included in our strategic plan. However, based on Recommendation 2 (and based on Recommendation 6: Conduct Faculty and Leadership Planning), we have changed our Vision E from, "Vision E: Acquire co-located space" to, "Vision E: Improve infrastructure including space, organizational structure, and faculty/leadership development". To this expanded Vision E we plan to add the following strategies (and corresponding actions and metrics): a) increase faculty with primary appointments in BHI, and b) formally assess in the UW environment the feasibility and advisability of transforming the Division into a Department. With respect to b) we will work closely with the Dean's office of the School of Medicine and the Department of Medical Education and Biomedical Informatics as well as other relevant units on campus. With respect to increasing the number of grants administered through MEBI/DBHI and the indirect cost return, these already are part of our strategic plan as strategies under Vision D: Increase and diversify funding.

Recommendation 3: Consolidate and Increase Space for BHI Faculty and Students
Response: This recommendation corresponds to our old Vision E: "Acquire co-located space". Recommendation 3 remains part of our expanded Vision E: "Improve infrastructure including space, organizational structure, and faculty/leadership development" (expanded based on from Recommendations 2 and 6).

Recommendation 3.1 (consolidation of space) is already a strategy as part of Vision E. Recommendation 3.2 (increasing space) is worth calling out separately, and we plan to add this as a strategy under our expanded Vision E. Recommendation 3.3 (collaboration with the Dean's office) is already part of our strategic plan. Since the APR, we have had discussions with Dr. Slattery of the Dean's office regarding consolidated and increased space at South Lake Union but unfortunately there is still no identified co-located space that can house both our students and our faculty and professional staff. We are very willing to continue to consult and work with Dr. Slattery and the School of Medicine Dean's Office to identify co-located space for BHI, as this remains an important issue for BHI.

Recommendation 4: Continued Retention of the NLM Training Grant
Response: We agree with this critical goal and have added this as an explicit strategy with corresponding actions/goals under our existing Vision B: Expand student body (since continued funding for students is vital to maintaining and expanding our student body). See also Recommendation 7 re: expansion of our Vision B.

Recommendation 5: Become More Actively Engaged in Developing and Evaluating Electronic Health Records

Response: We agree with the committee's recommendation given the current external context nationally, "Electronic Health Records is a golden opportunity for BHI and the broader university". We agree, "BHI and ITS both understand this opportunity, the necessity of pursuing it aggressively, and indeed have taken genuine steps in this direction". We also agree our pursuit of this opportunity could be more aggressive and closely relates to Recommendation 1 (Vision/Image). Therefore, we plan to add Recommendation 5 as a strategy (with related actions/metrics) under expanded Vision C: "Strengthen program identity and visibility in the areas of research, training and service.", This is clearly an area of past excellence and future opportunity across the spectrum. Dr. Jim Fine (CIO of UW Medicine Information Technology Services (ITS)) and Dr. Peter Tarczy-Hornoch have already begun discussions about how to strengthen the BHI/ITS ties by bringing on an additional faculty member who could bridge between BHI and ITS. We also continue to work closely with the Institute of Translational Health Sciences, UW Medicine, the Dean's office in the School of Medicine, and UW Medicine ITS to continue to support clinical translational research computing.

Recommendation 6: Conduct Faculty and Leadership Planning

Response: We agree,"A number of core faculty contribute energetically and effectively to BHI's activities, and few if any of them of them are easily replaceable." We appreciate this recognition of the contribution of our faculty at largeand agree staff play a critical role. We also appreciate the APR committee's recognition of the realities of our first decade ("A quickly maturing program such as BHI spends virtually all of its time on getting things done, as it should."). As we look forward to a more mature program and our second decade, leadership planning will critical. Based upon this recommendation, we have identified the following new strategies to include in our expanded, "Vision E: Improve infrastructure including space, organizational structure, and faculty/leadership development": a) augment faculty mentorship to ensure retention and promotion and acculturation, b) develop staff mentorship and a retention plan to minimize staff turnover, and c) develop leadership planning and training. We agree junior faculty could benefit from a broader view of success and will include education and acculturation in this arena as part of ongoing mentorship.

We also agree "Expectations for grant writing and other fund raising and for publishing can be set with the junior faculty, and this can set a precedent for the entire group. Continued and aggressive grant writing – perhaps as many as four-six major grant proposals per year – is a reasonable expectation for faculty members at this stage of their careers." We appreciate the APR committee validating that our expectations are reasonable and have included aspects of this recommendation in our Spring 2009 annual faculty reviews in the context of our expanded Vision C: Strengthen program identity and visibility in the areas of research, training and service.

Recommendation 7: Consider Augmenting Masters Program and Clinical Informatics Programs
Response: We agree, "With a strong national emphasis on making medical care more efficient and national funding initiatives to support development and deployment of electronic healthcare records this could be a very opportune time to enhance the existing Masters program to become a professional Masters program in Biomedical Informatics." For this reason, this recommendation and corresponding actions/metrics will remain part of our strategic plan under Vision B: Expand student body. Already part of Vision B under strategies and actions is expansion and improvement of the graduate program (Recommendation 7 and Recommendation 8) thus Vision B has been expanded to Vision B "Expand student body and graduate program". Since our strategic plan was developed, AMIA's efforts in the area of Board Certification have advanced enough to warrant adding a strategy of "Evaluate potential for UW to take a leadership role in training programs to establish a Board Certification for Physicians in Clinical Informatics".

Recommendation 8: Improving professional development for graduate students
Response: This recommendation consists of two key parts. Regarding the first, we agree professional development for our trainees is a key goal. While included in our thinking all along, we agree it is not explicitly stated in the current strategic plan. We, therefore, plan to add this as a strategy, with corresponding actions/metrics, to either expanded Vision E: Expand Student Body and Graduate Program (where other similar strategies exist) or to a revised Vision A: Strengthen curriculum.

The second part of this recommendation, we interpret as a cautionary note regarding one of our visions (Vision A: Strengthen Curriculum). We are aware of our finite resources and t take seriously the recommendation that "the current state of the curriculum does not seem to warrant an "overhaul" of the type in which some BHI faculty are currently engaged. It may be more fruitful to conserve faculty resources in order to address organizational emphasis, image, and a professional Masters program." We plan to revisit the priority of a curricular "overhaul" against other competing priorities.
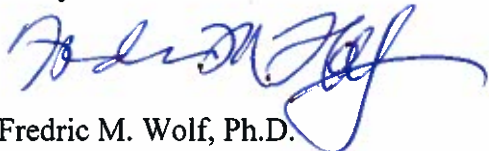
HITECH/ARRA
Related to Recommendation 1 (Vision/Image), Recommendation 5 (Electronic Health Records), and Recommendation 7 (Clinical Informatics Program), UW BHI and ITS are collaborating with UW leadership to be the point on coordinating the UW response the Washington State Health Care Authority (HCA) efforts in the HITECH/ARRA arena. Specifically, Dr. Fine will be coordinating the response to HCA Workgroup 1 "HIE Planning/Implementation & EHR loan program", Dr. Kalet will be coordinating the response to HCA Workgroup 2 "Health IT Extension & Workforce Training", and Dr. Tarczy-Hornoch will be coordinating the response to HCA Workgroup 3: "R&D / Technology Research / Telemed / Telehealth" along with Dr. Tom Norris from the Dean's office who will be focused on a telemedicine/telehealth response.

Summary

In summary, we agree with the recommendations of the APR committee and will be incorporating the committee's thinking into our revised strategic plan. Clearly from our own planning, and affirmed by the APR committee, achieving clarity of vision will be critical in the upcoming months as we revise our strategic plan and work with our faculty, students, staff and internal/external advisory boards. , We find especially helpful the following insight from the APR committee: "We note, explicitly, that it's far better to be where BHI is now – a great program with a somewhat fuzzy image – than in the opposite situation. Clarity in terms of vision might also help the program choose more effectively among the many opportunities it faces: virtually all of these opportunities are worthwhile, but nonetheless a characterization of priorities will be invaluable." This statement will help develop our vision of where we want to be in a decade, as we focus our finite resources in accordance with our strategic plan priorities.

The feedback from the APR committee will certainly help us in planning for the future of the Division. We thank you and the committee for your commitment of time and thoughtfulness conducting the academic program review the Division of Biomedical and Health Informatics in the Department of Medical Education and Biomedical Informatics.

Sincerely

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