Unit Name: School of Medicine

1. **Academic Units**: Please provide a 1-2 page description of how your unit will fund growth plans identified in the - Annual Academic Plan workbook through current or anticipated incremental revenue to your unit. Please provide specific fund source names and projections (in dollars). If these plans assume additional Provost Reinvestment Funds (supplement), please make that clear in this section.

The School of Medicine has completed the Annual Academic Plan. In completing the plan, the school considered the three activities related to its mission of improving the health of the public:

- ***Teaching***
- ***Research***
- ***Patient Care***

We will briefly outline the underlying assumptions for each area and assumptions for full-time equivalent (FTE) increases.

<u>Classroom Teaching</u>

We surveyed all of our departments to obtain input on planned growth in our various teaching programs. We determined that our teaching, based on our Fiscal Year 2012 Incremental Tuition calculation under Activity Based Budgeting (ABB) (we have not been provided support for Fiscal Year 2012 true-up or Fiscal Year 2013 tuition estimate), was split among the three major groupings as follows:

Category	*Tuition*	*% of Tuition*
Undergraduate courses	$ 5,520,341	29%
Graduate courses	$ 3,045,126	16%
Medical student courses	$ 10,598,875	55%
Total	$ 19,164,343	100%

The table above does not include a large portion of our faculty teaching effort that is focused on graduate medical education. We have 93 accredited training programs for more than 1,500 individuals. We estimate that our faculty devotes as much or more time to teaching the residents and fellows as they devote to the medical student courses. The graduate medical education teaching does not carry a course number, however, and it is difficult to provide quantitative information that would be comparable to Student Credit Hours. Graduates are eligible for board certification, but do not receive a degree. Unfortunately, this major teaching effort is not recognized by the ABB system, although other public medical schools receive state support in recognition of this vital teaching contribution.

We surveyed our 30 School of Medicine departments to understand their academic plans for the five-year period. Based on our departments' input, we project the following expansion plans:

- ***Undergraduate --We project a total increase of 45 degrees with an equal increase in enrollments and a related increase in Student Credit Hours (SCH). Below are the two departments and proposed increase in degrees awarded***
    - ***Microbiology–has a projected 32 degree increase in its BA program, which is a 10 percent increase. The increase is based on an assumed increase in demand for the degree as an entry point into professional programs such as Dentistry, Nursing and Medicine***

  - *Bioengineering–13 degree increase (BA degrees). Part of the increase is due to Fiscal Year 2012 having a lower number of degrees versus prior years*
- *Graduate–we plan to increase degrees by 110 with an equal increase in enrollments and related increase in SCH. Below are the five departments that proposed increases in degrees awarded greater than 10 over the planning period:*
  - *Pathology -12 degree increase in its Ph.D. program (Molecular Basis of Disease) in annual degrees by Fiscal Year 2017*
  - *Rehabilitation and Sports Medicine-Occupation Therapy program –27 new annual degrees by Fiscal Year 2017 as well as an increase of three degrees in their Doctorate program.*
  - *Biomedical Informatics and Medical Education–18 new degrees with seven in the Clinical Informatics MS degree (CICPT–EO Program included in data) awarded in School of Medicine, rather than Nursing, effective in Fiscal Year 2014, and a growth of six masters and five doctorate degrees based on assumed growth in the field of informatics.*
  - *Bioengineering–plans 22 new degrees (in Masters degrees based on revised curriculum and expected larger cohort of students)*
  - *Global Health–projects 11 new degrees in its Masters and Doctoral programs*
- *Professional (medical students)-We have planned growth in the medical school with Idaho requesting approval to expand its first-year class by five students starting in Fiscal Year 2014; we have reflected the increase in degrees, enrollment by majors and SCH. We are working on approval of a pilot program to have a cohort of 20 second-year medical students in Spokane starting in Fiscal Year 2014; we have reflected a reduction in SCH for this new pilot program. We have assumed no other growth or changes in the medical student related metrics. By next year, however, we may have further expansion plans based on other WWAMI states' interest in expansion. We would also be interested in exploring expansion in Washington state medical students in future years depending on the outcome of our Spokane pilot program.*

Research

In projecting research awards and expenditures, the School of Medicine balanced three factors in developing our assumptions:

- *The impact of the end of the American Recovery and Reinvestment Act (ARRA) activity, which is reflected in awards and expenditures in Fiscal Year 2010 through Fiscal Year 2012*
- *Federal budget deficits and how National Institutes of Health (NIH) and other federal funding agency budgets may be impacted*
- *The new research facilities at South Lake Union 3.1 (SLU 3.1), which are scheduled to be occupied in May 2013 and ongoing recruitments to fill space in SLU 3.1 as well as other backfill space at the Health Sciences Building.*

In assessing the three factors, the School of Medicine concluded the following in setting assumptions:

- *The school will continue to recruit and add new researchers as our space expands, including SLU 3.1 coming online in May 2013.*
- *The federal budget deficit may result in a pullback in some federal funding due to overall budget challenges*
- *We expect the school's post ARRA research funding base to be higher than our pre-ARRA grant award base from Fiscal Year 2009*

- ***Accordingly, our assumptions for research awards and expenditures assume a modest 5 percent decrease in Fiscal Year 2013 due to ARRA expiration and flattening federal budget impacts, flat in Fiscal Year 2014 and a modest 2 percent growth for Fiscal Years 2015 through 2017.***

Clinical

UW Medicine's clinical departments hire faculty to advance our mission of improving the health of the public through teaching, research and clinical activities. Included in the School of Medicine FTE forecast are faculty members who will participate in the clinical activities of UW Medicine as their primary activity. The majority of our FTE growth is in support of our clinical activities, which are assumed to grow at 2 percent based annually on our current long-range financial plan. Accordingly, we have a 3 percent core faculty growth assumption as well as a 7 percent clinical faculty growth assumption. The number of faculty members who are engaged primarily in research and education is assumed to be flat for Fiscal Year 2013 through Fiscal Year 2014 and then grow at 2 percent with assumed increase in research activity.

FTE increase assumptions:

In completing our projected FTE increase, our assumptions are:

- ***Clinically oriented faculty–primarily driven by clinical departments anticipated clinical growth (see above)***
- ***Research and education oriented faculty–primarily tied to our underlying research awards and expenditure assumptions***
- ***Other faculty–this is primarily our residents and fellow training program staff and 1 percent is based on historical growth in these programs***
- ***Professional staff and classified staff–primarily tied to our research awards and expenditure assumptions***

Medical School tuition setting considerations

The school participates in the annual Association of American Medical Colleges (AAMC) tuition and fees survey. We benchmark the school against the average of public medical schools, average of top 20 primary care schools and the average of the top 10 primary care schools on the west coast. From 2004 to 2013, the school's resident tuition and fees grew from 77 percent to 98 percent of the national average of public medical school tuition and fees. The school's student debt averaged $85,953 in 2004 and is now $138,844 compared to national averages of $104,385 in 2004 and $155,978 in 2012. The school's student debt is growing at a faster rate than the national average. The school balances its increases in tuition and fees with a focus on offsetting costs while meeting the region's workforce needs in primary care. Since an increasing level of student debt may negatively impact the number of medical students choosing to practice primary care, we are concerned about significant tuition increases unless we can raise scholarship support.

The Ph.D. students in the school are generally paid from research grants and the grants cap the student related costs. Any tuition increases in excess of the cap must be funded from non-federal sources.

Funding assumptions for academic plan

1. ***Classroom Teaching Activities-Our overall academic metrics are projected to remain relatively stable in Fiscal Year 2014 through Fiscal Year 2017, subject to the undergraduate growth we have projected. We have projected the incremental tuition and the cost increases for merit increases under two scenario's (see below) based on the P&B tool. We request that reinvestment funds cover the shortfall should the incremental tuition not cover increased costs from an approved merit increase, benefit rate increase and/or the cost of promotions effective for Fiscal Year 2014 should the state not provide merit and benefit increase funding.***

Estimated Financial Implications of Tuition and Merit Assumptions

The school is recommending a 7 percent increase in medical school tuition and as identified for modeling purposes, included 7 percent increases in undergraduate and graduate tuition.

The school has listed the financial impact of two scenarios for merit increase against our tuition assumptions of 7 percent:

School of Medicine

Fiscal Year 2014--Academic Plan--Funding Assumptions

	Scenario #1		Scenario #2	
		P&B Tool		P&B Tool
Tuition Categories	Tuition Rates	Incremental Tuition	Tuition Rates	Incremental Tuition
1 Medical student courses	7%	$ 877,164	7%	$ 877,164
2 Undergraduate	7%	$ 423,430	7%	$ 423,430
3 Graduate school tiers	7%	$ 284,855	7%	$ 284,855
Total		$ 1,585,449		$ 1,585,449
Salary Increase	**Rate Increase**		**Rate Increase**	
Salary increase	2%	$ (1,046,359)	3%	$ (1,569,537)
Benefits	0.5%	$ (459,077)	0.5%	$ (557,817)
Promotional increases		$ (50,000)		$ (50,000)
Total		$ (1,555,436)		$ (2,177,354)
Funding Surplus / (Shortfall)		$ 30,013		$ (591,905)

2. ***Research–We expect our research programs to remain strong. As 60 percent of the School of Medicine activity is funded from research activities, we expect faculty and staff salary increase costs to be primarily funded on the***

research grants. We will continue to use Indirect Cost Rate Recovery (ICR) funds to support administrative infrastructure for our research activities. The underlying challenges for the School of Medicine will be:

- ***Increased cost share requirements due to the reduction of the salary cap level in January 2012***
- ***Bridge funding requests should federal funding levels decrease***

3. Clinical Programs –We anticipate continued growth in our clinical services and residency training programs that will require continued hiring to meet these service and training commitments. We anticipate merit and benefit increase costs for faculty would be funded from clinical sources and for residents would be funded from state lines and clinical sources

2. Academic Units: If you are recommending the creation of a new tuition category, please identify the original tuition category, the proposed category, a suggested tuition rate for Fiscal Year 2014 and a percentage increase *for Fiscal* Year 2015. If you plan to move only a subset of your programs into a new category, please identify those programs.

The School of Medicine has no plans to create a new tuition category at this time for Fiscal Year 2014 or Fiscal Year 2015. However, we are reviewing our tuition model for the medical school as part of our ongoing curriculum renewal process and if there are any proposed changes, we will bring them forward at the appropriate time. Additionally, the Department of Global Health is working with the School of Public Health which is evaluating all graduate programs and tuition tiers and if the School of Public Health were to propose a new tuition tier, the Global Health program may request to participate in the proposed School of Public Health tuition tier, if approved.

3. Administrative Units: Please provide a 1-2 page overview of your current strategic plan and include a summary of any operational risks that the UW must work to mitigate over time. Note that there are very few Provost Reinvestment Funds, so your summary should provide a clear sense of how your unit intends to minimize risk, maximize service, and if necessary, repurpose existing funds to do so.

N/A

4. Academic and Administrative Units: Considering your strategic plans (particularly if they assume growth) please provide a short summary (1-2 pages at most) that relates these plans to your current space assignment. In particular, you might consider the following questions when drafting your response:

a) Does your current space inventory meet current programmatic requirements? Contrarily, does the type or quality of the space place any constraints on your ability to meet program requirements? If not, please provide specific quality or space type concerns (location, specific quality concern, etc.).
b) Will your unit be able to accommodate your growth plans within existing inventory of space? If additional space will be necessary, please describe the amount, type, or quality of *additional* space you may need to meet programmatic objectives and growth plans.

Attached is a summary of UW Medicine's strategic plan.

There are a number of challenges with the current space inventory, specifically at the Health Sciences Building.

Aging and antiquated teaching and research facilities limit enrollment and hiring, do not support current curriculum teaching models, cannot support technology advances, cannot meet current credit/non-credit teaching and training needs and, with respect to the research laboratories, are cost prohibitive and impractical to renovate.

The funding for space, both construction and renovation, is a challenge for the University of Washington. There are limited state resources and a heavy reliance on ICR to support the operations and debt service of teaching and research space, with limited funding available for maintenance and minor renovations. In order to meet the current and expanding research and teaching activities of the school, we have allocated a significant amount of resources for facilities operations, maintenance, renovations and construction to meet the research and teaching needs. The primary means to repay the debt to finance the South Lake Union expansion is facilities indirect cost revenue. Planning and Budgeting denied the school's request to allocate the growth in indirect cost rate revenue to facilities revenue for our South Lake Union research and teaching buildings, which was how it was presented to the Board of Regents in approving the options to build and assume debt. A sustainable model to fund construction and renovation should be developed that is fair for both the central University and the schools and colleges and does not disadvantage existing and expanding programs. We propose partnering on a solution. The allocation, as currently applied, represents an effective budget cut of approximately $2 million in Fiscal Year 2011 and growing to $3 million in Fiscal Year 2014 as the South Lake Union indirect cost rate increases from 66 percent to 74 percent.

South Lake Union (SLU) has provided the school with the ability to expand its research, teaching and training activities. The School of Medicine also must cover costs for substantial administrative space at SLU due to the lack of available office space on the main University campus. The SLU 3.1 research and training construction project will reach "substantial completion" in February with occupancy by May and June 2013. With some programs moving from the Health Sciences Building, the backfill will support space needs for strategic research, education and training initiatives. However, all of the new space at SLU 3.1 and the resulting backfill space have been allocated for expansion and new initiatives. Any opportunities for additional expansion would be either through rental space or by exercising our option to build the next phase of SLU. With our partners in Treasury, Real Estate and Planning and Budgeting, we will be considering the timing of when to launch a due diligence review of SLU 3.2.

We have a number of center initiatives that encompass teaching, training and basic and translational research activities that are targeted for some of the backfill space at the Health Sciences Building including Molecular Diagnostics, the Institute for Protein Design and the Division of Integrated Care. With the FACs facility moving to SLU 3.1, we are expanding the Pathology FACs facility to meet the research needs at the Health Sciences Building. We have a significant amount of space that is outdated for research and teaching and costly to renovate for wet lab use, and we have a competing need for offices.

We anticipate renovation needs because some of the Health Science Building labs have not been renovated in 20 to 40 years. Complete lab renovations cost about $600 per square foot and cleanup of labs costs about $100 per square foot. Some wet lab space is cost prohibitive and impractical to renovate. The EE, FF, RR wings and BB Tower space is outdated (including the infrastructure) and it is not cost effective to renovate wet labs. Rather, it is more practical to repurpose the space for dry lab and office use. This year we renovated 6,600 square feet in the FF wing and the cost was over $3.7 million or $425 per square foot. Our biennial budget for minor modifications, although appreciated, did not support this one renovation.

The Vista Vivarium is an important initiative to meet the quality of animal care for existing and some expanding research needs. Without the next phase of the Vivarium strategic plan, capacity will be limited and it will impact research and associated recruitments.

As part of our UW Medicine strategic plan, we are reviewing our existing and future needs for telemedicine. For the school, the focus is on teaching, research, training and administrative activities. There is inadequate teleconferencing capability at the Health Sciences Building and we are finding that the need and usage of teleconferencing is increasing for teaching, training, administrative and research activities; however, it is costly to renovate Health Sciences Building space. Renovating two relatively small rooms, 1,044 square feet, is estimated to cost $1.2 million or over $1,150 per square foot in E-wing space at Health Sciences Building and it will only meet a small part of the need.

We are in a continuous curriculum renewal process for the medical school courses and the committee identified several major areas for curricular improvement, including enhancing active learning in the pre-clinical curriculum and increasing integration within and across years. To accommodate the curriculum changes and the second year pilot in Spokane, space in the Health Sciences Building T wing and AA wing will require renovations. In addition, with the capacity and layout of current T-wing student study and lounge space, small group classrooms and large lecture hall, we do not have the space to expand our number of medical students in Seattle. We now have more first-year students in other locations of the region than we do in Seattle.

The health sciences inter-professional education initiative (IPE) identified the need to build space that allows integration of teaching activities across the six health sciences schools, with a second phase of renovating the Health Sciences Building's teaching space. This is imperative to meet the integrated educational requirements and the curriculum changes and expansion for all of the health sciences schools, including the School of Medicine.

Current growth assumed in the undergraduate and graduate programs is not dependent on new or expanded space.

5. **Academic and Administrative Units:** Should the 2013 Legislature lift the ongoing salary freeze and allow increases, we certainly hope that state funding will be provided for GOF increases. In the event that state funding for compensation is not available, all units should have plans to cover GOF/DOF salary increases out of tuition or other fund sources. Should no tuition revenue be available to your unit, Provost Reinvestment Funds may be dispatched to provide support for increases. Please provide your units' plans to cover expenses associated with salary increases. A salary and tuition revenue model is available on the OPB website; this model is designed to give you a sense of the magnitude of the support that will be required at various percentage increases.

As outlined in question #1, the School of Medicine would anticipate a modest increase in incremental tuition which should be able to fund merit and benefit increases of 2 percent and .5 percent respectively. As noted above, we would request Provost Reinvestment funds to cover any shortfall from incremental tuition versus approved merit, benefit and promotional cost increases. We note that the ABB system does not recognize a major portion of School of Medicine teaching effort that is devoted to graduate medical education.

6. **Academic and Administrative Units:** Your unit may have identified growth plans in the Annual Academic Plan workbook; if so, as part of question 1 your unit should have included a description of the funds necessary, including Provost Reinvestment Funds, to support such growth. For this section, however, please provide specific requests of

Provost Reinvestment Funds for new initiatives. Please provide a one-page summary of these requests, articulating how much funding is requested by an initiative, whether temporary or permanent funds are requested, and how the funds would be spent (new positions, systems, etc.).

Curriculum renewal in Medical School–Last year, the School of Medicine launched a review of our medical school curriculum. The review process is the first comprehensive review of our curriculum in 12 years. It is ongoing and expected to be completed by May 2013. The likely outcome will include a redesign of the year one and year two curriculum, including possibly condensing the two years of curriculum into 18 months and revising the final six months of the four-year training program. Implementing the change in curriculum will be an expensive endeavor, requiring project management and substantial faculty time and effort to rewrite our curriculum during Fiscal Year 2014 for deployment in Fiscal Year 2015. We are requesting one-time support from the Provost of $500,000 to support this effort in Fiscal Year 2014.

The school may be requesting ongoing Provost Reinvestment and/or state support for medical school curriculum changes, expansion and second year in Spokane for Fiscal Year 2015 (during the supplemental budget process) or for the biennium request 2015 through 2017. Additionally, the school may want to propose a state request for UW Medicine related to graduate medical education costs in support of the ongoing need for expanding physician workforce to meet the state of Washington demands for healthcare providers.

Supplement Stabilization–With ABB being fully implemented, each school had a supplement identified as part of our Fiscal Year 2013 ABB budget. We request that our supplement not be reduced in Fiscal Year 2014 and our base be increased as defined below. This request is after we have had our funding allocation adjusted for the following two funding level changes that occurred in Fiscal Year 2013 after the initial Fiscal Year 2013 ABB funding levels were established

1. ***Institute of Health Metrics and Evaluation (IHME) Memorandum of Understanding (MOU) –Effective November 1, 2012, a new IHME MOU was signed that consolidated the historical state funding (GOF) that was used to establish IHME 100 percent under the School of Medicine. The result was a transfer of GOF from School of Public Health to the School of Medicine of $907,861, effective November 1, 2012. We expect that the School of Medicine ABB funding base will be increased to reflect this transfer of funds and should be reflected as an increase in our base and not as a reduction of our supplement.***
2. ***WWAMI Tuition Offset–The School of Medicine has historically received an annual increase based on the agreed-to WWAMI tuition offset. This new funding to the School of Medicine was requested at $418,841 for Fiscal Year 2013 after the ABB base funding was set for Fiscal Year 2013. It should be reflected as an increase in our base and not as a reduction of our supplement.***

Interest Income on fund balances – The school's fund balance is generally targeted for strategic initiatives such as faculty start-up packages, bridge funding, or future tenant improvements. The spending against these funds occurs over time. Without any interest income accruing to these funds, their value decreases over time. For example, for South Lake Union facilities, the school is required, based on direction of Treasury and Planning and Budgeting, to allocate funds annually to a capital sinking fund to provide future funds for renovation and or improvement to the facilities. To date, through Fiscal Year 2012, the School of Medicine has set aside in reserves over $9.5 million and will be funding annually $3 million starting in Fiscal Year 2014 with the opening of SLU 3.1. However, these funds held in UW accounts receive no interest earnings. Based on the revised capital sinking fund

analysis for the Brotman Building and SLU 2.0, through Fiscal Year 2012, the school has lost over $800,000 in projected interest earnings on the capital sinking fund reserve which has decreased the school's ability to meet future repair and renovation obligations for Brotman and SLU 2.0. In response to the school's repeated requests for the SLU capital funds for tenant improvements to be eligible to earn interest income (as originally modeled by central UW during planning for each facility), in the spring of 2012, Planning and Budgeting shared the UW Invested Funds Return Improvement Initiative (Invested Funds Policy) that was approved by the President, Provost and Senior Vice President in 2007. The policy provides for the interest earnings on UW balances to be returned to "self-sustaining units" and the balance to Central. The school proposes that either the policy be revised and interest accrue to the fund balance of the applicable school, college or central University or that we partner on a solution that is fair for both the central University and the schools and colleges and does not disadvantage existing and expanding programs.

Advancement Funding–Advancement activities and donor funding are critical to the school's continued success in supporting start-up and ramp-up costs of strategic initiatives. UW Medicine's advancement staff are very efficient (compared with national peers and other units on campus) in raising substantial dollars at a low cost. UW Medicine Advancement's budget is partially supported from a modest return on its interest earnings of Consolidated Endowment Fund (CEF), endowments in suspense, parked endowments and gift balances. The balance of the support is funded from UW Medicine generated resources. Advancement activities, both at the central University and school or college level, should be self-sustaining and funded from interest earnings. The school proposes that we partner on a sustainable model that is fair to both central University and the schools and colleges with a goal of increasing the percentage of interest funding allocated towards the schools and colleges from the current level to a level that will support advancement activities.

January 1, 2012

MAJOR ACCOMPLISHMENTS AND ACTIVITIES THROUGH 12/2011

Build key clinical programs

- Completed construction and opening of the new Vascular Clinic at HMC.
- Completed remodel and opening of the new Otolaryngology Clinic at UWMC.
- Completed capital planning for an additional Cardiac Catheterization Lab and new Electrophysiology Lab at NWH supported by UW Medicine Regional Heart Center.
- Completed plans with UW Athletics and lease for UWMC to operate a new 30,000 sq ft UW Medicine Spine & Sports Medicine Clinic in the renovated Husky Stadium which will be completed in 2013.
- Construction on schedule for 2012 completion of the UW Medical Center Tower. Secured approval to increase Phase I scope to shell-in additional floors and upgrade HVAC for stem cell transplant unit.

Build networks and affiliations

- Valley Medical Center in Renton, WA joined UW Medicine on July 1, 2011 as our fourth hospital.
- Continued strategic plan implementation at Northwest Hospital: relocated UW Medicine's orthopedic joint replacement program and OB midwife program to NWH; completed planning for June 2013 relocation of UW Medicine multiple sclerosis program to NWH.
- Strengthened regional strategic outreach plan with hospitals throughout WWAMI region and increased interfacility transfers for tertiary and quaternary care from the region.
- Expanded the UW Neighborhood Clinic: Kent Des Moines expanded by 5,000 sq ft to house the UW Pediatric Residency program supported by Seattle Children's; opened the new Ravenna Clinic; completed plans for the new Northgate Clinic opening in March 2012.

Deliver excellent service

- Completed first year of the "Patients Are First" initiative, held four Leadership Development Institutes and developed standard metrics and goals for UW Medicine health system that are now reported quarterly.
- Expanded Transfer Center to serve all four hospitals in UW Medicine health system; regional transfer center patient volume increased by 8% this past year.
- Completed implementation of the Contact Center for HMC and UW Neighborhood Clinics and launched implementation for the first four clinics at UWMC.

Deliver high-quality, safe and effective patient care

- Improved HMC and UWMC scores for UHC quality and safety rankings.
- Established quality and safety projects and assessment tools for all UW Medicine sites.
- Launched and funded five additional safety and quality improvement initiatives.
- Expanded activities and facilities in the Institute for Simulation and Interprofessional Studies (ISIS).
- Established UW Medicine Board Patient Safety and Quality Committee.
- Implemented planning for medical school and residency curricula improvements that expand the focus on training physicians who deliver high-quality, safe and cost-effective patient care.

Enhance support for research, teaching and patient care

- Completed a major EPIC hardware and software upgrade to the most current version for the system.
- Deployed EPIC ambulatory electronic medical record, scheduling and registration and pro fee billing (through UWP) for Summit Cardiology at NWH.
- Completed planning for Cerner Computerized Physician Order Entry (CPOE) for a go-live in spring 2012.
- Integrating clinical data system-wide using AMALGA from Microsoft.
- Advancing UW Medicine strategic research construction underway for South Lake Union Phase III.
- Planning expansion of GME training programs for the region in high-demand specialties.

January 1, 2012

UW MEDICINE STRATEGIC PLAN

UW Medicine's mission is to improve the health of the public

The UW Medicine strategic plan supports the three major activities that advance this mission: providing outstanding patient care; advancing medical knowledge through research; and training the next generation of healthcare professionals and scientists.

STRATEGIC GOALS AND OBJECTIVES are intended to advance UW Medicine's mission:

- Review and strengthen centers of excellence and other core clinical programs;
- Deliver consistent, excellent service and improve patient access;
- Improve UW Medicine health system's strategic outreach to patients and healthcare professionals throughout the WWAMI region;
- Identify or develop primary and secondary care services in the local market that align with UW Medicine's tertiary and quaternary care activities;
- Enhance the quality and cost-effectiveness of UW Medicine's educational programs to address the region's healthcare workforce needs and to maximize the focus of future healthcare professionals on quality, safety and efficiency;
- Enhance UW Medicine's research programs to promote rapid and effective translation of research from laboratory to clinical settings.

FIVE PRIORITY AREAS:

- **Build key clinical programs.** Improve existing patient care programs that are central to UW Medicine's ongoing success in improving health and develop new programs suited to UW Medicine's preeminence in specialized tertiary and quaternary care.

- **Build networks and affiliations.** Develop strategic affiliations and alliances locally and throughout the region that support our ability to improve health; broaden clinical programs in primary and secondary care to support the needs of our patients, sustain our referral base, and secure our ability to serve as an Accountable Care Organization.

- **Deliver excellent service.** Enhance UW Medicine's ability to deliver excellent care by ensuring that all care and service provided are outstanding, compassionate, timely, coordinated and complete.

- **Deliver high-quality, safe and effective patient care.** Implement initiatives to maintain the highest quality care and safety standards that support UW Medicine's mission of improving health.

- **Enhance support for research, teaching and patient care.** Increase the efficiency and effectiveness of services that support UW Medicine's core activities of research, teaching and patient care on behalf of improving health through workforce development, human resources, facilities growth and renovation, and information technology advances.