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A STRATEGIC PLAN FOR THE HEALTH SCIENCES

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PROLOGUE

The people of Minnesota have high expectations of the Health Sciences at the University of Minnesota and they are justifiably proud of the many contributions that the faculty and staff have made to the state, the nation, and internationally. Minnesotans enjoy one of the highest levels of health in the nation and when needing services have access to some of the best health professionals and hospitals in the world. Moreover, Minnesotans are proud of the fact that the Health Sciences schools and the University Hospitals enjoy international reputations for their programs and attract graduate students and medical and dental residents from across the country to study with the renowned faculty. Graduates of these programs hold leadership positions in both the public and private sectors and many now chair departments or head teaching and research programs in some of the most prestigious universities here and abroad. If this tradition is to be preserved bold steps must be taken to create supportive future environments and position the Health Sciences strategically and proactively in those environments. It is with this goal in mind that this strategic planning project was undertaken.

Introduction

This document is the culmination of a strategic planning effort designed to strengthen the Health Sciences at the University of Minnesota and position those units to deal effectively with the rapidly changing health care environment. The planning committee was charged by the Vice President for Health Sciences to:

Develop a broad framework for the future of the Health Sciences to deal with the changes for the balance of the decade. Rather than a rigid or detailed plan to be applied to all units, develop a set of general principles to guide the Health Sciences response to a changing environment.

The committee adopted a proactive planning approach designed to place the Health Sciences in a position that would maximize the potential of each of the units in the future health care environment. This process encompassed five major areas of analysis:

- 1) an environmental assessment focused on "stakeholder" analysis
- 2) an evaluation of the strengths and weakness of the Health Sciences
- 3) a re-evaluation of the current domain of the Health Sciences in terms of constituents and programs and specification of the desired position in those arenas
- 4) the development of an action plan to achieve the desired position outlined in number 3 above
- 5) the development of organizational and management strategies to support the action plan

The planning committee pursued these analyses within the framework provided by the Health Sciences mission statement adopted in 1970 and the University philosophy recently articulated by President Kenneth Keller. The mission statement is as follows:

Education of the trained professionals required to fulfill the health care needs. The educational facilities and programs must provide the interdisciplinary training and experience essential for the provision of comprehensive health services throughout the state.

Research to advance the health sciences. This in the broadest sense should include basic biomedical research, investigation of the normal functions of the human body and mechanisms of disease processes, factors contributing to prevention of disease and maintenance of health, and studies of methods of organization and delivery of health care and health services in relation to community needs.

Health care and health services provision to the people of the State. This function should be closely correlated with educational and research functions since each is supportive of the other. The University Hospitals and other Health Science clinical programs should provide the facilities and resources through which exemplary models of health care programs can be tested and the delivery of comprehensive health care services can be used as a teaching laboratory and demonstration model for all the health professions.

For this planning project, this mission statement was considered within the context of the following philosophy outlined by President Keller to the University Board of Regents.

The University, should pursue the realistic goal of being among the top five institutions of higher education in the country. To achieve that goal, it must maintain the quality of its best programs and improve the quality of those programs which most directly serve to enhance its role as an international research university, a land-grant institution and a metropolitan university. That multifaceted role requires a balance; a balance among graduate, undergraduate, and professional education and a balance among teaching, research, and service activities.

Our primary resource for dealing with those needs is our scholarly capacity. For a program to have a high priority, not only must it carry out research at the leading edge of knowledge, but the research should be stimulated by the needs of society and the results should be transmitted to society through active teaching programs, through outreach and service activities, through technological transfer.

While the Health Sciences mission is very broad, the University philosophy outlined by President Keller provides considerable focus. The fundamental strategic planning issue, therefore, centers on the development of a series of domain choices, such as constituents and services, and a set of desired positions within those domains which will realize maximum achievement of the mission within the University philosophy. This goal provided the framework for the following analysis.

Environmental Assessment

1. The number of applicants for professional programs has been decreasing over the past few years. This decrease in the applicant pool has been a national phenomenon. It is anticipated that the decrease will not continue at the same rate in the future and will stabilize within the next two to three years.

Rationale

Demographically there is a decrease in the number of potential young students. There, also, is a strong perception on the part of some students that the health care professions are less attractive than in the past. The job market, for some health professionals, is restricted in terms of choice of location, income, and number of hours employed. Decreased financial aid is limiting the ability of some students to pursue education in this field. Of greater concern is the debt load that is burdensome to all graduates of

the professional schools. The tuition for the University Health Sciences schools is higher than some other comparable state schools and, consequently, highly qualified applicants are being attracted to other settings.

2. To maintain the quality of the entering students, the size of the entering classes in some of the professional schools may need to decrease.

Rationale

In the short-run, there will be a decrease in the overall pool of applicants coupled with a slight shift in "choice of field" away from the Health Sciences among the brightest and best students. Consequently, the Health Sciences professional schools will find it increasingly difficult to fill current class slots with students achieving test scores equal to current standards.

3. The number of applicants for graduate and postdoctoral level programs can be expected to remain strong if the schools initiate national recruitment efforts and are able to provide competitive financial support for the candidates.*

Rationale

There will be some shift in graduate students' interests to other fields as the health care field becomes less attractive financially and professionally. However, academic careers will remain attractive and many of those trained at the professional level will seek master's and doctoral training in order to improve their job opportunities in an increasingly

* In this document all students enrolled in Master's or Ph.D. degree programs in the Health Sciences schools are considered graduate students.

tight labor market. Graduate education is clearly a national and, to a degree, international market both in terms of applicants and jobs. In order to attract the highest caliber of students from these markets the Health Sciences schools will need to compete on both the basis of program quality and financial support.

4. There will be pressure from within the University for greater programmatic integration within the University system, as well as for inter-University collaboration.

Rationale

Budget constraints will preclude duplication of programmatic effort and the technologies to support that effort. Consequently, the Health Sciences will be expected to work more closely with the other units on campus and to coordinate and integrate programs. These same pressures will dictate greater levels of integration among Health Sciences programs.

5. The Health Sciences professional schools will largely continue to be considered regional in nature unless positive action is taken to change that image.

Rationale

Many of the Health Sciences schools and the University Hospital have played important roles in meeting the needs of the upper midwest region. In some cases, such as the School of Public Health, the services provided are unique in the region. The national and international roles have been less well developed, although several programs are well recognized in those arenas. Graduate medical education and research is an example of programs serving national and international purposes.

6. Funding from the state can be expected to remain relatively stable with increases largely targeted to programs that keep the Health Sciences on the cutting edge of technology.

Rationale

The state will likely pursue a conservative budgetary course during the next two bienniums and thus, although supportive of the University and the Health Sciences, the legislature will probably not recommend budgetary increases beyond those needed to provide salary increases and improve a limited number of targeted programs. Given the current orientation of the governor and the legislature these targeted areas will likely focus on technology. The Health Sciences can be expected to continue to enjoy support from the legislature but could have difficulty obtaining high priorities within the University for external funding or the reallocation of internal funds. The School of Public Health may be the exception.

7. Funding from federal agencies for health sciences education and research can be expected to continue to decrease during the next two to three years and then gradually increase.

Rationale

The decrease of federal funds resulting from efforts to balance the federal budget coupled with the shift in demand for funding to private foundations will continue to constrain the amount of money available from federal agencies and will increase the competition for relatively stable funding from private foundations. Federal funding will likely improve within five to eight years as the budget deficit is resolved. This will serve to

improve both federal and private foundation funding as the demand for funds is again spread over the public and private sectors.

8. In the short-run (three to five years) any major gains in support for a specific program will largely be achieved through a reallocation of existing funds.

Rationale

The conditions described in numbers 6 and 7 above do not in aggregate warrant an optimistic view regarding large infusions of dollars from state and federal sources. Rather, modest increases in budgets from the state can be expected with a few targeted programs receiving rather substantial increases especially if internal reallocation is part of the funding for those programs. Programmatic funding from the federal level can be expected to play a rather minor role during the next three to five years. Again, the School of Public Health may be an exception.

9. The health services delivery system will continue to consolidate into larger provider organizations and in the short-run (three to five years) the investor-owned sector will continue to outgrow their not-for-profit and provider-owned for-profit competitors.

Rationale

Cost containment pressures will continue to cause hospitals to consolidate into multi-institutional systems that are highly diversified, including both inpatient and ambulatory care services. These same pressures, coupled with changes in medical technologies, will cause physicians to increasingly join or form group practices. Many of these hospitals and group practices will

be organized as national systems and will develop some types of public funding to raise capital. Capital acquisition will be a major factor driving the organization of the provider system and this will cause a short-term shift toward more investor owned organizations.

10. The health care delivery system will be more influential in determining the number and types of health professionals demanded by the field.

Rationale

Large health care provider organizations are changing the roles of many of the traditional health professionals. In some cases, such as nursing, hospitals appear to be hiring fewer but better trained RNs. Group practices similarly tend to be using more generalist physicians and fewer subspecialists and often hire nurse practitioners to provide health maintenance services. To a degree these provider organizations are challenging the rights of the professionals to determine their roles and incomes. This shift in power could have far reaching implications for professional education in the health sciences. Changing demands could make some graduates obsolete or at least poorly trained for the available positions. Also, downward changes in the incomes of highly paid professionals could alter the demand for those training programs by students.

11. Health care payment plans developed by provider organizations, employers, and insurance companies will tend to limit provider and consumer choices for hospital services and could place the University Hospital and its teaching programs in a vulnerable position.

Rationale

Large scale provider organizations will continue to enter into agreements with health insurance agencies and employers to create innovative payment plans. These arrangements will include HMOs, PPOs, and a variety of contractual agreements. All of these plans will be designed to attract and retain inpatients in the system leaving fewer choices to the patients regarding when and how to use services and fewer choices to the generalist physician regarding referral patterns. Referral systems will consequently be formalized and patients will be required to pay most of the costs associated with out-of-system use of services.

12. There will continue to be a surplus of some health care professionals during the next five to ten years and competition among professionals will consequently increase.

Rationale

Increased coinsurance and deductible provisions in health insurance programs along with utilization review and consumer education are causing a drop in the demand for health services. Cost containment programs are limiting the ability of health care providers to increase their fees or shift them to other types of payors. These market constraints, coupled with a surplus of some health professionals is creating a highly competitive environment and a shift toward more conservative practice styles. It appears that the system is approximately half-way through this corrective cycle. Thus, surpluses of professionals and extremely competitive behavior among professionals and between health care

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professionals and provider organizations such as hospitals can be expected to characterize the next decade.

13. The Twin Cities hospitals will continue to consolidate and will develop rural/urban networks.

Rationale

Shifts downward in demand for hospital services and pressures to reduce hospital prices will continue to cause hospitals to merge into multi-institutional systems. These systems will build linkages with rural and regional hospitals in order to improve their market shares and will diversify into non-inpatient markets in order to improve (or protect) their financial positions. These changes will have a dramatic effect on the current referral patterns from the region and out-state areas to the University Hospitals.

14. The consumer will become a more active participant in the delivery and receipt of health care.

Rationale

Patients will have more specific knowledge about the nature of disease, available treatments, and the shortcomings of the health system. This will result in the more selective use of care, and demands for greater access and quality on the individual level. The public will become even more litigious as rationing of services becomes widespread. As consumers become much more health conscious they will want a more direct, active role in maintaining their health.

15. Over 50 percent of the Minneapolis/St. Paul population can be expected to be enrolled in some form of prepaid health care plan by 1990, and those plans will reduce hospital use by about 20 percent from that now being experienced.

Rationale

HMOs are aggressively continuing to market their programs and now are developing contracts with widely dispersed physician providers to increase access to services. These plans devote a great deal of effort to cost effectiveness issues and consequently greatly reduce the use of expensive hospital based services.

16. The changing age of the population will alter the need for health services, creating a significant increase in demand for social support services linked to health services.

Rationale

The population in Minnesota and in the nation will age significantly during the next decade and consequently there will be an increase in the demand for long-term care programs. These programs will require a social support dimension as well as health services and there will be considerable economic pressure to keep this population out of hospitals and nursing homes.

17. The number of residency positions available for graduates of the Medical School will decrease during the next five years with some shift toward primary care. Foreign medical graduates will find it particularly difficult to obtain suitable residency positions.

Rationale

Most agencies financing health services will phase out payment for residency positions in hospitals within the next three to five years. Consequently, some hospitals will phase their programs down or out. The subspecialty areas will be the most vulnerable as the surplus of those practitioners becomes more apparent.

18. It will be increasingly difficult to maintain the critical mass of patients, faculty and house staff necessary for excellence in the university-based residency programs.

Rationale

Shifts in funding patterns for patient care, constraints on the availability of state and federal funds and the general belief among policymakers that there is a surplus of physicians in most specialities will seriously erode financial support for university-based residency programs. In addition, prepaid health insurance plans may direct patients away from the University Hospitals, thus decreasing the teaching base and economic support for the teaching programs. While some reduction in the number of positions can be tolerated, a critical mass must be maintained in order to maintain the quality of the programs. Moreover, the quality of the parent departments in the professional schools cannot be maintained, much less improved, without high quality residency programs.

An Evaluation of Strengths and Weaknesses

Strengths

- There is a core faculty which is highly respected nationally and has extensive records of scholarly achievement. These faculty have developed sound research programs, are extremely competitive for grants and contracts, and are respected nationally and internationally for their contributions to the field.
- The Health Sciences schools attract high quality students and generally have a sufficient pool of applicants to assure selection choices.
- The Health Sciences schools are generally considered to be attractive environments for faculty and, thus, the schools are competitive in the national recruitment arena.
- The Health Sciences have several nationally recognized programs that greatly enhance the image and prestige of the institution.
- The Health Sciences are located in a full-range university and thus enjoy close proximity to other prestigious academic units such as economics, educational psychology, engineering, management, etc.
- The Health Sciences has an enviable record of achievement in terms of acquiring grants and contracts and has a very good reputation with granting agencies.
- Physical facilities are very good and there are excellent computer and library support systems.

- The Health Sciences schools are well respected by the general community and most have excellent supportive networks in the community, state, and region.
- The Health Sciences schools have established good relationships with their professional counterparts in the community, state and region.
- There has been a growing number of interdisciplinary activities within the Health Sciences.

Weaknesses

- Twenty to thirty percent of the existing tenured faculty are not engaged in ongoing research and some of those faculty need extensive help and some retraining if they are to develop a research program and engage in scholarly activities consistent with the expectations of an academic community.
- Some of the schools are largely financed by soft (grants and contracts) funds and, therefore, have little ability to engage in proactive planning and/or shift resources to new ventures.
- Recruitment procedures are unduly complex and rigid limiting the ability of the units to selectively recruit stars. Current university faculty appointment and promotion policies make it extremely difficult to recruit faculty for short-term projects.
- At times new programs are being initiated in some schools through grants which commit future University funding but have not been included in the long term budgetary process.

- There are some programs in the schools, which were initiated through grants that have now been phased down or out, that require reassessment of priorities and reallocation of funds to reflect their current contribution to the school's mission.
- While an important element in the fabric of the academic milieu, the tenure system often limits the ability of the schools and programs to adjust to changes in the field and serves to protect some few faculty who are not performing in accordance with the expectation of the academic community.
- Ten to fifteen percent of the tenured faculty do not meet overall productivity expectations for university faculty.
- The hospital is undercapitalized and could become a financial burden to the Health Sciences as patient days decline and reimbursement becomes more restrictive.
- Decreasing utilization of the University Hospital may reduce its patient population below that needed to support some of the teaching programs.
- Although some changes have been made, the current organizational structure limits the hospital's ability to respond to the competitive environment.
- Funding from the state, although highly varied among the schools, is generally below that experienced by most state universities.
- Funding for graduate education is insufficient to compete nationally for outstanding students and to provide the basic research funding needed to support those programs. This is particularly true in the basic sciences.

- The basic biological sciences, and the clinical sciences, have not developed strong interdisciplinary research programs with each other and/or with other academic units.
- The quality of the basic biological sciences is varied and in total the area has not achieved national recognition as a high quality endeavor.
- The curriculum for professional education in some of the health sciences schools has not kept pace with the changes in the field of practice. Consequently, the graduates of those programs, in some cases, are ill-equipped to deal with the organizational and economic realities of practice in the evolving health care system.
- With some exceptions the educational programs are not utilizing innovative delivery mechanisms and lack effective outreach programs.

Domain Choices

While the Health Sciences schools have many excellent programs which enjoy national and international acclaim, there are a significant number of endeavors that are seriously underfunded and are of mixed quality. The schools have been extremely sensitive to community and professional needs and have provided individual faculty members a great deal of latitude to develop their own initiatives. This has resulted in a number of programmatic efforts often funded by grants with little hope for state support when those grants are phased out.

Faculty initiative and entrepreneurship must be encouraged and the Health Sciences must maintain a dynamic organizational culture that supports and

encourages innovation and keeps the institution on the cutting edge of the field. However, to achieve the levels of excellence consistent with the University philosophy the Health Sciences must become more focused and must phase out or consolidate those programs that are not contributing substantially to the mission of the Health Sciences or are of marginal quality and cannot be brought up to the desired levels of excellence within a reasonable period of time. Some programs are, of course, a public good and thus make important social contributions even though they may not be of national stature. In some cases, the social contributions of such a program are sufficiently important to warrant continuation even though it may not be possible or even desirable to attempt to achieve national status. These programs should be continued as an important but limited part of the Health Sciences programmatic thrust.

Graduate education and the research base needed to achieve excellence in this area must be considered the highest priority for the Health Sciences. Without excellence in research and graduate education the Health Sciences will not achieve the stature at this university, or nationally, needed to achieve excellence in any other area. While the Health Sciences have a solid research base upon which to build these efforts, much remains to be done to achieve a uniform level of excellence. There are many superb researchers in the Health Sciences but unfortunately there is a sizable number of faculty who are not engaged in a significant level of ongoing research and are not capable of conducting good research. The priority of research must, therefore, be clearly communicated to the faculty and a sustained faculty development program must be initiated to help those not engaged in research develop their capabilities in this area. The expansion of the research base will greatly enhance the graduate education programs. While essential, this effort alone, however, is not

sufficient. Many of the graduate education programs are underfunded and a few are seriously lacking in quality. Therefore, a rigorous evaluation process must be initiated to assess the quality of the programs in each of the schools and a plan must be developed by each school to bring those programs to a level of excellence that merits national acclaim or phase out the programs. As previously noted, a few highly selective programs may be retained because of their social contributions rather than excellence. The planning committee recognizes that in most cases at least 70 percent of the resources needed to achieve excellence in these graduate programs will need to be obtained through an internal reallocation of funds or the acquisition of external non-state funds.

The pool of applicants for graduate education in the Health Sciences is expected to remain relatively stable during the next five to eight years. However, an intensive recruitment effort will need to be developed to attract the brightest and best students to Minnesota. Therefore, in order to achieve the desired levels of excellence, each program must develop a marketing strategy including the development of funds for fellowships and traineeships.

The professional educational programs at Minnesota have a rich history of achievement and are widely respected both in academic circles and in the field of practice. During recent years these programs have expanded in size and scope in response to financing patterns and social needs. Today these programs, in most cases, are too large and are underfunded. There is a beginning surplus in many of the professions and, consequently, the demand for graduates is declining. For the first time since the Flexner report there is general agreement among the professions, the community and policymakers that the size of some of the Health

Sciences professional schools in Minnesota should be reduced. The planning committee, therefore, wishes to underscore the opportunity that is now being provided to downsize the professional schools while increasing the quality of these educational programs. This, of course, can only be accomplished if the state budgets are not linked to the number of students. A concerted effort must be made to carefully document the resources needed to achieve national acclaim in each of the professional educational programs and to protect that resource base while reducing the class size.

While class size and the quality of the teaching programs are extremely important issues, of equal importance is the relevance of the curricula to the needs of health professionals in the evolving health care system. Health professionals must, above all, be technically competent, but they must also be equipped to deal with the social and economic dimensions of their practices. This is especially important in the evolving health care system characterized by large scale provider organizations, economic constraints on the use of services, rationing of high cost technology and increased consumer involvement in the maintaining of their health and the structure of health services. Therefore, as the professional programs are restructured and reduced in size the curricula should be revised to reflect the changes taking place in the practice environment.

The basic biological sciences are fundamental to many of the Health Sciences programs and unless greatly improved the other objectives outlined in this document will not be realized. The problems have been well documented by several studies but corrective action has not been taken. The committee, consequently, recommends that during the next three years a separate Health Sciences-wide effort be focused on the basic sciences to improve the funding and

staffing of the programs and to provide the support services required to achieve national recognition.

Community service is an important role for a land grant university and must remain as a valued dimension of the Health Sciences program. Innovative outreach programs that anticipate the changing health needs of the population of the state should become an integral part of planning within each school. To maximize the effectiveness of this effort while protecting teaching and research time, the planning committee recommends that community service be guided by the special contributions that Health Sciences faculty and technologies can make to the state and region and by the contribution that the activities make to achievement of excellence in research, graduate education, and professional education.

Given these conditions, the planning committee recommends that the Health Sciences move aggressively to a strategic position characterized by:

- National recognition, of each school, as one of the top five public and private academic institutions in graduate education and research.
 - The research and graduate education efforts should primarily have a national focus with a secondary focus on international and local levels.

- National recognition, of each school, as one of the top three public academic health science centers in professional education.
 - The professional education programs will retain a primary focus on the state of Minnesota, complemented by a strong national orientation.

- A coordinated community service program designed to maximize the unique contributions of the Health Sciences faculty and community services to the state of Minnesota and the upper midwest regions.

Action Plan

To achieve the above, each of the Health Sciences units should:

1. Review each faculty members research program and within three years have 70 percent of the faculty actively engaged in ongoing research. As a desired goal, these faculty should allocate at least 40 percent of their effort to research.

2. Review all of the graduate and professional programs in each school and classify them in terms of their potential for becoming one of the top five in the nation and develop an action plan to place at least 70 percent of the programs in the top five in the nation within five years. This action plan should be developed using the following assumptions:

- a) no additional new resources available to the school
- b) a 10 percent increase in resources (current dollars) to the school during the next five years
- c) a 20 percent increase in resources (current dollars) to the school during the next five years

Each educational program should be evaluated in terms of the following:

- a) Student/faculty ratio
- b) Change in number of qualified applicants during the past two years and past three years.
- c) Projected needs for graduates in the field.

- d) Current funding (amount and source).
- e) Number of faculty associated with the program (use FTE's and include only those funded by the program).
- f) Number of non-program funded faculty used for the program (use FTE's).
- g) Resources needed to make the program one of the top five among similar programs in the nation.
- h) Projected availability of other than University funding for the future.
- i) Degree of duplication of other Health Sciences programs.
- j) The social desirability of the program from a community service point of view.
- k) The degree to which other programs are dependent on the program.

3. Review each of the professional training programs to assess the degree to which they are preparing graduates for the organizational, economic and social aspects, as well as the technical aspects, of practicing in the evolving health care system.

4. Develop a programmatic plan for each of the professional training programs that will meet the needs of the designated service area as determined by studies conducted with the Center for Health Services Research and will:

- a) maintain the appropriate professional/population ratios in Minnesota
- b) assure admission of high quality students
- c) achieve a faculty/student ratio consistent with the top three similar (state) schools in the nation
- d) maintain the critical mass of students and faculty needed to assure a high quality program that is cost effective.

5. Develop a resource acquisition and allocation plan to stabilize the funding of the schools with funding derived from state appropriations equal to or greater than that in the top three similar schools in the nation. This plan should include both programmatic areas targeted for substantial increases in support and programs which will be phased out or consolidated and the resources reallocated to other programs.

6. Develop an action plan to recruit the top students to the field.

7. Develop an action plan defining the scope of community service to be provided and the environment (state, regional, national, international) in which it will be delivered.

8. Develop an action plan for the development and implementation of coordinated Continuing Education programs designed for life long learning.

9. Develop an action plan at the Health Sciences level to strengthen the basic biological sciences and provide the support services needed to achieve national recognition in this area.

University Hospital

Since the University Hospitals and Clinics has its own strategic planning effort underway, the planning committee has decided to provide only general guiding principles for the hospital in this document. They are as follows:

- To the degree possible the hospital should maintain control over a broad range of patient service areas to support the Health Sciences education and research programs.

- In formulating the hospital strategic plan the strategic plan for the Health Sciences should be considered whenever appropriate.

eliminate formal structure beyond H.S. Council/Deans

Organizational and Management Strategies

Each school and the University Hospital should designate a strategic planning committee charged with implementing the Health Sciences strategic plan in that unit. These committees should be ongoing and the chairperson of each of these committees should constitute an ongoing Health Sciences strategic planning committee chaired by a representative of the Vice President's Office and charged to:

- Oversee the implementation of the Health Sciences strategic plan.
- Monitor changes in the environment and provide updates on major stakeholder shifts.
- Monitor the changing demand patterns for health professionals and report those changes to the schools.
- Institute a second strategic planning effort by June of 1986 to update this current plan.
- Act as an advisory committee to various groups in the Health Sciences regarding strategic planning and act as the interface with non-Health Sciences units and central administration for strategic planning.

Not practical

Doesn't do

General Considerations

1. There are numerous problems associated with assessing the quality of programs in academic institutions and making judgements about national rankings. Among the foremost are the conflicts of interest inherent in self-assessments and the inability of outsiders to ascertain the true merits of the programs. Moreover, rather mediocre programs can at times be rated highly nationally because of the lack of competition.

In addition to these technical problems, programmatic evaluations are expensive and often disruptive to the parent organization and the program being reviewed. The planning committee, therefore, recommends that the programmatic reviews needed to achieve the goals set forth in this document be conducted in a collegial, non-disruptive manner by a small committee appointed by the appropriate dean, in consultation with the Vice President for Health Sciences, for each review and made up of one-third members from the parent school and two-thirds members from the other Health Sciences and the University at large. These committees should solicit information from colleagues at other universities regarding the merits of the program being reviewed.

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2. Although many intrinsic awards accrue to the very productive faculty, there are few direct incentives recognizing differential performance in the academic setting. In some schools, or other health sciences units, incentive programs may not be appropriate. However, for some units a financial incentive program may be vital to their overall faculty development effort. The committee, therefore, recommends that a mechanism be developed at the vice president level that will enable units to establish financial incentive programs if they wish to so do.

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NO!
NO!

How to best relate to merit review?

3. The rapid changes taking place in the health care delivery system and, indeed, in the entire economy have far-reaching implications for the education of health professionals. Therefore, the planning committee recommends that close linkages should be developed between the Health Sciences and three of four bellwether employing organizations to monitor changes in the roles of health professionals, the demand for different types of training, and the changing organizational and economic environments within which the graduates will work.

4. The social, economic and political aspects of health services are becoming increasingly important both in terms of the impact on professional practice patterns and on the educational programs preparing graduates for the field. The clinical and socio-economic aspects of health care are becoming highly interdependent and health professionals must possess skills and knowledge in both areas to be adequately prepared for the field. Consequently, the committee wishes to underscore the need for attention to these dimensions of the health care field by all of the Health Sciences schools and the various disciplines within those schools.

5. In order to achieve the goals outlined in this planning document, a great deal of effort will need to be devoted to faculty development. The planning committee, therefore, recommends that a faculty development fund, be established at the Health Sciences level to support the schools' efforts to improve the scholarly abilities of faculty members and/or redirect faculty activities into new areas. In addition, the planning committee recommends that the Vice President for Health Sciences convene a task force to explore the issues surrounding tenure and make recommendations regarding a Health Sciences program to review all tenured faculty every five years through a peer review process.

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