



EDUCATION



HEALTHCARE



RESEARCH

UAMS<sup>®</sup>

2029

VISION

July 2019

# VISION 2029 REPORT

UAMS -  
STRATEGIC  
PLAN

ADVANCING THE SCIENCE OF HEALTH

Contents

**Executive Summary** .....3

**Overview of Planning Process** .....4

    Figure 1: The strategic management model used by UAMS .....5

**The Framework** .....6

**External Environmental Scan - Market Analysis** .....6

**Success Agenda** .....7

**The Retreat** .....7

**UAMS Mission** .....8

**UAMS Vision** .....8

**Core Values** .....8

**Reading Instructions** .....9

**UAMS’ Strategy Map** ..... 10

**UAMS Vision 2029** ..... 11

**Financial** ..... 11

**Stakeholder** ..... 14

**Clinical Care** ..... 19

**Education** ..... 33

**Research** ..... 40

**Digital Health** ..... 51

## Executive Summary

**By 2029, the University of Arkansas for Medical Sciences (UAMS) will lead Arkansas to be the healthiest state in the region through its synergies of education, clinical care, research and purposeful leadership.**

With this bold statement, UAMS resolved that in the coming decade its status as Arkansas' only academic health system will allow it to deliver dramatic and lasting health and health care improvements to its home state. Aiding in this vision will be its statewide network of campuses for public education and clinical outreach, along with cores of expertise in medical specialties, population health, digital health, health informatics and translational research.

UAMS chose to culminate its Vision 2029 strategic plan on the 150<sup>th</sup> anniversary of its creation in 1879 as the first medical school in Arkansas. New strategic objectives build on achievements from its previous Vision 2020 plan, which led UAMS to create an integrated, patient- and family-centered clinical enterprise; focus on educating culturally competent health professionals equipped to practice team-care; and continue to develop and expand nationally recognized research programs that advanced scientific and public health knowledge.

One early request by Chancellor Cam Patterson, M.D., MBA, when he arrived at UAMS in June 2018 was that the institution not wait until 2020 to develop its next long-range plan. The process began soon after with extensive data gathering, along with interviews and surveys of stakeholders both internally at UAMS and externally. A December 2018 planning retreat by a cross-section of institutional leaders and external stakeholders identified institutional priorities informed by the data previously gathered. Then, small group sessions in each mission area developed actionable objectives, measures for tracking success and specific initiatives for those achieving those objectives.

The planning process, facilitated by the Organizational Development (OD) Department within the UAMS Office of Human Resources, resulted in creation of a strategy map — a visual representation of UAMS strategic objectives for its stakeholders; in its clinical, education, and research mission areas; and financial objectives to ensure it remained a good steward of its resources. Also charted were objectives in three areas that crossed all of the others: partnerships, digital health, and talent and technology.

Under each objective are sets of desired outcomes that would demonstrate success in meeting the objective. The planners detailed how progress will be measured toward the desired outcome and set target goals. Then specific projects or initiatives were identified to move UAMS from its current status to its desired status by 2029.

For its stakeholders — the patients, students and the state that it serves — UAMS pledged to:

- Establish a leadership role in all UAMS mission areas in Northwest Arkansas
- Improve the health and wellness of all Arkansans
- Improve health care quality and the patient experience at a lower cost
- Become the employer of choice
- Ensure a diverse workforce to meet the health care needs of Arkansans

While working toward those stakeholder objectives, UAMS also will:

- Deliver patient care at a level of quality and expertise that earns recognition from peers, accrediting and professional organizations, and the public
- Maximize innovation in health professions education while starting or expanding academic programs that meet workforce needs
- Promote research in areas of cancer research, interdisciplinary scholarship, translational research and work that fosters entrepreneurship
- Establish new or expand existing partnerships with organizations across the state to strengthen clinical, academic and research capacity
- Become a fully deployed digital health institution
- Recruit, develop and retain a skilled, motivated and engaged workforce

The Vision 2029 plan is a living plan, intended to be updated as situations change in the years ahead. With target measures to achieve success built in, Vision 2029 also provides accountability for the institution.

Arkansas has consistently ranked at or near the bottom of national rankings on many health measures. It continues to have documented racial and ethnic disparities in health care. The state continues to have shortages of health care professionals — even as the demand for care increases with an aging population.

UAMS and its partners are best positioned to respond to these challenges with the goal of improving health and health care in Arkansas. This plan documents a vision for achieving bold and lasting improvements over the next 10 years.

### **Overview of Planning Process**

In August 2018, UAMS Chancellor Cam Patterson M.D., MBA, commissioned Stephanie Gardner, Pharm.D., Ed.D., the senior vice chancellor for academic affairs and provost, to lead the efforts of developing the next 10-year strategic plan for UAMS, which he named Vision 2029. Vision 2029 would culminate on the 150<sup>th</sup> year anniversary of UAMS.

Gardner organized a Strategic Planning Committee (SPC) in which she assembled a team of experts from across the three-part mission to begin the discussion on the process of developing the next 10-year strategic plan. The members of the committee included:

1. Stephanie Gardner, Pharm.D., Ed.D.
2. Jeff Risinger, Ph.D.
3. Steppe Mette, M.D.
4. Rhonda Jorden, MBA
5. Lawrence Cornett, Ph.D.
6. Brian Cotten
7. Lee Ann MacMillan-Crow
8. Lowry Barnes, M.D.
9. Pearl McElfish, Ph.D.
10. Brigitte Grant

The committee selected the Organizational Development (OD) team to facilitate a strategic planning retreat. The committee also began directly working with the team to develop the process for creating the strategic plan. The committee settled on the ADEM (analyze, develop, execute and manage) model, which addresses the full cycle of the strategic plan (see Figure 1 below). The committee next chose external consultants Premier Inc. to conduct a market analysis that gathered data across the mission areas (clinical care, education and research).



Figure 1: The strategic management model used by UAMS

The SPC sought broader campus participation in the strategic planning process. More than 60 executive leaders from each area of the mission, as well as 700 frontline workers, and 20 community stakeholders were invited to participate in semi-structured interviews, focus groups and six Town Halls jointly led by the OD team.

In the interviews, executive leaders from across UAMS and community stakeholders were asked a series of open-ended questions to collect data that was used to create the internal analysis. The interviews lasted 60 minutes and were captured using digital recording devices. The internal consultants used the same interview protocol with each interviewee.

In focus groups, some executive leaders and most mid-level leaders from across UAMS were asked to discuss their views of the future of UAMS using the same interview protocol used in the interviews. The interviews lasted 60 minutes and were recorded. The OD consultants conducted 20 focus groups.

More than 700 employees were surveyed at UAMS using SurveyMonkey from Oct. 23, 2018, through Nov. 9, 2018. Six UAMS Town Hall meetings were conducted between Oct. 25, 2018, and Nov. 9, 2018, with information gathered using the Poll Everywhere application and over 200 participants in the Town Hall meetings contributed to the survey. Both groups were given similar survey protocols to complete.

To validate the interviews, focus groups, Town Halls and frontline data, OD cross-verified the data with data reported from Premier Inc. and UAMS' Risk Management Office.



## **The Framework**

The framework used to approach this project included a qualitative data gathering, coding and theming, which is summarized in multiple SWOT (strength/weakness/opportunity/threat) analyses with recommendations for strategic implications. The framework included a quantitative data analysis that displays data in charts.

The OD consultants and four graduate students in the Masters of Health Administration (MHA) program at UAMS uploaded the interview and focus group recordings into Temi, an artificial intelligence online media that uses a speech algorithm formula to capture interview data and convert it to a comprehensive transcript. Since Temi has a 1% error possibility, the MHA students reviewed the transcripts and corrected the errors. Next, transcripts were uploaded into Atlas.ti 8, a software program that assists researchers in organizing and synthesizing large sums of qualitative, unstructured data. The OD consultants and the MHA students used Atlas.ti 8 to identify emerging themes and patterns in the interview data to construct SWOT analyses based on items with the highest frequencies for each of the mission areas.

The data collected from the Town Halls using Poll Everywhere and employees using SurveyMonkey were downloaded into Excel spreadsheet files and uploaded into a quantitative software program. The OD consultants used the quantitative software to assist them in analyzing the data and generated comprehensive legible charts for reviewing.

The OD consultants organized the qualitative and quantitative data into a report and submitted it to the SPC for review. The report was used at the retreat to assist in decision making.

## **External Environmental Scan - Market Analysis**

Part of any planning process involves reviewing the market analysis to discern trends in the external environment that will affect the organization. Premier Inc. provided a comprehensive market analysis that included the following:

- Population, demographics and health status for UAMS markets
- Market share and outmigration trend data
- Competitor activities and anticipated strategies
- Health plans, payer trends and impact
- Delivery networks (Clinically integrated networks (CINs), Accountable care organizations (ACOs), physician networks, etc.)
- Ambulatory competition
- Quality/patient safety indicators versus. competitors
- Major trends impacting academic medical centers (clinical, research and education)
- Physical plant (anticipated future needs)
- Potential alliances and geographic footprint expansion opportunities (e.g. Baptist Health, other hospitals, corporate partners, Fayetteville, other communities and states)
- Conduct interviews with selected individuals (senior leadership, board members, physician leaders and others)
- Solicit insight and perspectives on future strategies regarding UAMS' ability to respond to trends, threats, opportunities; explore data gaps, etc.
- Draft report of findings: current state of clinical services, research and education at UAMS; trends and future impact
- Identify gaps in services, strategic opportunities for growth

- Recommend areas for alliances and geographic expansions (clinical services, research, medical education, residents)
- Present market analysis and report findings and implications

The planning committee reviewed the market analysis and determined which parts of it would benefit participants at the retreat. Each participant was given the beneficial parts of the market analysis to assist in decision making while at the retreat.

### **Success Agenda**

During the last week of November 2018, the OD consultants at UAMS worked with executive leaders of the mission to develop a success agenda for each mission area (clinical, education and research). A success agenda is designed to align with a strategic vision and compare an organization's current state with its desired future state. It includes the details of a value gap that *MUST* be addressed in a strategic plan.

Executive leaders of the areas met independently in groups for one hour with the internal consultants. Days prior to the meeting, the internal consultants emailed leaders the market analysis and internal analysis so that the success agenda would be a strategically informed document. The meeting included the identification of domains (business activities) that needed to change to meet the new the strategic vision, the description of the current state of the domain and the description of the future state of the domain. The success agenda was used to guide discussion at the retreat to formulate strategic objectives, measures and targets, and initiatives.

### **The Retreat**

On Dec. 4-5, 2018, Dr. Gardner, consultants from Premier Inc., and the OD consultants at UAMS led a team of UAMS executive leaders, researchers, educators and students, along with external stakeholders, in a two-day strategic planning retreat for the future of UAMS. The strategic planning retreat was held at the Winthrop P. Rockefeller Institute on Petit Jean Mountain. At the retreat, the participants listened to presentations from Premier and the UAMS Organizational Development team. Premier presented findings from a market analysis, including medically underserved shortage areas, potential expansion, quality scores and a payer mix evaluation. Organizational Development presented findings from an internal analysis, which included the organization's strengths, weaknesses, opportunities, threats and strategic implications. The participants used this information in the particular context of discussing the future for UAMS in the next 10 years.

The teams were grouped in the three areas of the mission (e.g. clinical care, education and research) in which they used success agendas to discuss the future of UAMS. Each group had a success agenda, which consisted of modified domains (business activities) to meet the expectation of the new strategic vision. Each group was divided into four and assigned several domains to build out. Each group was led by a room champion and a facilitator.

To foster integration of the tripartite mission, each group rotated to each mission area to review and critique each other's strategic objectives. We used components of the famous Triangle half-court offense model designed by Sam Barry to facilitate group rotations. For example, there were three room facilitators and two alternates. There was a lead facilitator and two point facilitators who reacted to the lead facilitator's changes. If the room facilitators ran into resistance in their group, they could relay a call or text to the provost or Jeff Risinger, the chief human resource officer, to assist them.

During group rotations, the participants completed drafting their strategic objectives then rotated to the rooms of the other two groups to review and critique their strategic objectives. We assigned each group a color-distinct marker, so they could use the markers to make edits to strategic objectives written by groups of other mission areas. The final edits were determined by the mission-specific groups, including the provost.

### **UAMS Mission**

To improve the health and health care of Arkansans.

UAMS Mission Statement: The mission of UAMS is to improve the health, health care and well-being of Arkansans and of others in the region, nation and world by educating current and future health professionals and the public; providing high quality, innovative, patient- and family-centered health care; providing specialty expertise not routinely available in community settings; advancing knowledge in areas of human health and disease; and translating and accelerating discoveries into health improvements.

### **UAMS Vision**

By 2029, UAMS will lead Arkansas to be the healthiest state in the region through its synergies of education, clinical care, research and purposeful leadership.

### **Core Values**

<b>Integrity</b>	We foster, encourage and expect honesty, accountability and transparency in pursuit of the highest ethical and professional standards in all we do. We take responsibility for our performance, and will engage employees, patients and families, learners, and stakeholders in our critical decisions that are timely, complete and accurate.
<b>Respect</b>	We embrace a culture of professionalism with respect for the dignity of all persons.
<b>Diversity / Inclusion</b>	We are committed to the importance of the diversity of UAMS leadership, faculty, staff and learners to enhance the education of our learners, to reduce racial and ethnic health disparities in our state, and honor the unique contributions provided by a diversity of values, beliefs and cultures.
<b>Teamwork</b>	We seek to create interdisciplinary and interprofessional, synergistic and collegial relationships characterized by honesty, collaboration, inclusiveness and flexibility.
<b>Creativity</b>	We encourage and support innovation, imagination, ingenuity, resourcefulness and vision.
<b>Excellence</b>	We strive to achieve, through continuous improvement, adherence to institutional policies and best practices, and collaboration with colleagues, patients and families, the highest quality and standards in all our endeavors.
<b>Safety</b>	We commit to protect the health and safety of all who we serve through our mission: our patients, our learners, our colleagues and our neighbors in the community, state, nation and world. By sustaining a culture of safety, our daily work and our strategic planning promote better health care outcomes, the creation of health equity for all, and a sense of joy in our work.



## Reading Instructions

The following section is the body of work for UAMS' Vision 2029. The methodology used to develop the Vision 2029 was Kaplan-Norton's Balanced Scorecard (BSC). The strategy is organized using the four perspectives of the strategy map. A strategy map visually translates the organizational vision into actionable financial, stakeholder, internal process and talent and technology objectives. A strategy map is a one-page document that communicates the strategic plan in a brief and compartmentalized fashion.

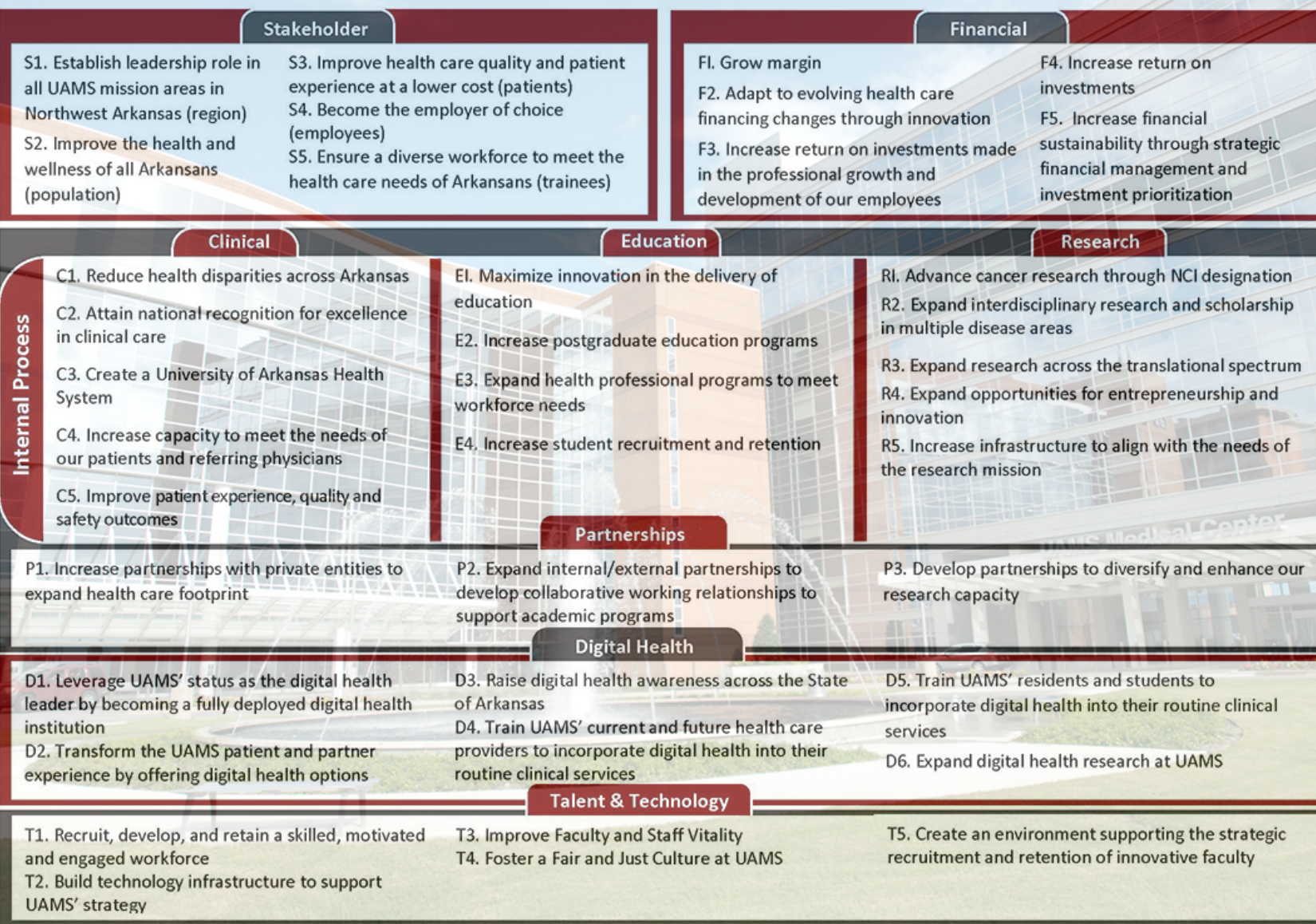
The financial perspective includes objectives that support the short- and long-term return on investment and return by the institution. The objectives in the financial perspective measure the added economic value to the institution. The stakeholder perspective includes objectives that contribute to the institution's value proposition for stakeholders (e.g. patients and family, students and employees). The value proposition is a promise of value to be delivered, communicated and acknowledged to the stakeholders. The objectives in the stakeholder perspective measures the outcome value of the promise. The internal process perspective includes objectives that support the creation and delivery of value to stakeholders. The strategic themes used for the internal process perspectives are *Integrated Clinical Enterprise, Education, Research, Partnerships* and *Digital Health*. The talent and technology perspective includes objectives that support the human capital, technological capital and cultural capital that drives performance improvement. The objectives in the talent and technology perspective measure the development and effectiveness of human, technological and cultural performances of the institution.

Each objective is aligned with the appropriate perspective and includes the appropriate measures, targets and initiatives to influence positive synergies throughout the strategy. Each objective also has a prefix (e.g. F1: Grow margin, S2: Improve the health and wellness of all Arkansans and C1: Reduce health disparities across Arkansas) that organizes the structure of the strategy and the strategy map for data collection and analysis.

UAMS' Strategy Map is on the following page.

# UAMS Vision 2029

**VISION:** By 2029, UAMS will lead Arkansas to be the healthiest state in the region through its synergies of education, clinical care, research and purposeful leadership.



# UAMS Vision 2029

## Financial

### **Strategic Objective 1:**

#### **F1: Grow margin.**

**Description:** UAMS will produce a sufficient margin to allow investments in its physical, human and technological resources to meet its mission into the future.

#### **Outcome Measure 1.**

Increase overall margin.

**Target:** By 2024, increase margin to 1.5% and 3% by 2029.

### **Strategic Objective 2:**

#### **F2: Adapt to evolving health care financing changes through innovation.**

**Description:** UAMS will remain competitive through its innovative approaches to care delivery and alternative payment models.

#### **Outcome Measure 1.**

Innovate care delivery models: Bundles, inpatient versus outpatient, warrantees, etc.

**Target:** By 2020, UAMS Health System will have active participation in Bundle Payment Care Initiative-Advanced (BPCI-A).

**Target:** By 2024, UAMS Health System will have one procedure with warranted care.

**Target:** By 2029, UAMS Health System will have three procedures with warranted care.

### **Strategic Objective 3:**

#### **F3: Increase return on investments made in the professional growth and development of our employees.**

**Description:** UAMS will invest in its employees to retain a productive and engaged workforce who have opportunities for growth and development throughout their careers.

#### **Outcome Measure 1.**

Decrease overall employee turnover rate to less than the national average for comparable institutions.

**Target:** By 2029, the turnover rate for UAMS will be less than the national average.

#### **Outcome Measure 2.**

Increase percentage of management and leadership positions filled with highly qualified internal candidates.

**Target:** By 2024, increase management and leadership positions filled with internal candidates by 25%.

**Target:** By 2029, increase management and leadership positions filled with internal candidates by 50%.

### **Outcome Measure 3.**

Increase productivity and employee engagement.

**Target:** By 2029, UAMS will be awarded the Balanced Scorecard Hall of Fame.

**Target:** By 2025, 85% of UAMS employees will have employee performance management plans that are aligned with the Vision 2029.

**Target:** By 2026, 50% of graduates from the Employee Growth and Development programs will show improvements in their engagement scores, employee retention rates and business unit strategic goals.

**Target:** By 2025, 40% of certified change management practitioners will have successfully managed change projects with a proven cost savings.

**Target:** By 2026, 90% of executive leaders who have participated in leadership coaching will show an increase in their engagement scores and have improved leadership capabilities

**Target:** By 2026 90% of leaders who have matriculated from the Leading with Purpose, and Leadership Institute programs will show an increase in their engagement scores, and improved leadership capabilities.

### **Strategic Objective 4:**

#### **F4: Increase return on investments (ROI).**

**Description:** UAMS will use discipline and evaluative methodologies to ensure prudent investments of its resources.

#### **Outcome Measure 1.**

Ensure all investments over \$1 million undergo an annual review process to evaluate ROI.

**Target:** By 2021, 50% of all investments over \$1 million will include a pro forma and formal evaluation process to determine reasonableness of pro forma and expected return on investment.

**Target:** By 2024, 100% of all investments over \$1 million will include a pro forma and formal evaluation process to determine reasonableness of pro forma and expected return on investment.

### **Strategic Objective 5:**

#### **F5: Increase financial sustainability through strategic financial management and investment prioritization.**

**Description:** UAMS will align financial resources and strategic priorities and will ensure that sufficient cash resources are available to mitigate institutional risk.

#### **Outcome Measure 1.**

UAMS will establish stable reserve funds while investing in high priority areas identified in the Vision 2029.

**Target:** By 2022, UAMS will have at least 90 days cash on hand and will maintain a minimum of 90 days cash on hand.

**Initiative:** UAMS will create a process for strategic prioritization by 2020.

## Stakeholder

### **Strategic Objective 1:**

#### **S1: Establish leadership role in all UAMS mission areas in Northwest Arkansas region.**

**Description:** In response to the population growth in the region, UAMS will expand its footprint in all mission areas.

#### **Outcome Measure 1.**

Increase health professions students and graduate medical education (GME) slots in the northwest region.

**Target:** By 2029, increase the number of students at UAMS Northwest Regional Campus from approximately 250 to 760.

**Target:** By 2029, increase the number of GME slots from approximately 60 to 200 (add 50 first year slots).

**Target:** By 2022, expand medical education to lay the groundwork for a medical school in Northwest Arkansas.

**Initiative:** Develop an integrative health track for residency programs (family medicine, internal medicine, and psychiatry)

#### **Outcome Measure 2.**

Increase research infrastructure collaborative with the University of Arkansas Fayetteville.

**Target:** By 2024, increase the number of concurrent/joint federal applications from 1 annually to 10 annually.

**Target:** By 2026, increase the number of concurrent/joint appointments with UAF from 4 to 40.

**Initiative:** Finalize and approve research indirects, institutional review board (IRB), and grant submission policies and practices agreements with UA-Fayetteville by 2020.

#### **Outcome Measure 3.**

Expand clinical footprint.

**Target:** By 2029, 100% of all residents in Northwest Arkansas have access to specialty care through a UAMS provider in the region.

**Target:** By 2029, increase the number of UAMS specialty faculty practicing in the region from 26 to 74.

### **Strategic Objective 2:**

#### **S2: Improve the health and wellness of all Arkansans.**

**Description:** As evidenced by improvement in overall health outcomes, Arkansans will live healthier lives.



### **Outcome Measure 1.**

Ensure primary care access for all Arkansans through clinical service expansion and technology.

**Target:** By 2025, reduce the service gap by 50%.

**Target:** By 2029, 100% of all Arkansans will have access to primary care either through direct provider service or technology.

**Initiative:** Determine primary care access gap for all Arkansans.

### **Outcome Measure 2.**

Promote a healthy and active lifestyle in Arkansas counties with the highest rates of obesity and incidence of type 2 diabetes.

**Target:** By 2024, reduce obesity rates by 10% in counties with the highest obesity rates.

**Target:** By 2024, reduce type 2 diabetes by 25% for the University of Arkansas system employees.

**Target:** By 2029, ensure that all UAMS employees who are patients have a UAMS primary care physician (PCP).

**Target:** By 2024, all clinical sites in UAMS health system will integrate evidence-based interventions for all patients.

**Target:** By 2029, Arkansas will be below the national average for tobacco use.

**Initiative:** Collaborate with the UAMS Office of Communications & Marketing and urban and rural community leaders to create a campaign to promote health and well-being across for the state of Arkansas.

**Initiative:** The UAMS Center for Tobacco Control in the College of Public Health and the Arkansas Department of Health will lead efforts to decrease tobacco use in Arkansas.

### **Outcome Measure 3.**

Improve health outcomes for UAMS and UA System employees.

**Target:** By 2024, All UAMS employees will have personal wellness goals.

**Initiative:** Develop a culinary curriculum for employees at UAMS.

**Initiative:** Engage in Healthy Active Arkansas.

### **Outcome Measure 4.**

Ensure that all Arkansans have access to recommended vaccinations.

**Target:** By 2025, achieve the CDC recommended immunization rates for all Arkansans.

### **Strategic Objective 3:**

#### **S3: Improve health care quality and patient experience at a lower cost (patients).**

**Description:** UAMS will demonstrate improvement in patient satisfaction, care quality and safety metrics.

### **Outcome Measure 1.**

Improve patient experience scores by at least three percentile points each year through 2029.

**Target:** By 2024, UAMS will be in the top quartile for patient experience scores by the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS).

**Target:** By 2029, UAMS will be in the top 10 decile for patient experience scores.

**Initiative:** UAMS Office of Patient Experience will establish priorities (cleanliness, responsiveness, communication, etc.) and lead/track efforts related to Patient Experience.

### **Outcome Measure 2.**

Reduce readmission rates (assess readmission percentile each year and anchor improvement for continuous increase over previous year toward top quartile target).

**Target:** BY 2024, UAMS will close the gap between comparison hospitals from 2019 (all payer readmission rate) by 50%.

**Target:** By 2029, UAMS will be in the top quartile of comparison hospitals for readmission rates.

**Initiative:** UAMS will work with the Arkansas Center for Health Improvement (ACHI) to gain access to the All Payers Claims Database and receive monthly reporting.

**Initiative:** UAMS will establish comprehensive care coordination and care transitions processes for all patients admitted to UAMS Medical Center including: easy to understand discharge instructions, risk stratification/identification, phone call follow up, tailored care management plans and clinical follow-up visit within seven days of discharge for primary care (14 days for specialty).

**Initiative:** The UAMS Center for Health Literacy and UAMS Clinical Skills Center/Simulation Center will lead training and support for these efforts.

### **Outcome Measure 3.**

Reduce the per capita cost of health care.

**Target:** By 2024, the UAMS Health System per patient total cost of care will be at the state average for UAMS Health System attributed primary care patient population.

**Target:** By 2029, the UAMS Health System per patient total cost of care will be 10% below state average for UAMS Health System attributed primary care patient population.

### **Outcome Measure 4.**

Improve Patient Safety Index (PSI) scores developed by the Agency for Healthcare Research and Quality (AHRQ).

**Target:** By 2025, UAMS will be in the top quartile for all PSI domains.

**Target:** By 2029, UAMS will be in the top decile for all PSI domains.

**Initiative:** By January 1, 2020, the comprehensive plan to reduce all patient harm events will be implemented.

### **Strategic Objective 4:**

**S4: Become the employer of choice (employees).**

**Description:** UAMS will be seen as the health care employer of choice in Arkansas.

**Outcome Measure 1.**

Increase engagement scores and tracking opportunities/drivers over time.

**Target:** By January 2020, ensure that 100% of all managers have an action plan that aligns with the UAMS strategic plan.

**Target:** By 2029, UAMS will exceed the national benchmark for employee engagement.

**Initiative:** UAMS Organizational Development will lead data collection, training and initiatives to improve employee engagement. By 2020, establish UAMS baseline for engagement in mission area and work satisfaction. By 2021, develop a plan to address areas in need of improvement based on survey results. By 2025, demonstrate year-over-year improvements in at least half of the targeted engagement areas/survey items identified.

**Initiative:** Create and implement a plan to work with all of the content and ambivalent leaders to establish their action plans. This plan will include conducting pulse surveys to determine whether the leaders' action plans are effective.

**Initiative:** Establish career paths, career ladders and job families for all appropriate positions that align with UAMS' compensation plan.

**Outcome Measure 2.**

Achieve institutional compliance with an employee performance evaluation program (**See objective T4**).

**Target:** By 2024, increase UAMS' institutional compliance with performance evaluations from 17% to 75%.

**Outcome Measure 3.**

Ensure a Fair and Just Culture (**See objective T4**).

**Target:** By 2029, indices relate to a Fair and Just Culture will be improved by 50%.

**Target:** By 2029, complaints related to a hostile work environment, discrimination, sexual harassment will be reduced by 75%.

**Outcome Measure 4.**

Establish resources and policies that support employees and families.

**Target:** By 2024, increase overall employee retention by 20%.

**Initiative:** Establish a UAMS Child Development Center.

**Initiative:** Develop and update policies to support family leave.

**Strategic Objective 5:**

**S5: Ensure a diverse workforce to meet the health care needs of Arkansans (trainees).**

**Description:** UAMS will strive to recruit and retain a student body that reflects the diverse population of Arkansas.

### **Outcome Measure 1.**

Increase number of Underrepresented Minorities (URM) students within the health professions programs.

**Target:** By 2029, UAMS health professions programs will have student enrollment that reflects the population of Arkansas.

**Initiative:** Partner with undergraduate and high school institutions to create pipeline programs that ensure student readiness for health sciences careers.

**Initiative:** Increase efforts to build relationships with institutions with high concentrations of URM students to facilitate collaborations and recruitment.

**Initiative:** Develop a recruitment strategy that supports UAMS diversity goals.

### **Outcome Measure 2.**

Increase level of diversity engagement among student learners and faculty that promotes an inclusive environment.

**Target:** By 2029, increase the level of diversity engagement among student learners and faculty to the top tertile among academic health centers.

**Initiative:** Collect baseline data using the Diversity Engagement Survey and track progress every three years.

**Initiative:** Require in-person cultural humility training for all employees and offer distributive learning options thereafter as part of an annual training requirement.

### **Outcome Measure 3.**

Decrease attrition rate of URM students.

**Target:** Attrition rate of URM students is not greater than attrition rate for non-URM students.

**Target:** By 2029, decrease attrition rate of URM students in comparison to the attrition rate for non-URM students.

**Initiative:** Conduct exit interviews of all students and note any differences for leaving between URM and other students.

**Initiative:** Track URM student satisfaction with student support services (advising, tutoring, financial aid counseling) to ensure there is no disparity between the level of satisfaction among URM students compared to the general student population.

## **Clinical Care**

The overall goal of the strategic plan in clinical care is to move from an “institution bound” model to a “system model” of care delivery and improve patient experience, quality and safety outcomes. Success will be characterized by factors such as expanded access to care, a reduction in health disparities among Arkansans, and national rankings within the top decile for patient experience and patient safety index scores.

### **Strategic Objective 1:**

#### **C1: Reduce health disparities across Arkansas.**

**Description:** Engage with provider networks, community organizations and state agencies to reduce the variation in health outcomes and disease based on racial, ethnic, economic, gender or geographic differences while improving the health of all Arkansans.

#### **Outcome Measure 1.**

Identify Social Determinants of Health (SDOH) needs of UAMS patients.

**Target:** By 2024, 90% of all UAMS patients will be screened for SDOH needs.

**Target:** By 2029, 90% of all UAMS patients screened for SDOH needs will be referred to appropriate community resources.

**Initiative:** UAMS Office of Population Health will establish a SDOH data platform to be fully functional by 2022.

**Initiative:** SDOH-based objectives will be integrated into the UAMS Primary Care Physicians' compensation plan.

#### **Outcome Measure 2.**

Reduce stroke rate disparities in Arkansas.

**Target:** By 2024, the stroke rate in the 10 Arkansas counties with the highest stroke rates will be reduced by 10%.

**Target:** By 2029, the stroke rate in the 10 Arkansas counties with the highest stroke rates will be reduced by 25%.

**Initiative:** A progressive, state-of-the-art population health management structure for UAMS primary care will be established. By 2024, 50% of UAMS primary care patients will be in the initiative structure. By 2029, 100% of UAMS primary care patients will be in the initiative structure.

#### **Outcome Measure 3.**

Increase the number of students engaged in health promotion/prevention efforts in rural areas of the state.

**Target:** By 2024, at least 30% of UAMS students will complete at least one rural health disparities experience before graduation.

**Target:** By 2029, 100% of UAMS students will complete at least one rural health disparities experience before graduation.

**Initiative:** UAMS Office of Interprofessional Education/Collaborative Practice will partner with community professionals in practice to expand learning experiences to include health promotion/prevention in rural areas of the state.

#### **Outcome Measure 4.**

Decrease cancer disparities for UAMS patients.

**Target:** By 2024, 60% of UAMS patients will have the recommended cancer screenings annually for breast, colorectal and cervical cancers.

**Target:** By 2024, the screening disparity gap for breast, lung, colorectal and cervical cancers will be reduced by 50%.

**Target:** By 2029, the disparity gap will be eliminated for breast, lung, colorectal and cervical cancer screening.

**Initiative:** In partnership with the Winthrop P. Rockefeller Cancer Institute (WPRCI), the Arkansas Department of Health Arkansas Cancer Registry, Arkansas Cancer Coalition, Arkansas Cancer Plan, and Arkansas Minority Health Commission, the UAMS primary care enterprise will develop a comprehensive cancer screening program that includes a statewide screening and referral process. By 2020, it will establish common goals/objectives and include progress in annual reports of WPRCI and state cancer partners.

#### **Outcome Measure 5.**

Reduce tobacco use among all UAMS patients, employees and students.

**Target:** By 2022, 100% of all UAMS patients will be screened for tobacco use at each visit, and if positive, referred for tobacco cessation counseling.

**Target:** By 2022, a coordinated hospitalwide tobacco consultation service will be established consisting of Tobacco Treatment Specialists who will offer tobacco cessation counseling/pharmacotherapy recommendations to all UAMS patients, employees and students.

#### **Outcome Measure 6.**

Decrease disparities in maternal and newborn mortality.

**Target:** By 2029, reduce the maternal mortality ratio in Arkansas through targeted interventions and strategic locations by 10% (from 35.0 per 100,000 live births to 31.5 per 100,000 live births).

**Target:** By 2029, reduce racial and geographic disparities in the maternal mortality ratio in Arkansas by 10%.

**Target:** By 2029, reduce the neonatal mortality rate (deaths <28 days of life per 1,000 live births) in Arkansas by 10%.



**Target:** By 2029, reduce racial and geographic disparities in neonatal mortality in Arkansas by 10%.

**Target:** By 2029, reduce the infant mortality rate (deaths within first year of life) in Arkansas by 10% (from 7.8 per 1,000 live births to 7.0 per 1,000 live births).

**Target:** By 2029, reduce racial and geographic disparities in infant mortality rates in Arkansas by 10%.

**Target:** By 2024, at least 50% of delivery hospitals in Arkansas will have implemented the hemorrhage and hypertension safety bundles of care.

**Target:** By 2024, reduce the percentage of infant deaths due to sudden infant death syndrome (SIDS) by 5%.

**Target:** By 2024, reduce the preterm birth rate in Arkansas by 5% (from 11.4% to 10.9%).

**Initiative:** By 2029, UAMS CPH, in collaboration with relevant UAMS faculty and programs and key external partners and stakeholders, will establish an interdisciplinary center focused on Maternal and Child Health (MCH).

**Initiative:** UAMS CPH will continue to partner with relevant UAMS faculty and key external partners in Arkansas to promote evidence-based strategies to reduce maternal and infant mortality in Arkansas.

## **Strategic Objective 2:**

### **C2: Attain national recognition for excellence in clinical care.**

**Description:** UAMS will achieve and sustain national recognition for excellence in clinical care.

#### **Outcome Measure 1.**

Improve hospital Compare Star Rating in Leapfrog Grade.

**Target:** By 2023, UAMS will achieve three-star rating.

**Target:** By 2024, UAMS will achieve Leapfrog Grade A status.

**Target:** By 2029, UAMS will achieve five-star rating.

**Initiative:** Director for accreditation and accreditation manager will lead efforts for Leapfrog roadmap.

#### **Outcome Measure 2.**

Attain National Cancer Institute (NCI) cancer designation.

**Target:** By 2029, UAMS will achieve full NCI designation. Clinical milestones will be determined in partnership with WPRCI director.

**Initiative:** By October 1, 2019, an updated roadmap to NCI designation will be completed.

**Initiative:** By January 1, 2020, a comprehensive strategy with incremental milestones will be in place.

### **Outcome Measure 3.**

Achieve *U.S. News and World Report* recognition as best in state for the following programs: orthopaedics, cancer, otolaryngology, gynecology, ophthalmology and neurology/neurosurgery.

**Target:** By 2024, at least three programs will be recognized.

**Target:** By 2029, all six will be recognized.

**Initiative:** In FY 2020, identify an individual to lead these efforts and have a strategic plan, with accountabilities in place.

### **Outcome Measure 4.**

Achieve Magnet Recognition from the American Nursing Credentialing Center.

**Target:** By 2029, UAMS will achieve Magnet status.

**Initiative:** By 2020, identify UAMS Magnet coordinator and partner with Magnet recognition expert to determine milestones determined by Magnet Recognition.

### **Outcome Measure 5.**

Achieve Joint Commission recognition as a high-reliability organization.

**Target:** By 2020, increase safety event reporting with reaching the plateau.

**Target:** By 2021, reduce the serious safety event rate (SSER) by 20%.

**Target:** By 2024, reduce the SSER by 80%.

**Target:** By 2025, UAMS will achieve Joint Commission certification as a high-reliability organization.

**Initiative:** Partner with Joint Commission to develop and implement an Error Prevention Training course to teach employees about the culture of safety.

**Initiative:** Partner with Office of Human Resources to develop and implement a Fair and Just Culture policy promoting a culture that can openly learn from errors and events.

**Initiative:** Partner with Joint Commission with milestones determined by roadmap.

## **Strategic Objective 3:**

### **C3: Create a University of Arkansas Health System.**

**Description:** UAMS will move from an “institution bound” care model to a rebranded “system model” of care delivery.

### **Outcome Measure 1.**

Create a robust UAMS network with partner community hospitals.

**Target:** By 2023, establish a clinically integrated network (CIN) that includes partner institutions.

**Target:** By 2029, UAMS network will include at least six partner hospitals.

**Initiative:** In FY20, a new health system-level strategy and integration executive will establish and launch plans for UAMS network expansion efforts. Hospitals and ambulatory clinical practices will be added to the network annually.

## **Outcome Measure 2.**

Establish UAMS primary care clinics in communities where there is need and where there are University of Arkansas System campuses.

**Target:** By 2024, UAMS primary care will expand to at least half of all communities where there are U of A campuses.

**Target:** By 2029, UAMS primary care will expand to all communities where there are U of A campuses.

**Initiative:** By 2021, fully integrate UAMS Regional Campuses into the U of A Health System. Clinics will be added to the network annually.

## **Outcome Measure 3.**

Increase the number of employees at U of A institutions and their dependents who receive health care at UAMS.

**Target:** By 2025, expansion of primary clinics to ensure 50% of U of A employees can access U of A primary care physician clinics.

**Target:** By 2029, expansion of primary clinics to ensure 80% of U of A employees can access U of A primary care physician clinics.

**Initiative:** By 2020, assessment (gap analysis) for primary care needs will be completed.

**Initiative:** The new health system-level strategy and integration executive will oversee expansion. Primary care and strategic specialty clinics will be added annually.

## **Outcome Measure 4.**

Increase the number of UAMS patients who have an opportunity to access UAMS home health services after discharge.

**Target:** By 2025, 30% of patients discharged to home with home health services will receive home health services from UAMS entity or partner entity.

**Target:** By 2029, 60% of patients discharged to home with home health services will receive home health services from UAMS entity or partner entity.

**Initiative:** Through the Partnership for Healthy Arkansas, establish a Comprehensive Home Health Services (CHHS) entity by ownership/partnership with existing entities. Beginning in 2020, the CHHS entity will incrementally expand capacity by 10% annually.

## **Outcome Measure 5.**

Develop employer direct contracts.

**Target:** By 2024, UAMS Health System will have at least one direct-to-employer contract. By 2029, the UAMS Health System will have five direct-to-employer contracts.

**Initiative:** Explore feasibility of establishing U of A Health Insurance Company. By 2023, have completed feasibility study and business plan.

**Initiative:** Establish a UAMS Health System-integrated statewide pediatric network to provide “cradle-to-grave managed care.”

#### **Strategic Objective 4:**

##### **C4: Increase capacity to meet the needs of patients and referring physicians.**

**Description:** UAMS will expand capacity through multiple mechanisms and improve system efficiency to capture greater market share.

##### **Outcome Measure 1.**

Increase cancer care capacity in central Arkansas and the underserved regions of the state.

**Target:** By 2022, UAMS cancer cases will increase from 17% to 22% of the state cancer incidence, starting with focus on Central Arkansas.

**Target:** By 2025, UAMS cancer care will increase from 22% to 25% of the state cancer incidence, with focus on underserved regions.

**Target:** By 2027, UAMS cancer care will increase from 25% to 27% of the state cancer incidence, with focus on underserved regions.

**Target:** By 2029, UAMS cancer care will increase from 27% to 30% of the state cancer incidence, with focus on underserved regions.

**Initiative:** Optimize the use of the J-1 waiver program to recruit cancer providers to these locations.

##### **Outcome Measure 2.**

Develop orthopaedic and spine surgical capacity to meet market expansion.

**Target:** By 2025, UAMS will have increased capacity to meet 50% of expected market share growth for orthopaedic and spine surgery in Arkansas.

**Target:** By 2029, UAMS will be the No. 1 provider of orthopaedic and spine surgery in Arkansas.

**Initiative:** Explore the feasibility of building an orthopedic specialty hospital or additional orthopaedic and spine center.

##### **Outcome Measure 3.**

Increase inpatient rehabilitation services to meet post-stroke needs of patients in Central Arkansas.

**Target:** By 2025, UAMS will have increased capacity to meet 50% of expected market share growth for post-stroke rehabilitation services in Central Arkansas.

**Target:** By 2029, UAMS will be the No. 1 provider of post-stroke rehabilitation services in Arkansas.

**Initiative:** Explore the feasibility of building a stroke rehab center (ASRC) or increase post-stroke rehabilitation capacity by January 2021.

#### **Outcome Measure 4.**

Grow community clinical care services in Central Arkansas.

**Target:** By 2025, UAMS will increase capacity to meet 50% of expected market share growth of comprehensive health care services in Central Arkansas.

**Target:** By 2029, UAMS will be the No. 1 provider of comprehensive health care services in Central Arkansas.

**Initiative:** Explore opportunities to expand partnership with Baptist Health to increase patient access to community clinical care.

**Initiative:** Identify and then partner with, build or purchase ambulatory and inpatient health care delivery assets in Central Arkansas communities.

#### **Outcome Measure 5.**

Increase extremity surgery capacity at UAMS.

**Target:** By 2025, UAMS will perform at least 500 wide-awake extremity surgeries per year.

**Target:** By 2029, UAMS will perform at least 1,000 wide-awake extremity surgeries per year.

**Initiative:** Explore options for creating this surgical capacity with appropriate staffing by January 2020.

#### **Outcome Measure 6.**

Increase capacity for women's health services in Central Arkansas.

**Target:** By 2025, UAMS will be the No. 2 provider for women's health services in Central Arkansas as determined by market share.

**Target:** By 2029, UAMS will be the No. 1 provider of women's health services in Central Arkansas as determined by market share.

**Initiative:** By 2021, explore options to create capacity for a surgery center for women's health services.

#### **Outcome Measure 7.**

Increase capacity for cardiology/cardiovascular surgery in Central Arkansas.

**Target:** By 2025, UAMS will perform at least 350 cardiac surgeries per year.

**Target:** By 2029, UAMS will perform at least 500 cardiac surgeries per year.

**Initiative:** Create and implement a comprehensive strategy for being the No. 1 or 2 provider of comprehensive cardiovascular care in Central Arkansas.

#### **Outcome Measure 8.**

Increase capacity for health care services in north Pulaski County.

**Target:** By 2025, UAMS will capture 50% of expected market share in north Pulaski County.

**Target:** By 2029, UAMS will capture 100% of expected market share.

**Initiative:** By 2022, identify options to increase capacity for health care services in north Pulaski County.

#### **Outcome Measure 9.**

Increase referral capacity for physicians and hospitals to UAMS.

**Target:** By 2025, 50% of patients will be admitted on the same day as referral in the UAMS Health System.

**Target:** By 2029, all patients will be admitted on the same day as referral in the UAMS Health System.

**Initiative:** UAMS Capacity Management System will be established by 2021 and will serve the entire UAMS Health System.

#### **Outcome Measure 10.**

Reduce average length of stay.

**Target:** By 2024, UAMS will have achieved the expected Geometric Mean Length of Stay (GMLOS). Beyond 2024, the expected GMLOS will be maintained.

**Initiative:** Create efficient system for transitions of care to include: UAMS home health services, 24/7 UAMS medical services, inpatient consults completed within six hours of order, and formal radiology report within two hours of the study.

#### **Outcome Measure 11.**

Develop a comprehensive and holistic approach to the care of patients with cancer.

**Target:** By 2023, Cancer Service Line will develop an interdisciplinary Supportive Medicine Department including integrative health, psychiatry, psychology, social work, and patient navigation.

**Initiative:** Cancer patient physical, emotional and social needs are changing due to increased survivorship and CSL must redesign services to reflect a chronic disease model of care.

#### **Outcome Measure 12.**

Increase cancer care capacity in underserved regions of the state.

**Target:** By 2022, UAMS cancer cases will increase by 20% from 2019.

**Target:** By 2029, UAMS cancer cases will increase by 40% from 2019.

#### **Strategic Objective 5:**



## **C5: Improve patient experience, quality and safety outcomes.**

**Description:** Using a patient-centered approach, UAMS will expand care delivery alternatives focused on evidenced-based delivery of care.

### **Outcome Measure 1.**

Create UAMS value-based contracts.

**Target:** By 2024, 50% of UAMS Health System revenue will be value based.

**Target:** By 2029, 75% of UAMS Health System revenue will be value based.

**Initiative:** Create a systematic approach to advance care planning that adheres to patient preferences. By 2020, establish UAMS Health System processes for advance care planning for all UAMS Health System patients.

**Initiative:** Design incentives for health care professionals triggered by achieving volume, quality and cost targets. By 2025, UAMS Health System compensation plans will reward providers for value-based care.

### **Outcome Measure 2.**

Eliminate unwarranted care.

**Target:** By 2025, 50% of UAMS Health System patients over age 65 will have Physician Orders for Life-Sustaining Treatments (POLST) or other advance directive.

**Target:** By 2029, 80% of UAMS Health System patients over age 65 will have POLST or other advance directive.

**Target:** By 2024, reduce unwarranted care gap by 50%. By 2029, close the gap.

**Initiative:** By 2021, identify 10 priority areas and baselines for unwarranted care.

**Initiative:** Develop and enforce policies and procedures and offer training programs to improve health care quality and decrease errors in clinical programs, resulting in increased patient safety. By 2024, more than 75% of employees responding to engagement surveys will say that we have a culture of safety.

### **Outcome Measure 3.**

Improve standardization of care.

**Target:** By 2024, 50% of UAMS Health System patients will have a standard order set after admission for the 10 most common admitting diagnoses.

**Target:** By 2029, 100% of UAMS Health System patients will have a standard order set after admission for the 10 most common admitting diagnoses.

**Initiative:** Create and implement standard orders set for the 10 most common admitting diagnoses.

### **Outcome Measure 4.**

Expand patient-centered care delivery alternatives.

**Target:** By 2025, 50 patients per year will be managed by UAMS Hospital at Home.

**Target:** By 2029, 100 patients per year will be managed by UAMS Hospital at Home.

**Initiative:** UAMS Hospital at Home Program will be created and implemented by 2020.

## **Strategic Objective 6:**

### **P1: Increase partnerships with private entities to expand health care footprint.**

**Description:** UAMS will establish strategic partnerships with private entities to expand our service area and access to care for Arkansans.

#### **Outcome Measure 1.**

Expand UAMS Health System clinical services to Northwest Arkansas.

**Target:** By 2024, UAMS will become a leading provider of clinical services in Northwest Arkansas Metropolitan Statistical Area (MSA) (defined by 15% of market share).

**Target:** By 2029, UAMS will become a leading provider of clinical services in Northwest Arkansas MSA (defined by 30% of market share).

**Initiative:** Explore opportunities to partner with a Northwest Arkansas health system for expanding access to clinical services.

#### **Outcome Measure 2.**

Expand UAMS Health System clinical services to medically underserved areas of Arkansas.

**Target:** By 2024, UAMS will become a leading provider of clinical services in medically underserved areas (defined by 15% of market share).

**Target:** By 2029, UAMS will become a leading provider of clinical services in medically underserved areas (defined by 30% of market share).

**Initiative:** Partner with community hospitals to expand primary and specialty care in rural communities.

**Initiative:** Develop a strong digital health platform for the delivery of clinical services of medically underserved areas in Arkansas.

#### **Outcome Measure 3.**

Increase the number of direct-to-employer contracts.

**Target:** By 2025, UAMS will have established center for excellence status with five large employer groups.

**Initiative:** Identify and hire a health system-level strategy and integration executive to create a plan for direct-to-employer contracts.

#### **Outcome Measure 4.**

Establish UAMS walk-in care and occupational health services for partner entities.

**Target:** By 2021, UAMS will begin providing care to employees of partner entities (e.g. Arkansas Children's Hospital (ACH)) and their dependents, including ACH-based UAMS clinics.

**Initiative:** Identify and hire a health system-level strategy and integration executive to create a plan for UAMS walk-in care and occupational health services for Arkansas Children's Hospital employees.

#### **Outcome Measure 5.**

Provide UAMS wellness, nutrition and physical therapy services through partnerships with private athletic clubs.

**Target:** By 2024, UAMS will begin providing wellness, nutrition and physical therapy services at one local health club in Central Arkansas.

**Target:** By 2025, UAMS will begin providing wellness, nutrition and physical therapy services at two local health clubs in Central Arkansas.

**Initiative:** Identify and hire a health system-level strategy and integration executive to create a plan to provide UAMS wellness, nutrition and physical therapy services through partnerships with private athletic clubs.

#### **Strategic Objective 7:**

##### **T1: Recruit, develop and retain a skilled, motivated and engaged workforce.**

**Description:** UAMS will dedicate resources to ensure that our workforce has the skills needed to achieve our mission and vision, the motivation to contribute to excellence, and the engagement to sustain our collective efforts year after year.

#### **Outcome Measure 1.**

Ensure all UAMS employees earn at or above a living wage.

**Target:** By 2020, all UAMS employees will earn a living wage.

**Initiative:** The Office of Human Resources will perform ongoing, perpetual evaluation to assure all UAMS employees earn at or above a living wage.

#### **Outcome Measure 2.**

Increase the number of UAMS employees earning market-valued wages and salaries.

**Target:** By 2024, the majority of the employees will be paid at or near market value.

**Target:** By 2029, all UAMS employees will earn market-value wages and salaries.

#### **Outcome Measure 3.**

Increase percentage of employees with documented annual goals, mapped to Vision 2029.

**Target:** By 2025, 90% of employees will have documented annual goals mapped to Vision 2029 goals and objectives.

**Target:** By 2025, 90% of employees will have completed annual performance evaluations.

**Initiative:** Linkage of UAMS strategic plans to annual implementation goals, and performance evaluations tied directly to these goals.

#### **Outcome Measure 4.**

Achieve Vision 2029 awareness by all UAMS stakeholders.

**Target:** By 2020, 70% of UAMS employees will be able to identify at least one priority strategy in Vision 2029.

**Initiative:** UAMS Office of Strategy Management and Office of Communications & Marketing will coordinate awareness campaign and survey.

#### **Outcome Measure 5.**

Increase employee engagement and satisfaction by eliminating silos at UAMS across mission areas.

**Target:** By 2020, 70% of UAMS employees will report active engagement in more than one mission area.

**Target:** Year-over-year improvement in active engagement across mission areas will be demonstrated for five years.

**Initiative:** Establish new UAMS Mission Integration Core composed of UAMS employees from all levels of management, representing all mission areas, and focused on tangible work and progress across all mission areas, meaningful collaborations across all mission areas, and building a critical mass of employees who work to eliminate silos at UAMS. By 2020, the following will be completed to establish the new UAMS Mission Integration Core:

- A steering committee will be selected by UAMS leadership.
- An organizational structure for the Core will be developed.
- Annual goals and strategies will be developed in alignment with Vision 2029.
- A system for self-nomination to the UAMS Mission Integration Core will be established.

**Initiative:** By 2021, the Core will be launched with at least 20 Core team members. Year-over-year expansion in goals achievement and Core membership will be achieved for the following five years.

#### **Outcome Measure 6.**

Provide innovative training and leadership programs to develop and grow leaders at UAMS.

**Target:** By 2022, 80% of executive leaders will have been trained on the Balanced Scorecard.

**Target:** By 2025, 85% of UAMS employees will have employee performance management plans aligned with the Vision 2029.

**Target:** By 2026, 50% of UAMS employees will have participated in Employee Growth and Development programs.

**Target:** By 2023, there will be a trained change management practitioner in each division.

**Target:** By 2026, 25% of executive leaders will have participated in leadership coaching.

**Target:** By 2025, 100% of all employee professional development programs will be assessed using HR analytic tools to inform and respond to the needs of UAMS.

**Initiative:** UAMS will establish the Institute for Leadership and Employee Development (ILED) to include centers for Wellness, Health Care Leadership, Human Capital Leadership,

Leadership Coaching, Employee Growth and Development, Change Management, Instructional Design and an Office of Strategy Management.

**Initiative:** Create a succession planning track for executives.

#### **Outcome Measure 7.**

Increase the diversity of faculty across all colleges.

**Target:** By 2029, the percentile ranking for UAMS URM faculty will be at least the 60<sup>th</sup> percentile for URM faculty benchmarks nationally for the respective colleges.

**Initiative:** Track candidate flow data in the applicant tracking system to identify any disparities in the recruitment and selection process.

#### **Outcome Measure 8.**

Increase the diversity of staff at all levels of employment (support, supervisory, executive, etc.).

**Target:** By 2029, the URM and gender distribution of UAMS should reflect at least 85% of the URM and gender distribution of the labor availability by job title in the greater Little Rock area as identified by the Department of Labor.

**Initiative:** Search committee members receive training on strategies to diversify candidate pools and mitigate the impact of bias during the search process.

#### **Outcome Measure 9.**

Ensure equitable faculty and staff salaries.

**Target:** By 2029, salaries for URM and women faculty and staff will be aligned with salaries of men and non-URM faculty and staff.

**Initiative:** Conduct annual salary equity assessments to identify salary disparities.

**Initiative:** Partner with colleges and departments to investigate and — when appropriate — develop a plan to mitigate salary disparities.

### **Strategic Objective 7:**

#### **T2. Build technology infrastructure to support UAMS' strategy.**

**Description:** UAMS will invest in technological systems to support its mission and strategy.

##### **Outcome Measure 1.**

Improve quality of care through adoption of a single Electronic Health Record (EMR) for all UAMS patients.

**Target:** By 2025, all UAMS patients are within a single Electronic Medical Record (EMR) system.

**Initiative:** By 2025, successfully implement Epic within all UAMS entities.

##### **Outcome Measure 2.**

Improve organizational planning, budgeting and talent management using Workday Enterprise Planning System (EPS) to consolidate integrations, minimize legacy data conversation, enable quality access to information and monitor key performances.

**Target:** By 2021, 100% of all UAMS leaders, managers and employees will adopt and utilize Workday.

**Target:** By 2022, 100% of all UAMS leaders, managers, and employees will be proficient in using Workday.

**Initiative:** Collaborate with the University of Arkansas System Office, Office of Communications & Marketing, and Organizational Development change manager to create a communication plan and coordinate an awareness and desire campaign to roll out Workday across UAMS, including Regional Campuses and community clinics.

**Initiative:** Collaborate with the Office of Staff Education, Organizational Development change manager, and the University of Arkansas System Office to implement a training program that ensures adoption, utilization and proficiency of Workday.



## **Education**

The overall goal of the strategic plan in education is to expand educational programs to meet the health workforce needs in Arkansas. Indicators of success will include 250 new health professional students, 100 new graduate medical education slots sponsored or supported by UAMS, and twice the number of targeted educational courses delivered by distance technology.

### **Strategic Objective 1:**

#### **E1: Maximize innovation in the delivery of health professional education.**

**Description:** Delivery of health professions education is evolving to leverage the opportunities of new technologies and thinking that will better prepare students to graduate UAMS ready to work in an increasingly team-based, interdisciplinary environment.

#### **Outcome Measure 1.**

Reduce the amount of traditional lectures in didactic courses.

**Target:** By 2029, less than 25% of all instruction will be delivered in the traditional lecture format.

**Initiative:** Assess the number of UAMS courses that are compatible with active learning strategies.

**Initiative:** Faculty will be trained in alternative pedagogical methodologies.

#### **Outcome Measure 2.**

Increase the number of submitted and funded grants and proposals focused on education innovation.

**Target:** Increase externally funded grants focused on education innovation by 2% each year.

**Initiative:** Develop a list of educational grant opportunities and promote them to faculty members.

**Initiative:** Improve grantsmanship in the areas of education innovation.

#### **Outcome Measure 3.**

Increase the number of Interprofessional Education (IPE) offerings for students.

**Target:** By 2029, increase number of IPE education offerings, activities and experiences by 5% annually.

**Initiative:** Develop IPE offerings in areas such as culinary medicine, integrated medicine, digital health, health financing and health care analytics.

**Initiative:** Create philanthropic and legislative proposals to support IPE.

**Initiative:** Expand hours of operation and add specialty clinics to the 12<sup>th</sup> Street Health & Wellness Center (Little Rock) and North Street Clinic (Fayetteville).

#### **Outcome Measure 4.**

Increase the number of academic programs that allow competency-based education.

**Target:** By 2029, move 10 programs to an academic time-variable, competency-based model.

**Initiative:** The Office of Educational Development (OED) will assist faculty who desire to develop or assess time-variable approaches for competency-based education.

**Initiative:** Workshop on time-variable, competency-based education.

#### **Outcome Measure 5.**

Increase the number of students pursuing formal coursework or structured educational experiences outside of their curriculum to enrich their educational experiences.

**Target:** By 2029, double the number of students pursuing formal coursework or structured educational experiences outside of their curriculum.

**Initiative:** Establish a formal promotional campaign to promote and recruit students in dual degree programs.

**Initiative:** Explore partnerships with hospitals across the state for hosting onsite learning through existing broadband technology.

**Initiative:** Expand the number of faculty who are master educators in online/distance education.

#### **Outcome Measure 6.**

Increase in the number of targeted educational courses delivered via distance-learning technology.

**Target:** By 2029, double courses delivered via distance-learning technology.

**Initiative:** Using the student information system, identify courses offered through distance-learning technologies.

**Initiative:** Provide training and support infrastructure for quality delivery of instructions through distance-learning technologies.

### **Strategic Objective 2:**

#### **E2: Increase postgraduate educational programs.**

**Description:** New health care professionals traditionally remain in the areas where they complete their training. By increasing the number of postgraduate opportunities in Arkansas, it increases the number of new health care professionals starting their careers in Arkansas — helping to address health care workforce shortages in the state.

#### **Outcome Measure 1.**

Increase Graduate Medical Education (GME) slots sponsored or supported by UAMS.

**Target:** By 2029, add 100 GME slots in Arkansas, with at least 50% in primary care.

**Initiative:** Partner with hospitals to maximize their GME cap and seek alternate funding.

#### **Outcome Measure 2.**

Increase number of residency and fellowship slots for all other postgraduate and fellowship programs sponsored or supported by UAMS.

**Target:** By 2029, increase the number of residency and fellowship slots by 50%.

**Initiative:** Identify funding sources for new residency and fellowship slots for postgraduate programs.

### **Outcome Measure 3.**

Ensure graduate readiness for practice.

**Target:** Licensure pass rates exceed the national average.

**Initiative:** Assess licensure pass rates for programs during biannual programmatic reviews and form action plans for improvement as necessary.

### **Strategic Objective 3:**

#### **E3: Expand health professional programs to meet workforce needs.**

**Description:** UAMS has traditionally been the primary source for most of the state's health care professionals. As the state's only academic health system, documenting and addressing health care workforce needs is a key element to its health and health improvement mission to the state.

### **Outcome Measure 1.**

Plan new and/or expanded academic programs (and program sites) to meet the needs of the state.

**Target:** By 2029, add 250 practitioners in high-need health professional shortage areas.

**Initiative:** Conduct a workforce needs assessment to determine the geographical locations of health programs needed in professional shortage areas. Conduct the assessment every three years to identify gaps.

**Initiative:** Develop at least five new educational programs based on workforce needs of the state.

**Initiative:** Pursue philanthropic and legislative funding for new programs in health professional shortage areas.

**Initiative:** Initiate partnerships with other colleges/universities for 2 + 2 agreements/MOUs and/or early acceptance into UAMS professional programs.

### **Strategic Objective 4:**

#### **E4: Increase student recruitment and retention.**

**Description:** The ability of UAMS to meet its health education mission to the state will increasingly depend on and be strengthened by its ability to attract and retain highly qualified students from diverse backgrounds. UAMS also will ensure availability of resources that aid student success, student wellness and achievement of academic goals.

### **Outcome Measure 1.**

Increase the number of programs that meet their enrollment goals.

**Target:** By 2029, 95% of UAMS programs will meet their enrollment goals.

**Initiative:** Seek state professional regulatory board approvals to offer select programs through distance-education modalities to residents of other states.

### **Outcome Measure 2.**

Increase number of students matriculating to UAMS.

**Target:** By 2029, 90% of students offered UAMS admission will be enrolled.

**Initiative:** Develop text/email messaging strategy to communicate enrollment reminders and resources to prospective students.

**Initiative:** Communicate scholarship notifications to prospective students prior to deadline for confirmation of acceptance.

**Initiative:** Create new scholarships and grow endowments of current scholarships.

**Initiative:** Implement a communication plan for newly accepted students to support their enrollment and arrival at UAMS.

### **Outcome Measure 3.**

Increase percentage of UAMS academic programs with completion rates that meet or exceed national benchmarks.

**Target:** By 2029, 100% of UAMS academic programs will have student completion rates that meet or exceed the national benchmarks for that program.

**Initiative:** Expand services and resources for Student Success and Student Wellness centers (SSSWC) to align with the needs of UAMS students.

**Initiative:** Initiate an awareness campaign to inform and offer students opportunities to enroll into pre-matriculation programs.

**Initiative:** Develop a unified monitoring system for all colleges to manage student academic progression.

**Initiative:** Expand student success and wellness services for online students.

**Initiative:** Create a postbaccalaureate program for high-potential students.

**Initiative:** Create a food pantry that meets the needs of students with food insecurity.

### **Strategic Objective 5:**

**P2: Expand internal/external partnerships to develop collaborative working relationships to support academic programs.**

**Description:** Internal and external academic partnerships strengthen program quality at UAMS and expand opportunities to connect UAMS students to the communities they serve and community health professionals to the mission of improving health and health care in Arkansas by working with the state's only academic health system.

### **Outcome Measure 1.**

Increase the number of non-UAMS employees who have adjunct or dual UAMS faculty appointments.

**Target:** By 2029, increase by 10% the number of non-UAMS employees who have adjunct or dual UAMS faculty appointments.

**Initiative:** Create additional incentives, such as continuing education support, for external faculty.

**Initiative:** Offer adjunct (volunteer) faculty appointments to preceptors who provide credible service to the colleges.

## **Outcome Measure 2.**

Increase the number of community preceptors hosting UAMS students.

**Target:** By 2029, increase by 20% the number of community health professionals who precept, or host, UAMS students.

**Initiative:** Pursue tax credit for non-UAMS employees who precept UAMS students (all disciplines) when it is not part of their regular position.

## **Strategic Objective 6:**

### **T3: Improve Faculty and Staff Vitality.**

**Description:** UAMS will invest in the success of its faculty and staff through strategic recruitment, formal mentoring and efforts focused on fostering overall well-being.

## **Outcome Measure 1.**

Increase the number of faculty who complete exit surveys before they depart UAMS.

**Target:** By 2029, 100% of faculty who plan to depart UAMS are offered the opportunity to complete an exit survey prior to departure.

**Initiative:** The Department of Human Resources will refine and fully implement a formal faculty exit survey process.

**Initiative:** Results from exit surveys will be shared in an effort to provide transparency and to foster continuous quality improvement.

## **Outcome Measure 2.**

Reduce faculty burnout.

**Target:** Decrease the burnout threshold percentage based on responses to the burnout survey of UAMS faculty.

**Target:** By 2025, reduce faculty burnout by 20%.

**Target:** By 2029, reduce faculty burnout by 40%.

**Target:** By 2025, 50% of executive leaders will have completed programs within the Center for Professional Wellbeing.

**Initiative:** Establish Center for Professional Wellbeing, to be organized under the Institute for Leadership and Employee Development

**Initiative:** Create a task force to conduct a resilience survey for all UAMS faculty, establish a baseline for faculty burnout, and develop an institutional plan to decrease burnout.

## **Outcome Measure 3.**

Increase faculty retention.

**Target:** By 2025, increase faculty retention by 10% over the baseline in 2020.

**Initiative:** Develop a formal mentoring program for faculty.

**Initiative:** Create a task force to establish a baseline for faculty retention, develop a formal mentoring program, and identify strategies to increase the mean of faculty salaries to the 50<sup>th</sup> percentile.

**Initiative:** Fully implement a faculty tracking system (e.g. FacFacts) across the institution. Ensure that all faculty participate.

#### **Outcome Measure 4.**

Improve overall health and wellness of UAMS faculty and staff.

**Target:** By 2021, all UAMS faculty and staff will have access to campus resources focused on health promotion and overall wellness.

**Target:** Align with digital health initiatives through the UAMS app, Learn on Demand, and other telehealth endeavors by 2025.

**Target:** Create a 24-hour UAMS Crisis Line for employees and students by 2024.

**Target:** Reduce the amount of sugar-sweetened beverages offered on campus by 2024.

**Target:** Provide a lactation room in all campus buildings by 2023.

#### **T4: Foster a Fair and Just Culture at UAMS.**

**Description:** Through the alignment of leadership and frontline provider perspectives through effective use of adverse events data and provider comments, UAMS will commit to a Fair and Just Culture, a philosophy that aligns with the UAMS Core Values.

#### **Outcome Measure 1.**

Increase the number of newly hired, transferred and current managers trained on the Fair and Just Culture philosophy.

**Target:** Increase the percentage of newly hired, transferred and current managers trained on institutional compliance from a baseline set in 2019 by responses to the Fair and Just Culture survey.

**Target:** By 2021, train 100% of newly hired, transferred and current managers trained on institutional compliance.

**Initiative:** Create and implement a Fair and Just Culture survey that assesses the current status of UAMS' culture.

**Initiative:** Develop and implement annual Fair and Just Culture required training for newly hired, transferred and current managers. Make Fair and Just Culture training available to all UAMS employees.

**Initiative:** Implement a policy review campaign to update, revise and create intergenerational policies in support of a Fair and Just Culture.

#### **Outcome Measure 2.**

Increase the number of newly hired, transferred and current managers trained on institutional compliance with performance evaluations.

**Target:** By 2021, 100% of newly hired, transferred and current managers trained on institutional compliance and performance evaluation.

**Target:** By 2024, 100% of UAMS employees will have performance goals as part of an annual performance review conducted by their manager.

**Initiative:** Update UAMS' institutional Administrative Guide Policy 4.2.09 on performance evaluation.

**Initiative:** Partner with the Office of Communications & Marketing and the Chief of Staff to create and implement a communication plan promoting the updated mandatory compliance Policy 4.2.09.

**Initiative:** Partner with the chancellor's Chief of Staff to establish accountability measures/standards for noncompliant managers relating to institutional compliance with policy and required training for newly hired, transferred and current managers.

**Initiative:** Create a model for succession planning and utilize performance evaluations to advance succession plans.

## **Research**

The overall goal of the strategic plan in research is to expand research programs to position UAMS as the leader in research among academic institutions in the South by 2029. Key to becoming the leader in research will be increasing the depth and breadth of internal research, expanding external research, and bridging research across all mission areas. This will be manifested by doubling of research funding and achievement of NCI designation.

### **Strategic Objective 1:**

#### **R1: Advance cancer research through NCI designation.**

**Description:** National Cancer Institute Designation is earned by having outstanding cancer research that impacts the state of Arkansas to improve cancer prevention, screening, treatment and survivorship care.

#### **Outcome Measure 1.**

Develop research programs in alignment with CCSG (NCI Designation) guidelines.

**Target:** By 2021, three programs will be fully developed (development of more programs is at the discretion of NCI, so a greater target will not be identified for 2029).

**Initiative:** Hire Cancer Institute director.

#### **Outcome Measure 2.**

Recruit funded cancer researchers.

**Target:** By 2021, recruit 15 cancer researchers with cancer-related, peer-reviewed funding (as defined by NCI) by 2021; a total of 30 will be recruited by 2029.

**Target:** By 2029, recruit 15 more cancer researchers with cancer-related peer-reviewed funding (as defined by NCI).

**Initiative:** Provide resources and staff to support rapid and strategic recruitment of funded cancer researchers by new Cancer Institute director.

#### **Outcome Measure 3.**

Increase amount of peer-reviewed, cancer-related funding (as defined by NCI).

**Target:** By 2021, raise \$20-\$22 million in annual direct costs of cancer-related, peer reviewed funding.

**Target:** By 2029, raise \$30 million in annual direct costs of cancer-related, peer-reviewed funding.

**Initiative:** Expand pilot grant opportunities for cancer-related, collaborative research and establish annual tracking mechanism for cancer-related grant submissions and funded grants.

#### **Outcome Measure 4.**

Increase number of large collaborative cancer-related grants (e.g. P01, SPORE).

**Target:** By 2029, secure four collaborative cancer-related grants.



**Initiative:** Identify grant focus areas based on new cancer recruits and provide administrative and grant support to facilitate large grant submissions.

#### **Outcome Measure 5.**

Increase cancer-related publications portfolio.

**Target:** By 2021, increase cancer-related publications by 20%.

**Target:** By 2021, increase inter- and intra-programmatic publications by 30%.

**Target:** By 2021, increase cancer publications in high-impact journals by 30%.

**Target:** By 2029, increase cancer-related publications in high-impact journals by 40%.

**Initiative:** Expand number of scientific writers to support publications and establish annual tracking mechanism for cancer-related publications.

#### **Outcome Measure 6.**

Increase patient participation in clinical trials.

**Target:** By 2023, increase enrollment to 400 enrollments for therapeutic clinical trials.

**Target:** By 2029, increase enrollment to 500 for therapeutic clinical trials.

**Target:** By 2021, increase new cancer patient population enrolled to clinical trials by 10%.

**Target:** By 2029, increase new cancer patient population enrolled to clinical trials by 18%.

**Initiative:** Develop a cancer communications team that leverages state-of-the-art communication approaches to inform the public and referring physicians about cancer clinical trial opportunities.

#### **Outcome Measure 7.**

Increase cancer research affiliations.

**Target:** By 2021, establish two new research affiliations and expand additional affiliations based on needs and opportunities.

**Initiative:** Conduct a regional scan of potential affiliation opportunities and provide resources to the Cancer Institute to operationalize affiliations.

#### **Outcome Measure 8.**

Ensure appropriate shared resources (cores – tissue bank, proteomics, biostatistics and genomics).

**Target:** By 2022, expand and maintain four shared resources.

**Target:** By 2022, expand tissue bank to additional sites.

**Initiative:** Activate biomedical informatics program by 2022.

#### **Outcome Measure 9.**

Develop public health policies informed by cancer research at UAMS.

**Target:** By 2029, enact two cancer-research-informed public health policies.

**Initiative:** Collaborate with lawmakers to inform them semi-annually of cancer research progress that could impact public policy.

**Initiative:** Develop a Cancer-Public Health Council to identify areas of synergy among cancer and public health researchers; provide pilot funds to incentivize collaborations that will fuel two future public health policies.

#### **Outcome Measure 10.**

Maintain a cancer community outreach and engagement program.

**Target:** By 2029, increase community outreach projects throughout the state by 10%.

**Initiative:** Establish community partnerships, research projects, implementation projects and/or service projects in all regions of the state by 2024 (northwest, southwest, northeast and southeast).

**Initiative:** Establish a robust community advisory board (CAB) that reflects the communities served by the Cancer Institute. Implement the board by 2021; maintain and continuously align CAB membership with patient and research needs through 2029.

#### **Outcome Measure 11.**

Increase facilitation of commercialization of cancer research discoveries and entrepreneurship.

**Target:** By 2029, increase cancer research discoveries and entrepreneurship by two commercialization projects.

**Initiative:** Establish a research committee to identify and maintain new opportunities to facilitate cancer research entrepreneurship by 2022.

**Initiative:** Obtain an institution-wide cancer research training grant (e.g. R25, American Cancer Society Institutional Research Grant) — one grant by 2022; maintain that grant and add a second grant by 2029.

#### **Strategic Objective 2:**

##### **R2: Expand interdisciplinary research and scholarship in multiple disease areas.**

**Description:** Interdisciplinary research enables, collaborative and translational approaches to increasing knowledge that impact human health. UAMS will maintain current areas of research strength as well as responding to emerging areas of opportunity and aligning research with clinical and training programs. This is important for a strong research program.

##### **Outcome Measure 1.**

Increase the number of interdisciplinary teams awarded extramural grants.

**Target:** By 2029, 75% of UAMS grants will be team-based, involving multiple investigators from different disciplines.

**Initiative:** Design and support four interdisciplinary Grand Challenge research initiatives in areas representing significant public health issues facing Arkansans. Release one Grand Challenge research initiative annually for four years beginning in 2020.

**Initiative:** Expand the number of scientific writers to support grant submissions and publication.

### **Outcome Measure 2.**

Expand the number of program, and/or center-type grants that provide base funding and core facility support for multi-disciplinary investigators.

**Target:** By 2029, achieve eight new extramurally funded program and/or center-type grants.

**Initiative:** Same as above.

### **Outcome Measure 3.**

Increase training grants that support multidisciplinary, team-based research and prepare trainees for careers in biomedical research.

**Target:** By 2024, achieve two new T32-type training grants.

**Target:** By 2029, achieve two more new T32-type training grants.

**Initiative:** Institute campus-level planning among research leaders and provide peer mentoring and administrative support for applicants.

### **Outcome Measure 4.**

Increase the percent of peer-reviewed multi-authored publications by faculty from different disciplines.

**Target:** By 2029, 50% of peer-reviewed publications will include contributions from investigators in two or more disciplines.

**Initiative:** Establish annual tracking and incentives to support multidisciplinary publications. Celebrate “accomplished” researchers with high publication records.

### **Outcome Measure 5.**

Expand the number of faculty across the translational spectrum, especially clinician scientists, participating in multidisciplinary, team-based research.

**Target:** By 2029, UAMS faculty effort allocated to research will be double that in 2019.

**Initiative:** Expand and support interdisciplinary pilot grant programs. Allocate an amount equal to 2% of extramural research funding to support interdisciplinary pilot studies.

**Initiative:** Increase number of slots in the Translational Research Institute's KL2 program, doubling the total number of trainees by 2025 and provide discretionary follow-on funding to support 30% of trainees for a third year.

**Initiative:** Create a program that provides clinical faculty with meaningful protected time for approved scholarly activity with trackable measurable outcomes.

### **Outcome Measure 6.**

Increase the number of interdisciplinary research areas nationally recognized and that address the leading causes of morbidity and mortality in Arkansas.

**Target:** By 2029, UAMS will double the number of interdisciplinary research areas nationally recognized and that address the leading causes of morbidity and mortality in Arkansas.

**Initiative:** Expand and support interdisciplinary seminar and research forums. Have fully supported interdisciplinary seminar and research forums that align with the eight new programs, and/or center-type grants.

#### **Outcome Measure 7.**

Retain extramurally funded faculty.

**Target:** By 2024, retain 100% of all extramurally funded faculty.

**Initiative:** Establish a pool of funds that can be used to develop programs and strategies focused on faculty retention (equivalent to 5% of extramural funding).

#### **Outcome Measure 8.**

Expand research to advance the evidence base for integrative health.

**Target:** By 2029, establish pilot funds to support research and integrated health.

#### **Strategic Objective 3:**

##### **R3: Expand research across the translational spectrum.**

**Description:** UAMS desires to have a growing portfolio of research grants across the translational research spectrum (T0-T4). In addition, the maturation of research ideas from T1 to T2, or from T2 to T3, or T3 to T4 is envisioned.

#### **Outcome Measure 1.**

Increase the number of NIH trainees (COBREs, CTSA KL2, other) who secure independent funding.

**Target:** By 2023, increase success rates (independent funding) of KL2s from 89% to 100%.

**Target:** By 2029, maintain the maximum number of COBREs by institution by six total.

**Target:** By 2029, increase independently funded COBRE trainees to 75%.

**Initiative:** Launch training, mentoring and mock grant reviews to enhance NIH trainee success in securing independent awards.

#### **Outcome Measure 2.**

Expand the number of funded investigator initiated clinical trials (T2 & T3).

**Target:** By 2029, increase the number of externally funded investigator-initiated clinical trials by 30%.

**Initiative:** Support and expand pilot-funding mechanisms for investigator-initiated clinical trials and research (CTSA, other), including funds to support state-of-the-art data collection, management, study design and statistical analysis.

#### **Outcome Measure 3.**

Expand the number of funded clinical research trials (T2 & T3).

**Target:** By 2029, triple externally funded clinical research (pharma clinical trials and other).

**Target:** Increase enrollment rates (achieved/projected) on clinical trials by 10% each year; 2018 baseline 32% for TRI.

**Initiative:** Develop and expand clinical trial infrastructure at UAMS and across the state, including research support staff and expansion of research-designated inpatient and outpatient space, so that capacity matches growth and opportunity.

#### **Outcome Measure 4.**

Increase the number of grants focused on early-stage discovery (T0 to T1).

**Target:** By 2029, double the number of externally funded grants (T0-T1).

**Initiative:** Establish new pilot-funding mechanisms for discovery research.

#### **Outcome Measure 5.**

Increase the number of community-based participatory grants (T4).

**Target:** By 2029, increase community-based participatory grants by 40%.

**Initiative:** Support and expand TRI's community participatory-based research training program (pair researchers with community groups) and expand pilot grant opportunities in this area.

#### **Outcome Measure 6.**

Increase the percent of grants that accelerate the advancement of UAMS discoveries through the translational research pipeline (e.g., drug development, clinical biomarkers, and diagnostics).

**Target:** By 2029, increase personalized medicine and drug development research by 50%.

**Initiative:** Recruit funded faculty with omics and technology-associated expertise that catalyzes research and growth in these areas (e.g., genomics, etc.).

#### **Outcome Measure 7.**

Expand publications from UAMS faculty.

**Target:** Triple UAMS publications by 2029.

**Initiative:** Develop a program that sets campus-level standards on publication expectations as a function of research FTE and increase personnel in the Office of Scientific Communications to provide teaching and mentoring on scientific publications.

### **Strategic Objective 4:**

#### **R4: Expand opportunities for entrepreneurship and innovation.**

**Description:** Define best practices for entrepreneurship and innovation at UAMS, promote inter-university collaboration for innovation and catalyze transformation in culture to encourage the commercialization of technologies and products.

#### **Outcome Measure 1.**

Increase the percent of disclosures, licensing agreements and startups, and number of faculty with evidence of commercializable intellectual property.

**Target:** By 2023, increase disclosures by 20% and maintain steady state of 38 disclosures per year through 2029.

**Target:** By 2023, increase number of license agreements by 25% and achieve steady state of eight per year by 2029.

**Target:** By 2024, increase number of spinoff companies by 50% and maintain steady state of four per year by 2029.

**Target:** By 2025, increase the number of faculty with evidence of commercializable intellectual property by 25%.

**Initiative:** Establish an entrepreneur-in-residence program.

**Initiative:** Establish proof-of-concept pilot-funds program.

**Initiative:** Revise Campus and System policies to develop environment conducive to entrepreneurship. Revise campus policies by FY 2020. With University of Arkansas at Fayetteville, revise System policies by FY2021.

## **Outcome Measure 2.**

Increase the percent of students engaged in entrepreneurship training opportunities.

**Target:** By 2029, increase participation in fastPACE and Boot Camp by 30%.

**Initiative:** Establish inter-university collaborations focused on development of intellectual property. Formalize relationship with Harding University (engineering) by FY2020. Establish three to four health sciences collaborations with UA Fayetteville and UA Little Rock focused on developing innovative products by 2022.

**Initiative:** Establish Innovation Awards for faculty, staff and students. Define program by FY2020. Implement awards in FY2021.

**Initiative:** Establish additional entrepreneur training programs. With UAF, convert commercialization retreat to health sciences focus by 2020. Become NIH I-Corps site by 2021 (with support from Walton College of Business).

## **R5: Increase infrastructure to align with the needs of the research mission.**

**Description:** We will expand research infrastructure to ensure investigators have access to state-of-the-art inpatient research facilities, animal facilities, data storage/computational power, research core facilities and research space.

### **Outcome Measure 1.**

Increase availability of inpatient and outpatient research space matching needs of investigators.

**Target:** By 2024, 100% of investigators will have the necessary inpatient and outpatient research space and this space will be maintained to 2029 and beyond.

**Initiative:** Design and implement a plan to create inpatient/outpatient research space: 1) By 2021, a committee evaluates inpatient/outpatient research space requirements and develops a plan to create enough space for all investigators; 2) Implemented by 2024; and 3) Committee evaluates annually and adjusts plan with needs through 2029 and beyond.

### **Outcome Measure 2.**

Ensure availability of animal research infrastructure matching needs of investigators.

**Target:** By 2022, 100% of investigators will have the necessary animal space, support personnel and associated resources, and this space will be maintained to 2029 and beyond.

**Initiative:** Design and implement a plan to upgrade animal research space, support personnel and associated animal research resources (e.g., imaging, pathology) to meet the needs of investigators: 1) By 2021, a committee evaluates animal research space, available support personnel and associated resources, and develops a plan to create enough space, increase support personnel and upgrade all associated resources; 2) Implemented by 2022; and 3) Committee evaluates annually and adjusts plan with needs through 2029 and beyond.

### **Outcome Measure 3.**

Enhance data processing and storage capabilities to match the needs of investigators.

**Target:** By 2022, 100% of investigators will have the necessary on-site data processing and storage capabilities to be maintained to 2029 and beyond.

**Initiative:** Design and implement a plan to upgrade data processing and storage capabilities to meet the needs of investigators: 1) By 2021, a committee evaluates data processing and storage needs of investigators and develops a plan to create data processing and storage infrastructure for all investigators; 2) Implemented by 2022; and 3) Committee evaluates annually and adjusts plan with needs through 2029 and beyond.

### **Outcome Measure 4.**

Resource core laboratories with needed cutting-edge equipment and expertise.

**Target:** By 2022, 100% of research core facility users will have local access to all cutting-edge equipment and expertise and this will be maintained to 2029 and beyond.

**Initiative:** Acquire and/or upgrade research core facility instrumentation to meet the needs of investigators: 1) By 2021, a committee evaluates equipment and expertise needs of research core facility users and develops a plan to acquire and/or upgrade instrumentation; 2) Implemented by 2022; and 3) Committee evaluates annually and adjusts plan with needs through 2029 and beyond.

### **Outcome Measure 5.**

Align research space with needs of investigators.

**Target:** By 2024, 100% of investigators have necessary research space and this will be maintained to 2029 and beyond.

**Initiative:** Create new research space to meet the needs of investigators: 1) By 2021, a committee evaluates research space needs and develops a plan to create new space to meet the needs of investigators; 2) Implemented by 2024; and 3) Committee evaluates annually and adjusts plan with needs through 2029 and beyond.

## **Strategic Objective 6:**

### **P3: Develop partnerships to diversify and enhance our research capacity.**

**Description:** Partnerships with industry, other systems of health care, research and education will expand research capacity at UAMS.

### **Outcome Measure 1.**

Increase the number of concurrent appointments.

**Target:** By 2029, triple collaborative research with new health care partners in Arkansas

**Initiative:** Develop a team to explore and implement affiliation agreements with other health care providers to expand clinical trial and disease prevention research programs.

**Initiative:** Provide resources and personnel to support clinical trials and other collaborative research throughout Arkansas, including other systems of care and regional programs.

#### **Outcome Measure 2.**

Increase the number of sub-awards.

**Target:** By 2029, bi-directional sub-awards will triple.

**Initiative:** Develop a team to assess partnership readiness and to develop and implement contractual templates for research agreements.

#### **Outcome Measure 3.**

Increase the number of external sponsors for research.

**Target:** By 2029, triple external industry sponsors for research.

**Initiative:** Establish an Industry Partnership Engagement Office. Form committee in 2020; conduct search for director in 2021.

**Initiative:** Develop a team to identify and secure external partnerships to augment infrastructure (e.g., proteomics collaboration with University of Oklahoma).

**Initiative:** Establish Biomedical Engineering program at UAMS to launch novel cross-professional undergraduate and graduate programs (3+2 degree programs; M.D./Ph.D. programs and others.) Develop planning committee in 2020; launch program in 2024; expand recruitments to mature program by 2029.

#### **Outcome Measure 4.**

Increase Veteran's Administration (VA) appointments held by UAMS faculty.

**Target:** By 2025, double the number of VA grants held by UAMS faculty.

**Initiative:** Provide training and education that focus on VA grant opportunities.

**Initiative:** Recruit faculty who have an interest in veterans' health.

**Initiative:** Encourage joint recruitments with the VA.

#### **Strategic Objective 7:**

**T5: Create an environment supporting the strategic recruitment and retention of innovative faculty.**

**Description:** UAMS aspires to become a top-ranked U.S. Academic Medical Center through serving as a magnet for talents and investing in human capital.

#### **Outcome Measure 1.**

Recruit the top quartile of early-stage faculty (ESF) in the nation; provide a tailored mentoring committee and a designated champion for each.

**Target:** By 2025, achieve a recruitment goal of 70% of early-stage, tenure-track faculty with a pending or awarded NIH K or R00 grant or a foundation-funded career development grant.



**Initiative:** Develop a customized mentor team that has mentors from within and outside the department/unit. Identify a high-profile champion to help ESF develop leadership skills and gain national recognition.

**Initiative:** Develop a pro-active program that identifies and recruits early-stage faculty across the U.S. who are recipients of federal or other career-development awards.

## **Outcome Measure 2.**

Increase the percent of faculty that successfully progresses to the associate level with tenure.

**Target:** By 2025, increase the standard of productivity by 50% for pre-tenured faculty.

**Initiative:** Establish a fast track to tenure for those demonstrating accelerated trajectories of performance that aim at a 100% success rate of attaining tenure.

**Initiative:** Adopt the principles of mentoring for all rank. Promote holistic life-course career advancement. Conduct an annual faculty satisfaction survey starting 2021.

**Initiative:** Customize a personal career advancement plan for each faculty member regardless of rank.

**Initiative:** Establish P&T guidelines in all colleges that reward non-conventional pathways of career advancement (e.g. team science, commercialization, and clinical trialists).

## **Outcome Measure 3.**

Recruit and hire qualified candidates for research to advance UAMS' mission and strategy.

**Target:** By 2024, recruit and hire seven new faculty with expertise in computation/data analytics.

**Target:** By 2029, recruit funded T0-T4 researchers. Recruit three funded researchers a year through 2029.

**Target:** By 2029, establish a minimum of three endowed chairs in community-based participatory research, precision medicine and other clinical/translational research areas.

**Initiative:** Encourage and incentivize external appointments of UAMS faculty with other UA system campuses.

**See also initiative under Outcome Measure 5 below.**

## **Outcome Measure 4.**

Retention of successful research active faculty five years post tenured (20%) through the practice of bi-directional, continuous mentoring and opportunities for career advancement.

**Target:** By 2025, reduce the loss of high-performing, tenured faculty to zero.

**Initiative:** Establish a research faculty retention program. Conduct annual faculty satisfactory survey and compensation evaluation by 2021. Create multiple categories of faculty recognition awards (e.g. research, teaching, team science, innovator and commercialization) in 2021. Establish two senior and three junior endowed chairs per year with the goal of 50 named chairs in 10 years.

### **Outcome Measure 5.**

Achieve successful recruitment in focused areas.

**Target:** By 2020, increase two career-spouse recruitments by 15% per year.

**Target:** By 2023, achieve a 50% recruitment target in focused areas.

**Initiative:** Increase recruitments in strategic, priority-focused areas.

**Initiative:** Launch a UAMS-wide continuous assessment and action plan for defining focused recruitment areas that align with institutional and national priorities by 2021.

**Initiative:** Create an efficient Infrastructure for recruitment and communication through doubling supportive staff for recruitment and enlistment of a dedicated recruitment team (external consultant team).

## **Digital Health**

Digital health is a novel technology- and data-driven approach to improving patient and population health that transforms how medicine is delivered and managed: Through technology and data analytics, it offers greater access to care, including enhanced monitoring outside the clinic visit, and it also allows for greater health prediction and prevention at both the individual and population level. The digital health scope includes: telemedicine and telehealth, mobile healthcare applications (mHealth), predictive modeling and artificial intelligence, remote patient monitoring, individual-and population-level data analysis, and social networking.

### **Strategic Objective 1:**

**D1: Leverage UAMS' status as the digital health leader by becoming a fully deployed digital health institution.**

**Description:** Arkansas is heavily blanketed in medically underserved and health care provider shortage areas. Through the use of digital health solutions like tele-medical consults, access to health care providers can be improved throughout Arkansas. To do this, UAMS providers must start adopting digital health solutions into their daily clinical routines to give patients new options in improving and maintaining their health from a distance. UAMS leadership will encourage clinical services to integrate digital health into their patient offerings. The Institute for Digital Health & Innovation will help strategize what digital health options can meet the needs for each clinical specialty, while also collaboratively conceptualizing and launching the digital health solutions with clinical leaders, provider champions and statewide partners. UAMS will collaborate and connect with other health entities to share clinical resources across distances through the development of regional and global health care business partnerships that increase the footprint of UAMS health care services utilizing digital health technologies.

### **Outcome Measure 1.**

Increase the number of UAMS clinical services utilizing digital health in their typical clinical routine.

**Target:** By 2029, 18 new clinical services will utilize digital health services that focus on urgent care services first, then primary care services.

**Initiative:** UAMS clinical services will commit to digital health initiatives and collaborate with the Institute for Digital Health & Innovation.

### **Outcome Measure 2.**

Increase the percent of UAMS patients seen through telemedicine.

**Target:** By 2029, increase UAMS patients seen through telemedicine by 90%.

**Initiative:** Assemble a Go Live team to brainstorm and implement digital health ideas in each clinical service.

**Initiative:** Designate which clinical services will be on-boarded each year by looking at market potential.

### **Outcome Measure 3.**

Increase the percent of patients utilizing mobile health technologies as prescribed by UAMS providers.

**Target:** By 2029, increase the number of patients utilizing mobile health technologies by 90%.

**Initiative:** Assign digital health champions in each clinical service to work collaboratively with the institute's Go Live team to identify patients utilizing mobile health technologies.

**Initiative:** Recruit and forge partnerships with distant sites to participate in the digital health solutions.

#### **Outcome Measure 4.**

Reduce the percent of readmissions due to tele-medical and mobile health home monitoring after discharge or hospitalization.

**Target:** By 2029, reduce readmissions by 25%.

**Initiative:** Explore, arrange purchase of and install digital health equipment/devices, and provide hands-on training and drills.

#### **Outcome Measure 5.**

Reduce the amount of wait time for patients to see a UAMS specialist.

**Target:** By 2029, reduce wait time for patients to see a UAMS specialist using telemedicine specialty consult by 40%.

**Initiative:** Implement and troubleshoot the digital solution.

**Initiative:** Train the distant partners on the use of the digital health solutions.

#### **Outcome Measure 6.**

Increase the percent of new digital health contracts for UAMS services.

**Target:** By 2029, increase new digital health contracts for services by 10%.

#### **Outcome Measure 7.**

Partner with Arkansas e-Link hospitals and clinics to deliver telemedicine consultation to regional patients.

**Target:** By 2024, partner with 10 regional medical offices to provide telemedicine patient consultation through telemedicine.

### **Strategic Objective 2:**

#### **D2: Transform the UAMS patient and partner experience by offering digital health options.**

**Description:** UAMS will significantly increase digital health adoption through incubation and launch of new digital health activities with health care leaders across the UAMS campus. Targeted initiatives will involve statewide extramural partnerships with UAMS. Regional Campuses and the Northwest Regional Campus will become hubs for UAMS specialists' telemedicine interactions, providing access to patients in all regions of Arkansas. UAMS Information Technology will oversee EPIC updates with the capability to conduct and store

records from telemedicine consultations and overcome the EPIC/Centricity patient record-sharing issues at Regional Campuses. A range of digital health programs will be launched by the institute: 1) Primary Plus UAMS, 2) Emergency Department to Emergency Department (ED2ED), 3) Regional Program pre- and postoperative telemedicine consults, 4) EMR/Telemedicine integration, and 5) Telemedicine-equipped stroke ambulances that connect to Arkansas telestroke resources.

#### **Outcome Measure 1.**

Increase the percentage of UAMS employees who can avoid unnecessary urgent care visits.

**Target:** By 2024, decrease urgent care claims by UAMS employees by 20%.

**Initiative:** Implement a UAMS patient urgent care triage system using a call center and telemedicine (Primary Plus UAMS).

#### **Outcome Measure 2.**

Increase the number of emergency departments participating in ED2ED.

**Target:** By 2021, four new hospitals will participate in ED2ED.

**Initiative:** Implement ED2ED patient transfers managed by call center, statewide hospital dashboard and telemedicine triage.

#### **Outcome Measure 3.**

Increase the percent of patients seen through telemedicine for consults, pre- and postoperative at Regional Campuses offices as well as referring physicians' offices.

**Target:** By 2021, 30% of Regional Campuses' surgery population and UAMS partnering clinics will use telemedicine pre- and postoperative during visits.

**Target:** By 2029, 100% of Regional Campuses' surgery population and UAMS partnering clinics will use telemedicine pre- and postoperative during visits.

**Target:** By 2022, merge all (100%) interested and qualified UAMS partnering clinics onto the FCC Rural Healthcare Connect Fund UAMS e-Link consortium for up to 65% discount on broadband to promote digital health adoption.

**Initiative:** Collaborate with UAMS IT to create a fully integrated EMR installation, integration and telemedicine solution for Regional Campuses and UAMS partnering clinics.

**Initiative:** Implement pre- and postoperative patient tele-consultations provided at Regional Campuses offices and possibly patient homes.

**Initiative:** Develop a UAMS Digital Health Sustainability plan that identifies financial needs and strategies to fund the state's digital health expansion.

#### **Outcome Measure 4.**

Increase the percent of UAMS patients using mobile health applications or on-the-body technologies sanctioned by UAMS providers and reporting back to the patient's EMR.

**Target:** By 2029, 40% of the UAMS patient population will use mobile health applications or on-the-body technologies monitored by UAMS.

**Initiative:** Implement UAMS patient mobile health, on-the-body monitoring and at-home EPIC telemedicine specialty consults, with an emphasis on discharged or hospitalization at-home patients.

#### **Outcome Measure 5.**

Deploy for statewide telemedicine-equipped stroke ambulances that interface with Arkansas telestroke.

**Target:** By 2022, the Little Rock and Fayetteville metro regions will have ambulances equipped.

**Target:** By 2025, two more regions will have ambulances equipped.

**Target:** By 2029, all regions of Arkansas will have regional access to telemedicine-equipped stroke ambulances that connect to Arkansas telestroke.

**Initiative:** Implement a telemedicine ambulance stroke solution that leverages existing ambulances to add telemedicine connectivity to remote specialists.

**Initiative:** Develop guidelines for digital health provided by EMS.

#### **Strategic Objective 3:**

##### **D3: Raise digital health awareness across the state of Arkansas.**

**Description:** UAMS will promote its new digital health clinical and educational offerings through a statewide press and social media campaign to consumers to drive patients to UAMS in search of digital health options in their health care.

#### **Outcome Measure 1.**

Market digital health media to the populace of eight total regions in Arkansas as designated by Regional Programs.

**Target:** By 2029, eight regions in the state will receive effective digital health media marketing.

**Initiative:** Implement a UAMS digital health media campaign that utilizes TV, radio and internet to reach all Arkansans.

#### **Outcome Measure 2.**

Increase the percent of social media impressions (e.g. the number of people reached by Facebook, Twitter and other social media posts as calculated by the social media networking outlets) related to UAMS digital health.

**Target:** Increase digital health social media impressions by 15% annually.

**Initiative:** Sponsor UAMS digital health fairs on campus, Regional Campuses offices, the Northwest Regional Campus and other low-cost venues that reach the statewide patient population.

#### **Outcome Measure 3.**

Increase the percent of LearnDigitalHealth.org and LearnTelehealth.org video modules viewed.

**Target:** By 2029, increase the number of digital health views across all UAMS online learning platforms by 90%.

**Initiative:** Showcase digital health options at UAMS through Facebook, Twitter, Instagram and any new social media outlet that becomes prominent in the 10-year span.

#### **Strategic Objective 4:**

##### **D4: Train UAMS' current and future health care providers to incorporate digital health into their routine clinical services.**

**Description:** UAMS clinical services are currently under-utilizing digital health. This objective will stimulate participation in digital health by providing hands-on training, technical support and continuing education across all UAMS clinical services. UAMS' main campus in Little Rock and its Regional Campuses will also have the content needed to integrate online curriculum and training in their educational offerings.

##### **Outcome Measure 1.**

Increase number of providers participating in digital health mini-workshops held at UAMS.

**Target:** By 2020, core content relating to digital urgent care and primary care will be delivered to at least 90 UAMS providers annually through mini hands-on training workshops.

**Initiative:** Develop UAMS clinical services' digital health hands-on training.

**Initiative:** Deliver digital health training to UAMS' providers and health care professionals through mini-workshops and other hands-on/active learning formats.

##### **Outcome Measure 2.**

Increase number of residents prepared to use digital health curriculum through education and training.

**Target:** By 2024, half of the programs will provide digital health curriculum in clinical care to all residents.

**Initiative:** Develop resident digital health education/training applicable to each clinical service.

**Initiative:** Develop online provider education/training in the range of digital health options.

##### **Outcome Measure 3.**

Increase number of students prepared to use digital health curriculum through education and training (ED).

**Target:** By 2024, half of the programs will provide digital health curriculum to students.

**Initiative:** Develop student digital health education/training applicable to each program.

#### **Strategic Objective 5:**

##### **D5: Train UAMS' residents and students to incorporate digital health into their routine clinical services.**

**Description:** Our residents and students are the key to long-term adoption of new practices in digital health. Instilling digital health knowledge in these groups of future providers will shift the paradigm toward value-based, digital health care for our future. UAMS's main campus in Little Rock and its Regional Campuses will have the content needed to integrate online curriculum and training in their educational offerings.

**Outcome Measure 1.**

Increase the number of resident programs introduced to digital health curriculum through education and training.

**Target:** By 2021, two resident programs will provide curriculum regarding digital health in clinical care.

**Initiative:** Develop student and resident digital health education/training applicable to each clinical service.

**Strategic Objective 6:**

**D6: Expand digital health research at UAMS.**

**Description:** UAMS researchers will perform studies on how population, genetic and self-monitored health data can be integrated to achieve precision medicine at UAMS. Through strategic planning, UAMS will expand its capacity in one to two key areas (e.g., machine learning, big data, artificial intelligence or predictive modeling) and measure efficacy and/or provide comparative analysis of digital health-oriented clinical initiatives.

**Outcome Measure 1.**

Increase the number of grant submissions for digital health research.

**Target:** By 2021, four digital health research grants will be submitted and at least one in each year following.

**Initiative:** Submit NIH, AHRQ and other research grants that fund new researchers, regional partnerships and big data population health studies.

**Initiative:** Assemble a multidisciplinary digital health research team to construct research studies.

**Outcome Measure 2.**

Increase the number of submitted digital health peer-reviewed publications.

**Target:** By 2020, three new peer-reviewed publications will be submitted.

**Initiative:** Publish peer-reviewed journals of UAMS digital health research findings for widespread dissemination.

**Outcome Measure 3.**

Collaborate with the UAMS main campus on digital health research.

**Target:** Submit one collaborative digital health research proposal once every two years.



**Outcome Measure 4.**

Increase the number of faculty with externally funded digital health grants.

**Target:** By 2029, increase the externally funded digital health grants submittals to 30.

**Outcome Measure 5.**

Increase the percent of faculty with publications in digital health research.

**Target:** By 2029, 30% of faculty will have publications in digital health research.

**Outcome Measure 6.**

Commercialize digital health products (research).

**Target:** By 2023, two commercializable digital health products will be produced.

**Target:** By 2029, 10 commercializable digital health products will be produced.

**Target:** By 2029, publish 50 publications regarding digital health products.

**Target:** By 2029, secure 15 external grants that fund new researchers, and regional partnerships and big data population health studies.

**Target:** By 2029, expand pilot funds from \$200,000 (TRI) in 2019 to \$1 million.

**Initiative:** Recruit digital health-funded researchers. Recruit two digital health funded researchers by 2022 and a total of six by 2029.

**Initiative:** Leverage existing research programs (TRI, others) and implement new pilot grants to generate preliminary data for digital health grant submissions.

**Initiative:** Assemble multidisciplinary digital health research teams to develop and conduct research studies.

**Initiative:** Develop strategic partnerships with digital health experts and/or industries: One key partnership by 2022; expand to eight by 2029.