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UAMS  
Health Care Leadership  
for Arkansas

# 2020 Vision for UAMS in Health Care Leadership in Arkansas

## Overview of Planning Process

In April 2010, the Chancellor's Cabinet at UAMS participated in a strategic planning retreat for the future of UAMS. At the retreat, cabinet members discussed strengths, weaknesses, opportunities and threats, and considered the particular context of health care reform in discussing the future for UAMS in the next five years.

Cabinet members in groups developed scenarios for the future of the UAMS. Each group developed three scenarios. Each had to be a plausible future for the institution given current trends and constraints. One of the scenarios had to be negative. The negative scenario developed independently in each group was maintaining the status quo at UAMS in a period of dramatic change in the health care environment. Two other scenarios were advanced: one in which UAMS emerged in Arkansas as a leader in health care reform, perhaps as an Accountable Care Organization. The last scenario was developing specialized centers of excellence. The last two scenarios might or might not be compatible to pursue together.

The Cabinet sought broader campus participation in strategic planning. Two hundred campus opinion leaders as well as alumni and donors were invited to participate in focus groups jointly led by Cabinet members and alumni of the Leadership Institute at UAMS. In focus groups, participants were asked to discuss their views of the impact of health care reform on Arkansas and UAMS in particular. They were also asked to discuss the three scenarios developed at the Cabinet retreat, and to propose any additional scenarios that should be considered for UAMS' future.

In the 20 focus groups, participants largely confirmed scenario two (leadership in health care reform) as the most positive future for UAMS. Many questioned the exact form that health care reform would take and differed about its impact on UAMS and the health of Arkansans. They also questioned whether UAMS had the capacity to develop as an Accountable Care Organization and differed on how they defined ACOs; however almost all agreed that UAMS was well positioned to take a leadership role in determining the future of health care for the state of Arkansas.

The Chancellor's Cabinet reviewed the summary from the focus groups, including all the suggestions for the future of UAMS, and developed this draft of the strategic plan to be distributed to the campus for review and comment.

Since the original Vision 2020 document was developed, health care reform has moved forward nationally as well as in the state of Arkansas. In January, 2014, insurance expansion came into effect. In Arkansas, a novel approach to Medicaid expansion was adopted in the form of the Private Option, allowing adults living between 17% and 138% of the Federal Poverty Level (FPL) to gain insurance through the Market. The educational programs across campus have also moved forward to accommodate new regulations and requirements within the respective Colleges. This document was updated in May 2014 to

include information regarding Patient –Family Centered Care; reflect new developments in healthcare reform, and a sixth goal was added. This document was approved by the Chancellor’s Executive Committee.

## **External Environmental Scan**

Part of any planning process involves discerning trends in the external environment that will affect the organization. Since the initial planning retreat in April 2010 a number of uncertainties have developed regarding health care reform. Two federal judges have held a key provision of the bill requiring individuals to purchase health insurance unconstitutional, and that decision is under review and appeal. The House of Representatives has passed a bill to repeal the health care law. Whether any of these efforts to change or repeal health care reform will ultimately be successful will be played out in coming months. However, regardless of the exact form health care legislation may take, some trends affecting the future of health care are relatively clear, including the following:

- With an aging population of baby boomers, many of whom have chronic diseases, combined with new financing through health care reform, demand for health care services will increase dramatically.
- The supply of primary care physicians in Arkansas is inadequate to maintain current access and health care delivery models. New health care models must emerge, including more preventive care and more health care teams, which will include advanced practice nurses, physician assistants and other types of health professionals for tiers of health care access. UAMS can play a leadership role in meeting health workforce needs.
- Patient–centered medical home models will become more prevalent with a care framework that follows the patient rather than focusing on acute care episodes in clinical settings.
- Distance technology will increase to provide specialized medical expertise in rural areas, educational programs and assistance for chronic disease management in patient homes.
- Fee-for-service payments that enhance compensation by providing more units of service will likely change. Both payments per patient and per health care episode will decrease and new strategies for aligning financial incentives to reward outcomes and efficiencies in service delivery will emerge. These new models will probably include bundled payments and pay for performance and will encourage accountability for population health management. These changes will lead to more focus on quality and efficiency rather than volume growth in financial viability for health care systems.
- There will be increased transparency and mandatory public reporting of health care quality measures and these measures will be used in determining payment to health care systems by public and private payment systems.

- Integration of the health care system will increase with health information networks, telemedicine linking urban and rural health providers and systems, new partnerships among health care systems and funders, and translational research linking investigation and health care practice.
- Advances in bio-molecular research and diagnostics will lead to more tailored personalized therapies and personal risk assessments.
- Patients will demand more access to medical records and portability of their health care information, creating high expectations and demands for health information technology.
- Public funds for research, education and care will be under downward pressure, although larger coordinated care systems will have the opportunities to increase revenue as more funders channel care to efficient organizations.
- Arkansas remains mired near the bottom of national rankings on many health measures. The health of our state has a significant impact on Arkansas' ability to develop a stronger economy and raise the standard of living for our citizens. If health trends continue, the state will have to devote an increasing share of state revenues to Medicaid or reduce the numbers of families with access to needed health care.
- There are serious health systems problems in Arkansas including gaps in quality and safety, racial and ethnic disparities in care, and geographic barriers to care in rural and underserved communities.

### ***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 the world by

- Education of current and future health professionals and the public;
- Providing high quality, innovative, patient- and family-centered, health care and also providing specialty expertise not routinely available in community settings ; and
- Advancing knowledge in areas of human health and disease and translating and accelerating discoveries into health improvements.

## *Vision 2020*

UAMS, with its intersection of education, research, and clinical programs, brings a unique capacity to lead health care improvement in Arkansas. Among its assets for leadership are its status as the only academic health center in the state, its statewide network of centers for public education and clinical outreach, its emphasis on population health, and its leadership in health informatics and statewide information technology. In addition, UAMS has a unique capacity for translational research – speeding the rate at which research can inform clinical care and health improvement.

By the year 2020 UAMS will:

- Create an integrated, patient- and family-centered health care environment that effectively and efficiently produces better health outcomes, enhances the patient and family experience, and fosters clinical program growth at UAMS;
- Educate culturally competent health professionals equipped with the knowledge, skills and abilities to practice collaborative care and adapt to changes in the health care field;
- Continue to develop and expand nationally recognized, multi-disciplinary research programs aligned with health needs in the state and nation;
- Develop research, educational and technical assistance expertise in population-health strategies to promote prevention efforts for high-priority health issues and to improve the health of Arkansans; and
- Support the talent-rich environment at UAMS through employee support programs, enhanced organizational communication and employee development.
- Implement strategies to increase efficiency and effectiveness in core processes to reduce cost and enhance revenue generation.

## *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 that 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</b>	We are committed to the importance of the diversity of UAMS leadership, faculty, staff and learners in order to enhance the education of our learners,

reduce racial and ethnic health disparities in our state, and honor the unique contributions provided by a diversity of values, beliefs, and cultures.

**Teamwork** We seek to create interdisciplinary and inter-professional, synergistic and collegial relationships characterized by honesty, collaboration, inclusiveness and flexibility.

**Creativity** We encourage and support innovation, imagination, ingenuity, resourcefulness and vision.

**Excellence** 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.

**Overarching statement on all goals: The ambitious goals in this strategic plan will depend on generating additional financial and human resources for the campus or on re-allocating existing resources. The plan also depends on developing a more robust and integrated infrastructure, including information technology capability, financial systems and processes, human resource and communication systems, and physical plant advancements.**

**Goal One: Create an integrated, patient- and family-centered health care environment that effectively and efficiently produces better health outcomes, an enhanced patient and family experience, and clinical excellence at UAMS.**

Objective 1: Require excellence across clinical programs with shared commitment to efficient, high-quality, patient- and family-centered care and to patient safety.

*Strategies:*

1. Prioritize clinical analytics and IT platforms to support quality and safety initiatives within the clinical enterprise.
2. Involve other stakeholders, such as Arkansas Medicaid, the Centers for Medicare and Medicaid Services within DHS, the Arkansas Center for Health Improvement to pursue project opportunities and develop and/or evaluate sustainable reimbursement models for newer innovative approaches to care that reduce health care costs, such as bundled payments for illness episodes, care coordination fees, payment for patient-centered medical home services and shared savings models.
3. Design incentives for health care professionals triggered by achieving volume, quality and cost targets.

4. Develop consistent policies for acceptance of patient referrals that originate within the integrated clinical enterprise at UAMS and streamline processes to facilitate internal and external patient referrals.
5. Improve attending-attending communication
6. Achieve alignment of physicians and administration through a Service Line model that designs care around the patient.
7. Develop and enforce policies and procedures and offer training programs to increase health care quality and decrease errors in clinical programs, resulting in increased patient safety.
8. Implement UAMS' patient- and family-centered care initiative based on the principles of dignity and respect, information sharing, participation and collaboration (as defined by the Institute for Patient- and Family-Centered Care).
9. Achieve and sustain Magnet® designation through continued efforts that focus on the development, dissemination, and enculturation of evidence-based criteria that result in a positive work environment for nurses and by extension all employees.

Objective 2: Commit to development of an integrated, collaborative primary care strategy incorporating the principles of a patient-centered medical home model across all primary care practice sites and disciplines. This will require organization-level funding and management.

*Strategies:*

1. Define governance and leadership model for primary care practice through the development of a Primary Care Service Line.
2. Secure a funding stream for group-level goals through activity-based budgeting in service lines and management of cost of care
3. Develop linkages to practicing primary health professionals outside UAMS to the UAMS system of care.

Objective 3: Develop a plan for clinical growth by service line and location with specific targets for volume growth, clinical quality and cost, and by development of health care pilot programs.

*Strategies:*

1. Create an accountable care model for UAMS employees and their beneficiaries.
2. Develop a distributed network of primary care clinics through the Primary Care Service Line that operate in the Patient-Centered Medical Home model.

3. Focus on development of service lines with the potential for enhancing clinical margin. These include the initial 9 Patient Centered Service Lines and 5 Clinical Support Service Lines. Other service lines will be developed as the need is identified.
4. Governance of the Clinical Program Service Lines through a series of Councils reporting up to the Executive Committee through the Vice Chancellor for Clinical Programs and the Clinical Enterprise Leadership Council.

Outcome measures:

1. Increased patient satisfaction scores.
2. Increased numbers of patients receiving health care in UAMS clinical programs.
3. Increased financial margin produced by clinical programs at UAMS.
4. Enhanced satisfaction by referring physicians.
5. Reduction in medical errors and enhanced clinical quality outcomes.
6. Expansion of service lines consistent with the overall plan for the ICE.
7. Automated reporting of for management of service lines and clinical care.

(Note: specific targets for all outcome measures are contained in operational plans)

**Goal 2: Educate culturally competent health professionals equipped with the knowledge, skills and abilities to practice collaborative care and adapt to changes in the health care field.**

Objective 1: Evaluate state health workforce needs as a foundation for educational strategy and seek state support for programs to meet state and regional needs.

*Strategies:*

1. Increase the number of graduates professionally prepared to assume faculty roles in health professional programs to meet needs for health education.
2. Expand high-quality education programs delivered statewide, nationally and internationally by UAMS through distance technology.
3. Work with professional societies, professional boards, and the state Legislature to develop policies to support the patient-centered medical home model using teams of professionals to provide integrated and high-quality medical care.
4. Develop collaborative working relationships with other higher education institutions and programs in Arkansas to produce the health professions workforce needed to meet the health and health care needs of Arkansans.

Objective 2: Develop new academic programs and/or modify existing programs to meet areas of need in the state.

*Strategies:*

1. Expand health professional programs to include development of a physician assistant program and expansion of nurse practitioner education programs aimed at the rural areas of Arkansas.
2. Enhance the health educator training program to support patient empowerment, prevention and self-care of chronic disease.
3. Begin incremental development of dental education under the umbrella of the center for dental education.
4. Expand primary care residency training programs, particularly those that produce primary care providers for rural areas.
5. Fully develop and integrate UAMS Northwest into the UAMS system to provide additional opportunities to meet state health education needs.
6. Maintain ongoing assessment of need for academic programs and adjust programs to meet needs.

Objective 3: Review educational curricula and processes to enhance efficiency and the quality of education for all UAMS students.

*Strategies:*

1. Integrate team-based and intercultural experiences and inter-professional learning into the curriculum of various health professionals educated at UAMS to assure that graduates are prepared for team-based, accountable, and patient- and family-centered clinical practice.
2. Increase the diversity of all UAMS employees and students.
3. Enhance students' cultural competence and understanding of social determinants of health through coursework, extracurricular experiences and service learning opportunities.
4. Develop an Office for Global Health to offer support for international education, service and research opportunities for UAMS faculty, staff and students.
5. Develop a student information system and explore other shared processes to enhance academic efficiency.
6. Enhance the capacity for self-directed and lifelong learning among graduates.

Outcome measures:

1. Production of a reliable and ongoing state analysis of health care workforce needs.
2. Increase in the number of targeted educational programs delivered via distance technology.
3. Increase in numbers of graduates in targeted high-demand areas produced by UAMS.

4. Development of academic programs specifically tied to meeting health care workforce needs.
5. Consistently increasing diversity of faculty, campus leadership, staff and student body.
6. Enhanced cultural competence in students and employees as measured by a scale such as the Cultural Competence Health Practitioner Assessment

**Goal 3: Continue to develop and expand nationally recognized, multi-disciplinary research programs aligned with health needs in the state and nation.**

Objective 1: Achieve National Cancer Institute designation for the Winthrop P. Rockefeller Cancer Institute.

Objective 2: Achieve renewal of the NIH Clinical and Translational Science Award that supports the UAMS Center for Clinical and Translational Research.

Objective 3: Enhance national prominence of research programs at UAMS as measured by extramural funding levels, and number and quality of publications.

*Strategies:*

1. Strengthen existing research areas that have the potential to expand their impact and make significant contributions to the improvement of human health.
2. Strategically develop additional programmatic research areas with the potential to become nationally prominent by directing resources to the recruitment of key researchers and to the support of essential core facilities.

Objective 4: Enhance capacity in clinical and translational research

*Strategies:*

1. Increase alignment of basic research programs with clinical and translational research groups that address human health problems.
2. Encourage the formation of research teams that bring multi-disciplinary approaches to bear on human health problems.
3. Expand the application of community engagement/participatory research principles as UAMS expands its reach to underserved populations.

4. Develop capacity to accelerate translation of scientific knowledge into improvement of human health through comparative effectiveness, dissemination, and implementation research.
5. Increase the number of clinical trials, especially investigator-initiated, industry-sponsored trials that address important human health problems and will cover all costs associated with the study.
6. Develop a research data warehouse that includes data from our electronic medical records, data from all human research studies conducted at UAMS, and health care cost data in order to support clinical and translational research, including comparative effectiveness research.

Objective 5: Align research and educational programs in order to train the next generation of health sciences researchers.

*Strategies:*

1. Support more students and faculty members to become engaged in research.
2. Create robust pre-doc and post-doc training programs in clinical and translational research that is interdisciplinary and involves biomedical, social and behavioral sciences.

Objective 6: Increase the number of patents secured and start-up companies based on UAMS research that supports both economic development and UAMS.

Objective 7: Increase the total monetary value of research endowments that will support faculty recruitment, core facilities, pilot study projects, bridging awards, etc., as a way to ensure growth of our research programs in the face of anticipated increased competition for extramural funding sources as federal agency budgets continue to remain flat or even decline over the next several years.

Outcomes Measures:

1. Number and quality of publications by UAMS faculty.
2. Increased success of UAMS researchers in competing for extramural funding.
3. NCI designation for the Winthrop P. Rockefeller Cancer Institute.
4. Numbers of patents, start-up companies, and revenue from royalties and licensing fees.
5. Successful CTSA renewal.
6. Increased number of research training fellowships.

7. Increased number of clinical trials, especially investigator-initiated, industry-sponsored trials that address important human health problems and will cover all costs associated with the study.
8. Increased monetary value of UAMS research endowments.
9. Improvement in health outcomes of patients served by UAMS.

**Goal 4: Develop research, educational and technical assistance expertise in population-health strategies that extend the concepts of patient- and family-centered care to the population in promoting prevention efforts for high-priority health issues for Arkansans and to improve the health of Arkansans.**

Objective 1: Through new hires and networking of existing faculty, ensure that sufficient faculty expertise is available in high-priority issues for Arkansans (e.g., prevention and control of obesity, tobacco use, and diabetes; addiction prevention and treatment; and promotion of healthy diets and physical activity levels).

*Strategies:*

1. Develop multidisciplinary research groups in areas such as tobacco prevention and control, addiction prevention and treatment, and obesity prevention and control (and others to be determined by interdisciplinary consensus).
2. Determine additional needed areas of expertise in multi-disciplinary research groups.
3. Develop infrastructure to facilitate access to and integration of population health data resources within the state to facilitate research, data-driven technical assistance and policy/program development on population health issues.

Objective 2: Ensure that sufficient course and degree offerings are available to educate UAMS students, faculty and staff when appropriate in population-health strategies to promote prevention of high-priority health issues for Arkansans.

*Strategies:*

1. Review the range of course and degree offerings currently available in the Colleges and Graduate School and identify gaps and/or revisions that need to be filled for population-health educational offerings to promote prevention of high-priority health issues for Arkansans.
2. Develop additional course and degree offerings and revisions to provide a wide range of educational programs for UAMS students in appropriate population-health strategies that extend the concepts of patient- and family-centered care in promoting prevention efforts of high-priority health issues for Arkansans.

Objective 3: Serve as a resource to Area Health Education Centers, Centers on Aging, the Center for Rural Health, private practitioners and others involved in working with communities, organizations, agencies and institutions, as well as the Governor, legislators, and other elected officials in Arkansas on the prevention of health problems.

*Strategies:*

1. Develop a mechanism by which requests for technical assistance can be tracked, and referred to faculty with appropriate expertise.
2. Develop outreach programs, involving students as appropriate, for private practitioners that extend the concepts of patient- and family-centered care in promoting the incorporation of prevention into practice settings.
3. Serve as a resource to the Governor, legislators and other elected officials for policy development to reduce health risks and promote the well-being of Arkansans.

Objective 4: Increase proportion of clinical program patients who receive preventive counseling for key health risk behaviors (e.g., eliminating tobacco use, reducing body weight, increasing physical activity, moderating or eliminating substance abuse).

*Strategies:*

1. Increase certified prevention educators (e.g., Certified Health Education Specialists, Certified Diabetes Educators, Registered Dietitians, Certified Tobacco Treatment Specialists) available to see patients in clinical program areas.
2. Promote preventive behaviors among UAMS faculty, staff and students.
3. Involve health care providers in training programs to promote appropriate brief counseling with patients during clinical encounters.
4. Develop prevention programs in clinical areas to encourage prevention messaging and counseling, as appropriate, in interactions with patients and families.
5. Monitor the electronic medical record prevention for counseling for key health risk behaviors provided to patients and families.

Outcome measures:

1. Number of new UAMS faculty hired to add capacity in population-based health initiatives.
2. Number of existing and new course and degree offerings that have been developed to provide range of educational programs for UAMS students in appropriate population-health strategies to promote prevention of high-priority health issues for Arkansans.
3. Number of certified prevention educators (Certified Health Education Specialists, Certified Diabetes Educators, Registered Dietitians, Certified Tobacco Treatment Specialists) in UAMS clinical program areas.

4. From clinical data sources, monitor the EMR the proportions of patients who receive prevention counseling for key health risk behaviors (tobacco use, weight management, etc.) and their resultant health improvement.
5. Improve targeted health measures in state data.

**Goal 5: Develop a talented and highly-effective workforce at UAMS focused on retaining and developing employee professional and interpersonal skills, creating a work environment characterized by effective communication, high morale and support for employees' health and well-being, and adopting a workforce management approach that is tied to UAMS' strategic goals**

Objective 1: Develop standardized approaches to the recruitment and onboarding of faculty and staff, tailored to individual requirements of units within UAMS, to ensure common positive experiences for new recruits and potential candidates.

Objective 2: Create a comprehensive compensation plan and restructure job titles to provide greater equity in treatment of employees, establish clear career ladders within job categories and manage employee expectations.

Objective 3: Strengthen core functions of human resources through consolidation and integration of currently distributed activities while ensuring adequate support for UAMS operations that are geographically remote.

Objective 4: Enhance the capabilities of the current human resources information systems to eliminate manual processes, automate workflow and empower employees to manage personal information and benefit plan selections.

Objective 5: Revise current policies and procedures to increase clarity and establish uniformity, and make policies readily accessible to all employees.

Objective 6: Expand current capacity in organization development to support ongoing efforts in performance improvement, organization redesign and strategic alignment of clinical operations through effective communication, change management, leadership development and organizational intervention strategies.

Objective 7: Develop a capability within human resources to provide the technical support to faculty in recruitment and retention, promotion and tenure and other support areas.

Objective 8: Create effective incentive, performance evaluation and compensation reward programs linked to institution-wide, divisional, service line and individual metrics and its mission.

Objective 9: Manage benefit programs within the framework of system policies to achieve a competitive position in the market.

Objective 10: Offer wellness programs and create incentives within the University of Arkansas health benefit plan for faculty, staff and dependents to enroll in wellness programs.

Outcome measures:

1. Higher employee satisfaction scores.
2. Decrease in voluntary terminations
3. Decrease in turnover rate.
4. Improved turnaround rate on hires, reclassifications
5. More positive employee health measures.
6. Increased participation in wellness programs.

## **Goal 6: Implement strategies to increase efficiency and effectiveness in core processes to reduce cost and enhance revenue generation.**

Objective 1: Develop a university-wide performance improvement strategy utilizing Lean Six Sigma principles, tools and methodologies to reduce waste and eliminate defects in key core processes.

Objective 2: Create a structure to identify core processes needing improvement based on an assessment of impact and effort, and establish a standardized project approach to ensure that the goals, scope, business case, timeline, expected outcomes and cost are well understood and easily communicated.

Objective 3: Develop a project coordination office to manage the performance improvement processes through the adoption of standardized project management techniques.

Objective 4: Develop a communication and change management process to engage the campus community and other stakeholders in the process and to help infuse concepts into the campus culture.

Objective 5: Invest in onsite staff training in the principles and methodologies of lean six sigma and offer ongoing opportunities for this training.

Objective 6: Provide incentives through the performance evaluation process to increase participation of UAMS employees in the change processes

Objective 7: Establish accountability and reporting processes to assure the progress of the initiative is fully transparent and that the outcomes can be properly acknowledged and celebrated.

Outcomes Measures:

1. Measures of success to be determined by Executive Committee.

**NOTES:**