Brody School of Medicine 2014-2019 Strategic Plan

Mission
1. To increase the supply of primary care physicians to serve the state;
2. To improve the health status of citizens in eastern North Carolina;
3. To enhance the access of minority and disadvantaged students to a medical education.

Commitment 1: Maximize Student Success

University Action 1.7: We will reflect a global workplace and society by diversifying our faculty, staff, and students.

Unit Objective 1: The ability to enhance diversity and inclusion depends on collaborative efforts between central administration and basic science and clinical departments. For this objective, we will enhance communication regarding diversity and inclusion initiatives and activities at the individual department level in order to maximize faculty, staff and student success.

Metrics:
1. Designation of a department-specific diversity action plan for each basic science and clinical department during the 2014-2015 academic year; assessment on progress toward achieving this action plan incorporated into annual Chair evaluation and planning meetings
2. Inclusion of diversity items as a standing item on all departmental faculty meeting agendas, with assignment of responsibility for reporting to the department’s VCDI/BWFC member. This will be tracked by transmission of relevant portions of agendas and meeting notes to the Office of Diversity Affairs.

Unit Actions:
1. A joint meeting of the BSOM Chairs and their respective Vice Chairs of Diversity and Inclusion (VCDI) and Brody Women Faculty Committee members will occur in early 2015 to review department diversity data and to develop a departmental-specific Diversity Strategic Action Plan.
2. The Office of Diversity Affairs will send monthly communication to unify the delivery of information to each department through their VCDI/BWFC members. The departmental diversity representative will send meeting agendas and minutes to the Office of Diversity Affairs for cataloguing of discussions.

Unit Objective 2: We will enhance diversity of faculty at the Brody School of Medicine, with a focus on recruitment and retention of women and underrepresented minority faculty;

Metric:
1. Demonstrated increases in the numbers of women and URM faculty recruited and retained in the Brody School of Medicine, as compared to mid-August data on the same metric from 2013 and 2014;

Unit Actions:
1. Adopt best practices in hiring women and minorities
2. The Dean’s office, through the Office of Academic Affairs, will commission an ad hoc group to develop a hiring incentive program for underrepresented faculty.
Commitment 2: Serve the Public

University Action 2.3: We will be a national leader in revamping health sciences education, incorporating interdisciplinary education and quality improvement into our health sciences curricula…

Unit Objective 3: Improve student understanding and competence in the areas of Patient Safety, Quality Improvement, Team-based Care and Population Health through a new, integrated longitudinal curriculum;

Metrics:
1. Incorporate the Institute for Healthcare Improvement Open School training modules throughout the Medical Curriculum;
2. Documented improvement (pre-test vs. post-test) in medical student knowledge related to patient safety and quality improvement;
3. Develop a curriculum map indicating the total number of curriculum hours and location in the curriculum of topics related to Patient Safety, Quality Improvement, Team-based Care and Population Health;
4. Create, administer and record student performance on an exam specifically testing student knowledge of patient safety and quality improvement;

Unit Action:
1. Track the assessment of BSOM graduate performance by their supervisors (Residency Directors) on the question “Please rate the Brody SOM graduate on knowledge of healthcare systems and financing” in a survey administered one year after graduation as these curriculum components are introduced.

Unit Objective 4: Prepare select students with advanced expertise in Patient Safety, Quality Improvement, Team-based Care and Population Health.

Metric:
1. Document the number (or percentage) of students achieving milestones toward attainment of the competencies in Patient Safety, Quality Improvement, Team-based Care and Population Health;

Unit Actions:
1. Create a Healthcare Transformation and Leadership Distinction Track to include advanced expertise in Patient Safety, Quality Improvement, Team-based Care and Population Health, with emphasis on leadership and change management skill development through enhanced training and applied experiences at the clinical systems level.
2. Develop a portfolio assessment rubric to document student progression through all four years of the Distinction Track.

University Action 2.6: …We will continue on this course by assuring that all ECU programs are committed to outreach and demonstrate that commitment through action…

Unit Objective 5: Improve the health status of the region in conjunction with simultaneous improvements in education and the regional economy; indeed, all three are mutually dependent on each other. Working together in a “health in all policies” manner through community engagement, quantifiable outcomes in better health and lower costs are attainable.

Metrics:
1. By January of 2017, 200 stakeholders representing these three sectors will have come together in collaboration to appreciate progress to date and to formalize a structure and determine actions, accountabilities and outcomes for 2017.
2. At any point along the way, any participant will be able to say and measurably demonstrate that efforts of the collaboration result in outcomes that can be described as “It’s better for me.”
3. By the end of 2020, commonly cited statistical measures of health, education and income for eastern North Carolina will have improved versus the statewide North Carolina statistics, resulting
in a measurable reduction in the gap between eastern North Carolina and the rest of the state in each category.

**Unit Actions:**
1. Create an Eastern North Carolina Health and Wellness Zone, a collaborative structure consisting of multiple organizations with essential interests and resources in health, education and economic development in this region;
2. BSOM will convene a pilot group of these stakeholders, consisting of approximately a dozen people, who will a) plan the documentation of the call to action and b) begin one on one visits to recruit others;
3. BSOM will provide the infrastructure for documenting the call to action, addressing the practicalities, political interests and necessary outcomes as guided by the pilot group.

**Commitment 3: Lead Regional Transformation**

**University Action 3.3:** Dramatically expand ECU’s research enterprise, significantly contributing to growing ECU to the 3rd largest in the UNC system.

**Unit Objective 6:** Develop sustainable revenue streams in support of research, creative activities, and professional service programs.

**Metrics:**
1. Increase total extramural awards to $32 million/year
2. Increase BSOM annual research expenditures reported in NSF HERD report to $22.5 million/year
3. Increase number of PIs with RO1 or equivalent funding by 25%
4. Increase F&A recovery to $5.2 million/year
5. Increase effective F&A rate to 20%

**Unit Actions:**
1. Increase support for intramural grants in support of pilot projects and faculty buyouts with potential for significant return.
2. Invest in faculty and infrastructure that increases institutional competitiveness for multidisciplinary program funding. Renovate laboratory space in BSOM, and hire senior level researchers with current extramural funding in disciplines that require leadership and mentoring to fully develop at ECU.
3. Develop research around themes that integrate disciplines and build on the existing strengths of the institution and our close partners. Deploy space as a resource to facilitate better integration of research groups.

**Unit Objective 7:** Recruit and retain research-intensive faculty

**Metrics:**
1. Increase the percentage of faculty awarded major extramural funding within 5 years of joining the ECU tenure-track faculty.
2. Decrease attrition of extramurally funded faculty by 25%

**Unit Actions:**
1. Build a recurring fund of $1 million/year for to fund seed grants and maintain state of the art analytical capacity that directly supports interdisciplinary research groups.
2. Implement research performance-based contract language to promote increased recruitment and retention of extramurally funded faculty.

**University Action 3.4:** We will triple the volume of clinical trials of promising medicines, treatments, and devices.
Unit Objective 8: Build the clinical trials and services enterprise.

Metric:
1. Increase clinical trial awards to $5 million/yr

Unit Actions:
1. Return 100% of the F&A recovered from clinical trials to the clinical trials office to improve the infrastructure and ultimately increase throughput. Investments of F&A will be made to staff the office with contract and budget specialists, implement a clinical trials management system, and insure investigator access to qualified study coordinators
2. Coordinate with Vidant to increase efficiency in processes for approving and tracking clinical trials

University Action 3.10: We are recognized as a national leader in the use of technology to deliver health services to dispersed rural populations...

Unit Objective 9: BSOM will employ technology to enable patients to improve their health and wellbeing.

Metric:
1. Enrollment in the Electronic Health Record (EHR) MyChart patient portal will increase from 9,168 enrollees (December 2014) by 5% per annum so that up-to-the-minute data is available to guide health and wellness decisions.

Unit Actions:
1. ECU Physicians will promote enrollment in MyChart in all clinics.
2. ECU Physicians will partner with Vidant Health in innovations available in the MyChart portal.

Unit Objective 10: BSOM will lead the state in providing telepsychiatry services to rural hospital emergency departments.

Metric:
1. The number of North Carolina Statewide Telepsychiatry Program (NC-STeP) will grow by five referral sites per year until 80% of potential referral sites are enrolled.

Unit Action:
2. Work collaboratively and promote partnerships around the region to secure funding for the NC-STeP program through 2017.