UNIVERSITY OF VIRGINIA
CLINICAL ENTERPRISE STRATEGY

Through a collaborative process completed in late 2011, the University of Virginia Health System – including the School of Medicine, Medical Center, and Faculty Practice Plan – have established an integrated strategy to advance the shared mission and vision of the clinical enterprise.

Our Mission

The mission for the University of Virginia Health System is to provide excellence, innovation, and superlative quality in the care of patients, the training of health professionals, and the creation and sharing of health knowledge within a culture that promotes equity, diversity, and inclusiveness.

Our Vision

In all that we do, we work to benefit human health and improve the quality of life. We will be:

- our local community’s provider of choice for its healthcare needs
- a national leader in quality, patient safety, service, and compassionate care
- the leading provider of technologically-advanced, ground-breaking care throughout Virginia
- recognized for translating research discoveries into improvements in clinical care and patient outcomes
- fostering innovative care delivery and teaching/training models that respond to the evolving health environment
- a leader in training students and faculty in providing health care free of disparity

Our Desired Positioning

- **We lead by example.** We set the statewide standard for quality, safety, accessible and coordinated healthcare by developing and propagating innovative approaches to care delivery, models of care and operational processes
- **We foster a cycle of success (“the virtuous cycle”).** The increasing strength of all our missions – clinical, research and teaching – creates synergy that propels the faculty and the organization, as a whole, forward across all of its mission
- **We are the partner of choice.** We partner effectively with community healthcare providers by pursuing relationships that complement existing capabilities and advance the care provided in local communities across the state
- **We drive innovation.** We are the primary driver of clinical innovation throughout the state and nationally through partnerships that distribute clinical expertise, access to clinical research and advanced technologies
- **We are a top-tier Academic Center.** We present advanced clinical, research and teaching programs that drive innovation, throughout the state and nationally, in the delivery of healthcare
Our Strategic Plan

The integrated strategic plan for the UVA clinical enterprise consists of:

• 4 overarching strategic GOALS (A thru D below)
• 12 core STRATEGIES (1 thru 12 below)
• Dozens of supporting INITIATIVES (items a, b, c, etc. below)
• Hundreds of required ACTIONS for implementation (items i, ii, iii, etc. below)

The Strategic Plan is presented in summary form below. Additional documents will provide the implementation roadmap – including executive accountability, timelines, and key performance indicators – to ensure coordinated and sustained progress in this transformative strategy for the University of Virginia Clinical Enterprise.

A. Advance our Stature as a Leading Clinical & Academic Enterprise

1. Ambulatory/Physician Network Development: Expand depth and breadth of our Ambulatory/Physician network in the eastern and northern areas where growth and commercial patients predominate while also defending the western and southern geographies.
   a) Eastern strategies include:
      i. Double our primary care presence, potentially including urgent care
      ii. Distribute complementary specialty capacity (e.g. Zion’s Crossroads)
      iii. Decentralize primary care capacity away from on grounds
   b) Northern strategies include:
      i. Primary care “bridge” to hospital partners including urgent care
      ii. Distributed specialty presence in a manner that complements our partner’s networks (Culpeper, Fauquier and Mary Washington)
      iii. Potential freestanding Emergency Dept.
   c) Western strategies include:
      i. Expand primary care and secondary specialty capacity sufficient to defend current position
      ii. Pursue more aggressive strategies if successful in securing partnership with Carilion (e.g. urgent care, emergency dept.)
   d) Southern strategies include:
      i. Primary care “bridge” to hospital partners including urgent care
      ii. Distributed specialty presence in a manner that complements our partner networks (Centra and Carilion)

2. Clinical Program Advancement: Become the preferred provider of subspecialty care in Virginia via a focused, phased investment and operational strategy designed to differentiate UVA in the state, region and nation through greater strength in clinical programs, expanded subspecialty expertise, and high-quality access to next generation clinical care and research.
a) **Centers of Excellence** – Further develop large scale (e.g. $100M + in net revenues), multi-disciplinary “homes” for clinical programs to support collaboration, innovation, and expertise with superior clinical outcomes. Focus on 3 COEs over next 5 years:
   i. Cancer – Adult & pediatric; scope will include all tumor sites
   ii. Cardiovascular – Adult & pediatric; scope TBD, but will likely include heart, vascular, cardiac rehabilitation and diabetes
   iii. Neurosciences – Adult & pediatric; scope TBD, but will likely include all neurology, neurosurgery, spine, pain management and rehabilitation
b) **Programs of Excellence** – Grow smaller-scale (e.g. $20M+ in net revenues), pre-eminent programs with alignment across the clinical, research & teaching missions. Focus on 1 Transplant POE to solidify regional leadership and develop platform new transplantation areas:
   i. Transplant – Adult & pediatric; scope will include all organ transplants
c) **Programs of Distinction** – Support niche, nationally-recognized multi-disciplinary programs that yield a halo effect across our mission among referring providers & other AMC faculty

3. **Clinical Research Development**: Strengthen clinical research platform to fuel clinical differentiation. Initially, focus our clinical research investments to **directly benefit, differentiate, and position the COEs** to achieve leading-edge clinical discoveries, application & innovation. Ensure that these infrastructure and foundational investments are “scale-able,” adaptable and can be expanded over time to support clinical research across multiple Centers and Programs of Excellence and Distinction.
   a) Develop **Phase 0 – II Clinical Trials facilities** to position us to compete with leading national AMCs for exploratory and first-in-human clinical trials and provide a “halo effect” for the clinical enterprise
   b) Significantly expand our **access to trials for patients both locally and regionally** by:
      i. Leveraging technology (i.e. Epic) & telemedicine
      ii. Establishing & expanding research networks
      iii. Ensuring universal consent at each admission and outpatient encounter
c) Invest in **foundational applications** that will place our clinical research on the leading edge of high quality care and innovation:
   i. Molecular Diagnostics & Therapies – within a COE, define molecular or genetic profiles that can be integrated into patient treatments
   ii. Imaging – leverage strong technology base by recruiting clinical investigators to position for imaging research strengths
   iii. Clinical Effectiveness Research (CER) – build the CER base to allow us to demonstrate the quality and efficacy of clinical treatments across Centers and Programs of Excellence and Distinction
B. Strengthen Organizational Alignment

4. **Collaborative Planning & Management**: Ensure collaborative goal setting and execution across the clinical enterprise. Build a high performing clinical enterprise with a common vision, culture, shared values and incentives across the Schools of Medicine & Nursing, Medical Center, Physicians Group and Health Sciences Library
   a) Strengthen collaborative management across the clinical enterprise; support the growth of our clinical, teaching and research programs so that they grow synergistically as part of the clinical enterprise
   b) Strengthen our process for working with the clinical Chairs in planning for the growth of their departments and services in a collaborative and informed manner that promotes shared accountability for effective resource management and achievement of strategic goals
   c) Continue to develop UVA Physicians Group into a high performing faculty practice plan that sets goals and operates in an integrated manner with the School of Medicine and the Medical Center

5. **Financial Alignment**: Create financial transparency and use funds flows to drive alignment. Increase transparency and foster shared goal setting around investments in the clinical enterprise (Medical Center, School of Medicine and Physicians Group)
   a) Create transparency around funds that flow between the organizations and agree to the formula for future funds flow that align objectives
   b) Understand the required cross-subsidization of the academic enterprise and make shared, rational decisions about required investments
   c) Understand and make transparent Medical Center, Physicians Group and SOM economics such that the financial impact of strategies are understood and addressed

6. **Clinical Alignment**: Understand and incent strong clinical performance.
   a) Further develop new clinical roles for our physicians both on and off-grounds
   b) Retain, mentor, develop and achieve collective accountability for our faculty and staff for clinical effort
   c) Incentivize and reward growth and strong clinical performance

7. **Productive Partnerships**: Establish statewide network as a platform for clinical growth and integration. Support our clinical and academic growth goals by developing a statewide network to achieve the following objectives: A regional and statewide network is required to establish: scale for subspecialty programs (primary purpose); platform for clinical research growth; and opportunities to extend teaching platform.
   a) Confirm and codify partnership criteria:
      - Partnerships should be additive to UVA in quality, clinical growth and financial stability. If partners don’t exhibit this performance or high probability potential,
they will not be pursued despite interest, availability and/or potential deal structure

- Partnership structure should optimize our strategic objectives while minimizing capital requirements
- We must initiate proposals in the market relative to our partnership approach reset
- Our partnerships will take many forms, both in terms of structure and scope, but our primary objective is to achieve some level of clinical integration/joint clinical planning that yields geographic reach and volume, and thus, scale for our existing and future subspecialty programs
- Partners will also be pursued for the following objectives - clinical research, teaching network, accountable care development and shared services but these partnerships will be a 2nd priority relative to partnerships that yield immediate opportunity for clinical integration

b) Confirm Partnership Priorities: A range of potential relationships will be considered, depending on the type of partner, geography and partnership objectives to achieve clinical integration:

i. **Phase 1:** Pursue regional partnerships that complement our ambulatory network (secure the local, near north, and southern geographies first)

ii. **Phase 2:** Pursue system partnerships in more remote geographies to establish our statewide network (focus further north)

iii. **Phase 3:** Secure a wider reach with partner(s) further to the East

iv. **Preferred “end state” is a comprehensive statewide network**

v. If we are unsuccessful in securing one major system in each of the key geographies (West, North, South and East), we may have to consider joining existing statewide networks

C. Achieve Operational Excellence: quality, safety, access, service

8. **Measurement-driven leadership and process improvement:** Lead the market in quality, service, safety and access performance. Measure in real-time patient quality, safety, access & service and supplement capabilities, as required, to ensure performance that is competitive with our peers, as demonstrated by:

   a) Achieving top decile quality and patient safety measures across all clinical programs

   b) Achieving Health System access to services that equals or exceeds performance of our community and AMC peers

   c) Improving patient and physician engagement levels that equal or exceed those of our community and academic medical center peers

9. **Be the Network of Choice for UVA Employees:** Incent UVA employees to access UVA services. Become UVA employees’ provider of choice for primary, secondary and complex clinical care, through:
a) Providing preferred primary care provider (PCP) and specialty service access and centralized call center to each UVA employee and his/her family

b) Creating financial incentives for UVA employees to seek care from a Health System PCP – e.g., offer reduced cost UVA-only insurance offering

c) Advance the cultivation of patient-physician relationships that provide for continuity of care particularly with primary care providers
d) Commitment to achieving total cost of care targets

10. **Strengthen Care Coordination and Patient Navigation:** Fund access and navigation supports for patients. Establish an environment of care at the Health System that puts patients first.

a) Create a welcoming front door for patients by improving front-end patient intake and customer service performance

b) Offer access to services in off-grounds locations that are convenient to the patient – e.g., a multi-specialty clinic on the Fontaine site with coordinated referrals

c) Expand Patient Navigator systems for key clinical programs, such as cancer and transplant

11. **Transform the Culture:** Create a culture of physician and employee engagement and alignment. Advance an organizational culture that achieves superior levels of patient and referring physician satisfaction

a) Provide training and management of faculty and staff in patient/customer service expectations

b) Ensure that every patient is seen by an attending physician

c) Set expectations for departments to achieve patient and referring physician satisfaction

d) Incentivize and hold faculty and staff accountable for specific patient and physician satisfaction performance measures

D. **Ensure Resources to Support our Missions: (greater scale & margins, access to capital)**

12. **Fund the Virtuous Cycle: Drive expansion of clinical enterprise to fund “virtuous cycle”:** We need an initial and significant infusion of capital to launch the cycle. Achieving the strategic direction will require a significant total investment over the 7-year period. We can secure capital for these investments through a variety of sources. All of these sources introduce additional risk to the organization.

a) Aggressively expand clinical enterprise through significant capital investments

b) Use resulting margin to fund strengthening of academic mission

c) Uniformly strengthen financial performance of entire clinical enterprise – School of Medicine, Physicians Group and Medical Center
During our next phase of work, we will develop detailed Implementation Plans for the Health System Clinical Enterprise Strategy that will:

- Determine timing of major milestones
- Assign accountabilities to Health System leadership
- Identify “cross-cutting” requirements for success
- Quantify capital requirements; assess risks
- Confirm “measures of success” to track progress
- Determine required implementation expertise
- Refine financial investment projections and project ROI