OVERVIEW OF THE STRATEGIC PLANNING PROCESS

FOR THE MEDICAL COLLEGE OF HAMPTON ROADS

MARCH 12, 2001

OVERVIEW

During the past fifteen years, the Medical College of Hampton Roads has approved two Strategic Plans – one in 1988 and one in 1994. The Plans have provided sound guidance for the College's program planning and development and for the allocation of resources. Over the past seven years, the pace of change in education, research, and patient care has accelerated and the pressure to develop effective responses to emerging challenges has increased. Additionally, there have been changes in leadership at the Medical College in the positions of President and Dean/Provost. Consequently, the Medical College needs to undertake a strategic planning process that will take into account changes in the Medical College and its environment. This document describes the process that will result in the presentation of a new Strategic Plan to the Board of Visitors at their November 13, 2001 meeting.

The purpose of the planning process is not to develop a lengthy, detailed document that attempts to specify the myriad tasks to be completed during the next four to five years. Rather, the process is designed to foster broad involvement of the Medical College's constituents in crafting a widely supported consensus that:

1. **Identifies the current and likely challenges and opportunities in the Medical College's environment;**
2. **Affirms the central values of the Medical College;**
3. **Articulates those values in revised Mission and Goals statements;**
4. **Identifies highest priority strategic actions that will fulfill the Mission and Goals;**
5. **Identifies the criteria and business planning process that will guide implementation activities;**
6. **Identifies an ongoing process of review and revision of the College's highest priorities; and**
7. **Specifies the process through which progress in implementing the Strategic Plan will be assessed.**

PLANNING PROCESS

The strategic planning process will ultimately be judged by its usefulness in providing guidance for the Medical College's program development and resource allocation decisions. In large part, the guidance will be useful if it is grounded in the commitment of the College's constituents to specific courses of action. The commitments, in turn, are likely to be stronger if the College's constituents have been thoroughly involved in the planning process and if they are convinced of the validity of the strategies and implementation plans. Consequently, the following pages provide more specific information about the College's current Mission and Goals Statement, the central issues that will be addressed, the stages and schedule for developing the Plan, the roles of the different participants, the internal and external participants, the membership of the committees and work groups, the charges for the committees and work groups, and the products to be developed during the strategic planning process.

MEDICAL COLLEGE OF HAMPTON ROADS
MISSION and GOALS STATEMENT

(Modified and Adopted on October 25, 1994)

Mission:

The Medical College of Hampton Roads is a community-based academic institution dedicated to medical and health education, biomedical research, and the enhancement of health care in the Hampton Roads region.

Goals:

1. We will strengthen our academic milieu by elevating the quality of education through a modern and well-coordinated curriculum, contemporary teaching technologies, and research.

2. We will help to enhance the quality and quantity of health care available in the Hampton Roads region.

3. We will strengthen our organization and financial resources to perform our mission better as a state-assisted medical school.

4. We will serve as a beneficial partner with our principal teaching hospitals, community physicians, colleague academic institutions, health components of the national/state/local governments, and economic development groups.

5. We will strive to be recognized by the regional public and professional community as the area's center of intellectual and clinical strength in health and medicine.

6. We will actively market the unique assets of the School and strive to develop a regional multispecialty health care delivery organization that is distinguished by its high quality and cost effectiveness.

KEY ISSUES FOR STUDY

1.	**Mission:**	Now and as it is evolving
2.	**Mission Performance:**	The quality, importance, and value of the Medical College and its programs
3.	**Public Stature:**	The Medical College's public image and community support (local, national, and international)
4.	**Business and Finance:**	How best to assure the adequacy of the physical plant and the long-term stability and financial health of the Medical College
5.	**Health System and Physician Relations:**	Their breadth, depth, programmatic importance, and degree of permanence
6.	**Faculty Relationships:**	Faculty organization, morale, and involvement in decision-making
7.	**Decision-Making:**	Medical College governance and administrative structures, organization, and management resources
8.	**Independence:**	The need, if any, for more formal affiliations with universities, health practitioners, health care systems, and proprietary entities
9.	**Government Relationships:**	State and federal contracts, funding, program opportunities, economic development, and accountability
10.	**Programmatic Opportunities:**	Specific research, education, patient care, and community service opportunities to better serve the Medical College's mission
11.	**Development Directions:**	Priorities and strategies for local, national, and international fund-raising

THE ENVIRONMENT OF THE MEDICAL COLLEGE OF HAMPTON ROADS

The following list of assumptions is a starting point for discussions about the current environmental context of the Medical College. The list needs to be reviewed and revised through broad discussion in the interviews and committee meetings. The implications of the resulting assumptions for the Medical College then need to be considered throughout the planning process.

Health Care Assumptions

1. There will be further diffusion of services and providers within the health care delivery system.

2. Changes in the location of services and the mix of professional and institutional providers will require vigilant monitoring and timely response.

3. Payers for health services will continue to emphasize cost control and maintain relatively level reimbursement rates.

4. Providers of health services will have to invest in infrastructure and assume greater risk to compete effectively.

5. Public scrutiny of the outcomes and the processes of patient care will increase.

6. A larger percentage of the population will be covered by some type of insurance but:

   - all segments of the population will still not be covered; and

   - the available benefits will not meet the full health care needs of the population who are covered by health insurance.

7. Net revenue growth will be based on both new services and less costly delivery of existing services.

8. Patients will continue to have substantial freedom to choose providers.

9. The vestiges of financing non-patient care activities (education and research) through reimbursement for patient care services will largely be eliminated.

Research Assumptions

1. Research funding will continue to grow in both the public and private sectors.

2. There will be more targeting of research funds for: health outcomes research, health services research, population-based research, bio-informatics, and a variety of biomedical science areas, particularly molecular research.

3. The competitiveness of the research market will increase as more proprietary and non-profit organizations outside of academic health centers are developed.

4. The emphasis on public scrutiny of research and on accountability for results will increase.

5. The presence of opportunities to commercialize the results of research programs will add complexity to research processes and to the research infrastructure.

Virginia Assumptions

1. State funding for medical education, indigent care, and research will increase very slowly unless there is a sustained effort to broaden the understanding of the value received for such funding.

2. Greater attention will be given to activities that have the potential to reduce the short and long-term costs of health care. Secondary attention will be given to quality improvement initiatives.

3. Increased state funding will be accompanied by increased accountability.

4. Health status indicators in eastern Virginia will continue to show racial disparity and higher than average rates of morbidity and mortality due to cancer, heart diseases, cerebrovascular diseases, diabetes, sexually transmitted diseases, and infant morbidity and mortality.

Medical and Health Professions Education Assumptions

1. There will be a growing emphasis on the use of information technologies in medical and health professions education.

2. Public funding will continue to be based on the production of primary care physicians and the alleviation of specific shortages in the health workforce.

3. Public funding of medical education per se will continue to assume subsidies from patient care and research.

4. The decreasing ability to subsidize medical education from patient care and research will create substantial pressure to contain, and, if possible, reduce the cost of medical education.

5. Pressure to produce physicians who can practice effectively in terms of time, cost, and quality will increase.

6. Health professions education programs will continue to be tuition dependent and subject to increased competition for students from IT-based careers.

INITIAL DISCUSSION QUESTIONS

The assumptions about the Medical College's environment raise a number of questions that need to be addressed through the strategic planning process. The following questions are not exhaustive, but they do address many of the central issues confronting the College and provide a starting point for the discussions within the Steering Committee and Work Groups.

External Relationships

1. In the scope of College activities what, if anything, must occur at the home base or within the College's walls?
2. Does, and should, the College have primary or 'favored nation' partners?
3. What role will the College's partners fulfill in the education, patient care, and research programs?
4. What is the role of full-time faculty and community practitioners in enterprises where the College is a partner? What are the ground rules?
5. How much risk can the College assume?
6. Who can use the College's name and what are the criteria?

Internal Operations

1. Does the College have internal processes for effectively updating its various curricula to accommodate changes in knowledge, changes in delivery, and health workforce requirements?
2. Is there a process for determining education, patient care, and research priorities as well as for addressing the associated investment and recruitment strategies? Does this process reflect an appropriate balance among institutional, departmental, and individual faculty priorities?
3. Is the College structured for effective and efficient decision-making?
4. Does the College have the appropriate expertise to represent its interests and to forge new relationships?
5. Does the College leadership have the necessary information on the alignment of revenues and expenses so that the appropriate level of cross-subsidization can be determined and then explained to our constituents?
6. Is the College analyzing revenue enhancement and cost reduction opportunities in all of its activities?

7. What is the appropriate balance between professional autonomy and institutional accountability for the faculty? How is this balance reflected in faculty workloads and evaluation?

8. Are the criteria for performance appraisal and rewards understood and generally considered to be appropriate?

9. Is there an environment that continues to provide faculty, especially younger clinical faculty, a reason to remain in an academic environment?

10. Is the College effectively pursuing opportunities to diversify its revenue sources?

11. Are there criteria to assess both the institutional and programmatic costs and benefits of establishing and maintaining Center and Institutes?

WORK STAGES IN THE STRATEGIC PLANNING PROCESS

Stage 1: (Jan.-Mar.)

Select Consultant and Blue Ribbon Panel with significant strategic planning, administrative, medical education, and health care experience

Develop specific work plan

Appoint Steering and Executive Committees and Groups on Education, Research, and Patient Care

Conduct orientation of Steering Committee concerning the current status of the Medical College and issues affecting its continued growth and development

Stage 2: (Mar.-May)

Consultant conducts structured interviews

Consultant drafts report on current perceptions of strengths, challenges, and opportunities

Groups draft Situation Analysis reports

OVPPPD provides comparative information and compiles Situation Analysis drafts into an overall report

Stage 3: (June)

Consultant and OVPPPD present draft reports for review and discussion by Blue Ribbon Panel, Executive Committee, and Steering Committee

Draft reports modified as a result of the discussions

Key structural and program requirements and opportunities are identified

Stage 4: (July-Aug.)

Groups prepare Strategic Directions reports

OVPPPD works with the Executive Committee to develop a draft Strategic Plan

Stage 5: (Aug.)

Draft of the Strategic Plan is reviewed and discussed by the Blue Ribbon Panel and Steering Committee

Stage 6: (Sept.-Oct.)

Revised draft of the Strategic Plan is reviewed by the Faculty Senate and Department Chairs

Executive Committee develops final draft of the Strategic Plan

Stage 7: (late Oct.)

Final draft of the Strategic Plan is reviewed and recommended by the Steering Committee

Stage 8: (Nov.)

Strategic Plan is reviewed, revised, and adopted by the Board of Visitors

2001 EVMS STRATEGIC PLANNING SCHEDULE

February 13	Initial Presentation to the Board of Visitors
March 13	2000 Assessment Report to the Board of Visitors
March 13 - May 11	Situation Analysis by Groups on Education, Research, and Patient Care Consultant Interviews (scheduled for April 2-4, 30 and May 1, 2, 7-9) Comparative Data Analysis
May 18	Situation Analysis Reports and Consultant Report due to OVPPPD
May 31	Overall Situation Report Distributed
June 6-7	First Blue Ribbon Panel Discussion
June 8 - August 15	Strategic Directions Discussions by Groups on Education, Research, and Patient Care
August 17	Strategic Directions Reports Due
August 24	Strategic Directions Reports Distributed
August 28-29	Second Blue Ribbon Panel Discussion
September 4 - October 19	Strategic Plan Drafts Developed and Discussed by Department Chairs and Faculty Senate
October 22 - November 2	Executive Committee Develops Final Draft of the Strategic Plan and Initial Implementation Plans
November 13	Presentation of Strategic Plan to the Board of Visitors

ROLE OF KEY PARTICIPANTS IN THE PLANNING PROCESS

Consultant	To assist in the planning process by conducting interviews with faculty, staff, and key constituents, drafting a report on constituent perceptions, and reviewing and commenting on the various planning documents
Blue Ribbon Panel	To review the Consultant and staff reports and to make recommendations based on their knowledge and experience concerning medical education and health care
President's Advisory Committee	To serve on the Steering Committee, to serve as the Executive Committee for the planning process, and to address organizational issues that arise as a result of the planning process
Steering Committee	To represent the Medical College's constituencies, to review draft reports, and to recommend a Strategic Plan to the Board of Visitors **Membership to include 41 Representatives** President's Advisory Council (5) Board of Visitors (7) Department Chairs (4) Faculty Senate (2) EVMS Health Services and CSG (3) Students (3) Board of Trustees (2) Development Committee (1) Health Systems (5) Other Full-Time Faculty (7) Community Faculty (2)
Groups on Education, Research, and Patient Care	To develop situation analyses describing the Medical College's current status, strengths, challenges, and opportunities and to develop a report on Strategic Directions, identifying 3-5 high priority strategies for their area of concern
Faculty Senate/ Department Chairs	To review and comment on draft reports and participate in small group interviews
Faculty, Students, and Supporters	To have representatives who serve on the Steering Committee, to participate in individual and small group interviews, and to review draft reports
OVPPPD	To provide data and analysis on the current status of MCHR Programs, to coordinate the planning process, and, with the Executive Committee, to draft the various reports

EXTERNAL STRATEGIC PLANNING PARTICIPANTS

The following individuals have agreed to assist the Medical College in its strategic planning:

Consultant:

Marian Osterweis, Ph.D.
Executive Vice President
Association of Academic Health Centers

Blue Ribbon Panel:

Peter O. Kohler, M.D.
President
Oregon Health Sciences University

Donald E. Wilson, M.D., M.A.C.P.
Vice President for Medical Affairs
Dean, School of Medicine
University of Maryland

Darrell G. Kirch, M.D.
Senior Vice President for Health Affairs
Dean, College of Medicine
CEO, The Milton S. Hershey Medical Center

In addition, a consultant in information technology will be selected and involved throughout the planning process.

INTERNAL STRATEGIC PLANNING PARTICIPANTS

Steering Committee
Hernquist, Chair
Van Buren, Vice-Chair
McGuire
Tucker
Wagner
Curtis
Lester
Bell
Etheridge/Farmer
Thiel
Combs
Sands
Glass
Pepe
Shelton
Counselman
Werner
Gabriel
Britt
Georges
Toor
Matson
Wasilenko
Ballagh
Grant
Jacobs
Godfrey
Gravenstein
Bradford (M3)
Holland (M2)
Snelling (PA)
Rueger
Brodsky
Martin
Bonar
Bernd
Hanson
Lemly
Adams
Hoffman
Ryan

Executive Committee
Bell
Etheridge/Farmer
Thiel
Combs
Sands

Education Group
Matson/Combs Co-Chairs
Hubbard
Weireter
Gowen
L. Archer
Meyer
Snyder
Zywotko
Moulin
Farmer

Research Group
Wasilenko/Gravenstein Co-Chairs
Morrow
Jacobs
Ware
Bos
Vinik
Wright
R. Williams
Thiel
Farmer
Combs

Patient Care Group
Thiel/Georges Co-Chairs
Britt
Manser
Grant
Curtis
Gibbons
Lind
Ginnow
Interim Pediatric Chair
Hochman
Whibley
Farmer
Morewitz

COMMITTEE AND GROUP CHARGES

Steering Committee

Review current status and trends of College programs and the environment
Discuss implications for mission, goals, and strategies
Identify strategic directions
Review, revise, and recommend strategic and implementation plans

Executive Committee

Direct the overall planning process
Develop final drafts for consideration by the Steering Committee
Develop model for implementation plans and criteria for strategic investments
Develop plan for ongoing assessment of programs and for periodic revision of the Strategic Plan

Groups on Education, Research and Patient Care

Analyze current status and trends of College programs and the environment
Stress strengths, challenges, and opportunities
Identify any necessary changes to the Mission and Goals Statements
Identify 3 to 5 strategic directions for their area

PRODUCTS RESULTING FROM THE PLANNING PROCESS

1. Situation Analysis

(A report describing the current status of the College, the major factors in the College environment, and the strengths, challenges, and opportunities that are now apparent)

2. Revised Mission and Goals

(An updated and more timely statement of institutional purpose)

3. Strategic Plan

(A statement of 10-15 high priority strategies for the continued development of the College's programs)

4. Criteria for Strategic Investments

(For example, criteria such as these may be used to determine which investments to make – mission-related, manageable investment, and likelihood of success in recruitment, in program development, in sustainability, and in linkage to other College programs.)

5. Initial Implementation Plans

(Ultimately, each strategy will have an implementation plan addressing these topics.)

- Executive Summary
- Leadership
- Market Analysis
- Program Plan (staffing and activities)
- Revenue Generation Plan
- Financial Plan
- Timeline
- Institutional Investment and Return on Investment

6. Assessment and Revision Plan

(A statement of how progress in implementing the Plan will be assessed and how the Plan will be revised)

INTERVIEWEES

Department Chairs and Program Directors (25)
Mix of Senior and Junior Faculty (50)
BOV, BOT, DC (15)
PAC (5)
Local and State Officials (10)
Health System and Community Health Professionals (10-20)
Others (10-20)