



**University of California, Riverside
School of Medicine**

**Strategic Plan for Sustainability
2020-2025**

STRATEGIC PLAN IMPLEMENTATION UPDATE

October 2021

Dear colleagues,

It is now two years since the launch of our Strategic Plan for Sustainability, and I am incredibly proud of the progress that our school has made in achieving some of the major goals set forth in our strategic imperatives. I highlight just a few of these milestones below:

- Successfully advocated for increased operating funding from the State of California. In the State Budget Act of 2020, the School **received an increment of \$25M in annual operating funds, bringing total state funding to \$40M per year.** This funding addresses the shortfalls in support for our education and research programs, and sets us on a path for future growth in class size.
- **Completed the planning for the new Education Building II, and started construction.** This new state of the art learning facility, supported by \$100M in state funds secured in the State Budget Act of 2019, will open in mid-2023.
- **Expanded educational (UME and GME) partnerships** such as that with Dignity St. Bernardine's Medical Center which will allow growth in clerkship opportunities and new GME programs over the coming years
- Achieved national recognition for the diversity of our student body. **Ranked #6 for Medical School Diversity** in the 2020 US News and World Report.
- Secured a partnership with the City of Riverside to open **Hulen Place clinic for the unhoused in 2022** – a first step toward our strategy of pursuing FQHC status within UCR Health.

We will continue to build on these accomplishments, and look forward to working closely with all of you as we continue to successfully execute the initiatives outlined in this plan.

Sincerely,



Deborah Deas, MD, MPH
Vice Chancellor for Health Sciences
Mark and Pam Rubin Dean
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Introduction

While the University of California, Riverside School of Medicine (UCR SOM) was accredited as a four year medical school in 2013, our history of medical education dates back to 1974 with the UCR/UCLA Program in Biomedical Sciences. About 850 students participated in this program, starting their education at UCR before completing their M.D. at UCLA. This foundation allowed for the creation of the state's sixth four-year medical school and its only community-based school of medicine. Since its founding, the UCR SOM has continued to make significant strides towards realizing its mission of educating a diverse healthcare workforce and improving the health of the medically underserved in the Inland Empire.

The Inland Empire is home to a rapidly growing population, and is expected to become one of the ten most populous metro areas in the United States over the next 30 years. Currently, the Inland Empire has 35 primary care physicians (PCPs) per 100,000 people, which is well below the state-wide average of 50 PCPs per 100,000 and the recommended supply of 60-80. Demographic trends show the shortage intensifying due to population growth that outpaces projected physician supply.

While UCR SOM will need to grow to help address the regional shortage, its ability to do so is threatened by significant financial and structural challenges. The School was underfunded at its inception and remains so today. This is due, in part, to much of the pledged start-up support never being received as a result of the Great Recession from 2007-2009.

UCR Central Campus subsidized the start-up costs and UC Office of the President provided a time-limited investment of \$20 million. The State Budget Act of 2013 included \$15 million in permanent, annual funding, allowing the school to be launched, but this amount has not been adjusted for inflation and is now equivalent to \$11.1 million in 2013 funds.

The existing support is insufficient to continue to build the medical school operating infrastructure and additional revenues are needed to support and improve the educational, research and clinical activities of the school at its current size and to expand student enrollment in the future. An additional challenge is the absence of clinical funds that are generated from an academic medical center which could support the educational and research enterprise of the School.

This strategic plan proposes a suite of imperatives and strategies to modestly improve the financial health of the School. It is designed to address the operating deficit of the school at its current size, to better position UCR SOM to pursue its mission and to identify additional funds, including support from the State of California, that can enhance the current educational, clinical and research programs and to support future enrollment growth.

Assessment of Current State

A comprehensive review of the current state of the UCR SOM determined that the school is challenged in each of its three missions, education, clinical practice and research. Many of the challenges arise from the unique historical circumstances of the founding of UCR SOM, but none of the challenges are themselves unique. All of them are the familiar problems of establishing new, community-based medical schools.

Topline Findings

- UCR SOM has faced operating deficits since its inception and had to rely on UCR Central Campus for financial support to close annual operating deficits.
- At its current size and level of state support, UCR SOM operating deficits are projected to grow and will require continued subsidy from the Central Campus.
- We have exhausted our current space and are unable to grow beyond our current class size.
- As a community-based school, we are reliant on a network of community hospital partners, voluntary faculty, and clinics for clerkship rotations and residency programs, which creates operational complexity and financial challenges.
- In the absence of a primary hospital partner, the faculty practice (UCR Health) has struggled to define and implement a financially viable growth strategy.
- The UCR Health clinical practice is small and operates below capacity both in terms of space and physician productivity.
- There is interest in enhancing the degree of alignment between our research agenda and our mission, and also opportunity to do so.

Education

- UCR SOM has grown steadily since its inception, and we have graduated a significant proportion of medical students, residents and fellows who match into primary care residencies and continue to train in the Inland Empire.
- The lack of a primary hospital partner necessitates our reliance on a network of voluntary community hospital partners and clinics for clerkship rotations, which limits our ability to closely monitor program quality.
- UCR SOM is both a sponsor and an affiliate of graduate medical education (GME) programs across the Inland Empire. We have grown our GME footprint from zero to 101 sponsored and 170 affiliated GME positions. There are opportunities to further increase the number of GME slots with new and existing partners.
- UCR SOM's network of educational relationships has been built opportunistically and is managed transactionally. UCR SOM and some of our partners seek more enduring and comprehensive relationships.

- Existing physical space on campus has limitations to support current undergraduate medical student enrollment. UCR SOM lacks physical space required to support increased enrollment.

Clinical Practice

- There is an immediate need to increase the number of physicians in the Inland Empire.
- UCR Health, our faculty practice, is small and operates below productivity benchmarks.
- Legacy decisions, such as expensive lease space, have created additional financial pressures on clinical operations.
- The absence of a primary hospital partner and other factors create substantial headwinds to building a sustainable faculty practice.
- Despite support for our mission, potential hospital partners have not expressed a desire to expand clinical relationships, citing costs, legacy issues, and competitive dynamics with incumbent community physicians and service lines.
- The UCR brand is an asset valued in the community.

Research

- Our biomedical sciences program is relatively modest in size and funding, and it pre-dates the four-year SOM.
- There are opportunities to enhance the degree of alignment between the research agenda of the Biomedical Sciences Division and the mission of UCR SOM and to augment the clinical, translational and population health research areas.
- We are at maximum capacity with respect to lab space and cannot hire additional research faculty in School of Medicine space. Moreover, the lack of collaborative research space limits opportunities for cross-disciplinary and translational research.

Finances

- Under the current scenario, the operating deficit is projected to increase each year for the foreseeable future.
- These deficits have been financed to date by Central Campus and by a time limited investment by the UC Office of the President.
- Public financial support for UCR SOM has historically been less than anticipated and is inadequate to meet our needs and fulfill our mission.
- Significant improvements have been made recently to our financial operations, such as initiating a formal budgeting process, implementing systematic processes for approving contracts, and enhancing data-driven decision making.
- UCR SOM is currently running a lean operating model. Additional expenditures on administration will be needed in order to sustain operations at their current size. Growth will place additional demands on the system.
- In UCR SOM's current form, we cannot support the capital expenditures needed to grow our educational and research missions.

Mission, Vision and Values

The strategic plan was developed within the context of our mission, vision and values.

Mission: To improve the health of the people of California and, especially, to serve Inland Southern California by training a diverse workforce of physicians and by developing innovative research and health care delivery programs that will improve the health of the medically underserved in the region and become models to be emulated throughout the state and nation.

Vision:

Education: Educate and retain a diverse physician and research workforce needed to address the underserved patient care needs of the region.

Research: Develop a platform for expanded biomedical, translational, clinical and population-based research programs to advance knowledge in the medical sciences

Clinical (UCR Health): Improve the health of the people of Inland Southern California by developing innovative health care programs that will deliver quality healthcare within our communities. “Bringing Health Home”

Values:

Inclusion – Embracing diversity in the broadest sense and appreciating all points of view

Integrity – Exhibiting honesty and the highest ethical standards in all matters

Innovation – Pursuing organizational goals with creativity and novelty

Excellence – Demonstrating extraordinary dedication to the highest quality outcomes

Accountability – Taking responsibility and ownership

Respect – Showing consideration and appreciation for others

Imperatives and Strategies

Our plan comprises five imperatives for the next three to five years intended to stabilize the financial position of UCR SOM in the short term and position us for long term sustainability and growth.

1. Regularize and modestly grow our education programs.
2. Strengthen UCR Health and develop long-term partnerships with local health systems.
3. Deepen our commitment to clinical and population health research and better integrate our education and research missions with the basic science departments.
4. Embark on a UCR SOM-led campaign of strategic philanthropy to bolster the School’s finances.
5. Improve our ability to execute our plans.

The chart on the next page provides a high-level summary of these imperatives and strategies.

UCR SOM Strategic Plan Imperatives and Strategies

A. Regularize and modestly grow education programs.	B. Strengthen UCR Health and position UCR SOM for long-term health system partnerships.	C. Deepen commitment to clinical and population health research and integration with basic sciences.	D. Embark on a UCR SOM-led campaign of strategic philanthropy.	E. Improve our ability to execute on our strategy.
<ul style="list-style-type: none"> i. Standardize GME agreements with partners and grow UCR-sponsored programs. ii. Strengthen and grow GME programs with partners organically and through Rural Training Track expansion. iii. Develop new programs with GME-naïve hospitals. iv. Integrate and expand innovative learning technologies into the curriculum. v. Begin planning for new education building. vi. Enhance clerkship coordination and oversight. vii. Launch MPH program, plan for MD-PhD program and expand MS enrollment. viii. Recruit and train a diverse workforce and student body. 	<ul style="list-style-type: none"> i. Optimize existing clinical service capacity through marketing, new payor contracts and enhanced productivity. ii. Explore opportunities to provide clinical services through an FQHC structure. iii. Jointly develop clinical opportunities in the IE in partnership with Southern California UC health systems. iv. Strengthen relationship with VA and explore other partnership opportunities. v. Initiate process to identify long-term strategic health system partners. 	<ul style="list-style-type: none"> i. Strengthen alignment of research, education and clinical missions by pursuing joint hires and appointments and pursuing the development of integrated clinical and research centers of excellence. ii. Provide PhD trainees with translational and clinical research opportunities. iii. Expand relationships with industry partners to conduct clinical research. 	<ul style="list-style-type: none"> i. Assemble an accountable team to create infrastructure to identify, create and manage all external funding opportunities. ii. Define funding opportunities and campaign objectives. iii. Conduct assessment to identify potential individual, corporate and foundation funders and define funding capacity. iv. Define targets for the strategic philanthropy campaign. v. Design and launch a strategic philanthropy campaign. vi. Execute campaign. 	<ul style="list-style-type: none"> i. Implement a strategic relationship management approach to hospital partnerships and designate a dedicated role at the leadership level. ii. Implement continuous process improvement training and tools for faculty and staff. iii. Expand infrastructure related to conducting research and pursuing external funding. iv. Continue to seek augmented operating funds from state sources which are needed to fulfill our mission.

A. Regularize and modestly grow education programs.

Our educational goals for the next three to five years are:

- Increase the size of our graduate medical education programs while maintaining and improving program quality.
- Improve the educational experience for medical students by integrating innovative educational tools and strengthening clerkship coordination and oversight.
- Introduce new master's and joint-degree programs that complement the MD program.

We will achieve these goals through the following strategies:

Strategy #1: Standardize graduate medical education (GME) agreements with existing partner hospitals and grow UCR-sponsored programs.

UCR SOM will move toward standardized GME agreements that position the school as the programs' sponsor, leveraging the brand name, and standardizing financial terms to reflect cost of running the program. We will consider seeking exclusivity as it relates to GME programs with long-term strategic health system partners.

Strategy #2: Strengthen and grow GME programs with existing hospital partners through organic growth and Rural Training Track expansion.

UCR SOM will:

- Pursue organic growth of GME programs with existing hospital partners that are in their five-year GME cap build or that are interested in adding positions "above the cap."
- Provide assistance to existing hospital partners in applying for and securing Medicare Rural Training Track programs.
- Seek alternative federal and state funding to grow GME programs.

Strategy #3: Develop new GME programs with GME-naïve hospitals in the Inland Empire.

We will develop UCR SOM-sponsored GME programs with nearby hospitals that want to becoming teaching hospitals. In addition, as we develop, partner with or acquire an FQHC, we will pursue HRSA support as a Teaching Health Center in order to add additional GME slots.

Strategy #4: Integrate and expand innovative learning technologies into the medical student experience.

We will implement new, forward-thinking teaching methods, including:

- Expand use of immersive technologies such as virtual reality and augmented reality for education and training purposes.
- Add ADA-compliant online educational offerings that incorporate more interactive pedagogical practices such as real-time quizzing and two-way interactive.

Strategy #5: Begin planning for new education building.

This facility will include an expanded auditorium, classroom space, clinical skills rooms, student study rooms and carrels, and gross-anatomy lab, as well as space for faculty, staff and students

currently located off-site. The building will provide UCR SOM with space to expand its undergraduate medical student enrollment.

Strategy #6: Enhance coordination and oversight of clerkship rotations.

To enhance coordination and oversight of clerkship rotations, UCR SOM will:

- Strengthen the training offerings for full-time and voluntary faculty – including virtual training sessions.
- Establish clear accountability for program direction at each teaching site.
- Perform standardized, regular site visits to clerkship locations.
- Standardize clinical and didactic learning schedules when possible.

Strategy #7: Launch MPH program, plan for MD-PhD program and expand Master’s Program in Biomedical Sciences.

We will launch new education programs:

- Launch a Master of Public Health (MPH) program focused on the public health needs of our region under the Department of Social Medicine, Population and Public Health.
- Plan for dual MD-PhD programs with the Division of Biomedical Sciences and with the Department of Anthropology to train physician-scientists and clinical researchers who are focused on improving health and addressing disparities in the Inland Empire.
- Expand enrollment in the Master of Science (MS) in Biomedical Sciences. Partner with UCR Extension to attract international students to the program.

Strategy #8: Recruit and train a diverse workforce and student body that reflects the population of the Inland Empire.

UCR SOM will continue to recruit and train a physician workforce and staff that reflects the community it serves. We will provide diversity training and ensure diverse mentorship for students and staff, and building diverse student and staff teams.

B. Strengthen UCR Health and position UCR SOM for long-term health system partnerships.

UCR Health play three critical roles in improving the health of the medically underserved in the Inland Empire. A stable and robust UCR Health is critical for a strong School of Medicine.

In the next three to five years, UCR SOM will optimize the existing UCR Health capacity while selectively and deliberately introducing complementary services and positioning the clinical practice for long-term growth and financial success. Our specific goals are:

- Stabilize the UCR Health faculty practice by optimizing our existing clinical capacity and selectively introducing new services.
- In the long term, position UCR SOM for lasting sustainability by focusing on long-term strategic health system and hospital partners.

We will achieve these goals through the following strategies:

Strategy #1: Optimize existing clinical service capacity through marketing, outreach and enhanced productivity.

Though recent progress has been made in growing UCR Health's patient volume and enhancing productivity, there remains opportunity to optimize the existing clinical service capacity. In order to do so, we will:

- Increase the productivity of our clinicians to meet, on average, the 50th percentile in Medical Group Management Association (MGMA) academic benchmark.
- We will achieve our productivity objectives by:
 - introducing an incentive-based physician compensation structure
 - identifying opportunities to leverage mid-level providers,
 - optimizing clinic schedules to reduce travel time,
 - and improving clinic throughput through continuous process improvement activities and enhanced training for clinic staff.
- Re-negotiate existing contracts with payers to include coverage of all of UCR Health's clinical services, not just a subset of specific services.
- Establish new payor contracts, including direct services contracts with local employers.
- Increase marketing and outreach efforts to UCR faculty, staff and students, community members, employers, and physician groups to attract additional patients and referrals.
- Conduct a review of our professional service agreements with strategic health systems and hospital partners to develop a framework for how to grow these agreements.
- Explore the development of ancillary services such as imaging and lab services.
- Continue to grow the number of primary care lives that we are accountable for so that we are positioned to assume financial risk from payors in the future.

Strategy #2: Explore opportunities to provide clinical services through a Federally Qualified Health Center (FQHC) structure.

We will explore developing a Federally Qualified Health Center (FQHC) structure that would enable the delivery of primary care services to a population where more than 50% of the population is enrolled in Medicare or Medi-Cal or is uninsured. UCR Health will convert some of its service delivery capacity to an FQHC structure while also maintaining more traditional clinics for certain services. As FQHCs have specific community governance requirements, UCR Health may need to form a new non-profit entity.

There are three possible paths to an FQHC:

1. UCR Health would start a new FQHC. This would require, among other activities, conducting an assessment to establish community need, forming a non-profit entity, gaining the appropriate operating license from the California Department of Public Health, and successfully applying for Health Center Program funding from the HRSA.
2. UCR Health would partner with an existing FQHC in the region to contract for physician services that would be delivered by UCR SOM faculty under the FQHC's existing license.

3. UCR Health would acquire an existing FQHC in the region. This option may accelerate the time to market for UCR SOM to own and operate its own FQHC.

We plan to determine our course of action in FY 2019 and execute the plan in early FY 2020.

Strategy #3: Explore joint development of clinical opportunities in the Inland Empire in partnership with Southern California UC health systems.

UCR Health will seek to build out select specialty services with the goal of enhancing local access to high quality specialty care. Potential services for development include:

- Outpatient cancer services: Services may include infusion, radiation oncology, surgical oncology and other specialties.
- Imaging and other ancillary services: Such as radiology, laboratory, and pharmacy.
- Select secondary services: Based on community need, develop select secondary care services to complement its primary care activities.

UCR Health is assessing community need and potential co-development opportunities with one or more sister UC health systems. (UC Irvine Health, UCLA Health and UC San Diego Health)

Strategy #4: Strengthen relationship with VA and explore other partnership opportunities.

UCR SOM has established educational partnerships with the VA Loma Linda Healthcare System for medical student electives and a psychiatry residency program. UCR SOM desires to strengthen the relationship with the VA.

- In the long-term, we will explore other ways of strengthening the relationship across our educational, clinical and research missions.

Strategy #5: Identify long-term strategic health system partners.

UCR SOM is reliant on funding from its clinical enterprise, the state and philanthropy. There is an opportunity to create affiliations with a smaller group of hospital partners, with the goal of providing stability for clerkship rotations, GME programs and clinical service lines.

We will pursue a tiered strategy of closer relationships with “top tier” partners and looser affiliations with lower tier partners. We will manage all of our educational, clinical and research relationships with top tier partners. We will evaluate our current hospital partnerships and meet with our current and potential partners to assess their interests in a more comprehensive and strategic relationship. We will begin to implement a tiered strategy in 2021. By 2025 we intend to have a small number of long-term strategic health system partners and a platform for long-term growth and mutual success.

C. Deepen commitment to clinical and population health research and integration with basic science research base.

We will develop clinical, population and public health research to complement the basic and translational research performed by faculty in the Division of Biomedical Sciences, the

Department of Social Medicine, Population & Public Health and the Center for Health Communities, in partnership with the Division of Clinical Sciences.

UCR SOM will leverage community-based participatory research models to grow its population and public health research activities, with an emphasis on research in primary care, patient outcomes, and social determinants of health.

Our specific research goals are to:

- Grow annual clinical and population health research funding to \$2 million within 5 years.
- Increase the number and impact of research publications from UCR SOM faculty in the fields of clinical research and population health.
- Initiate novel research partnerships with communities throughout the Inland Empire.
- Aligning select clinical and research activities into integrated centers of excellence.

We will achieve these goals through the following strategies:

Strategy #1: Strengthen alignment between research, education and clinical missions by pursuing joint hires and appointments across the divisions of clinical and biomedical sciences and pursuing the development of integrated clinical and research centers of excellence.

For a subset of faculty recruitments we will target physician scientists who have both clinical and research experience and would be strong candidates for joint appointment. We will also review our existing faculty ranks to identify faculty who could be appointed jointly.

Align our research activities with our clinical practice to identify and implement new treatments and models of care that better meet the needs of our communities. Areas of emphasis include:

- Infectious disease
- Chronic inflammation
- Gastroenterology
- Pulmonary disease
- Aging and metabolic disorders
- Neurodegenerative disease
- Neurologic and neurodevelopmental disorders

Strategy #2: Provide PhD trainees with translational and clinical research opportunities.

We will provide our PhD trainees with more training opportunities in translational and clinical research by strengthening ties between the PhD program and UCR Health and through partnerships with UCR SOM's clinical partners. We will develop our infrastructure to provide platforms to conduct clinical research. These improvements include a trial management system, budgeting tools, and better structure and processes to manage research.

Strategy #3: Expand relationships with industry partners to conduct clinical research.

UCR SOM will increase faculty relationships with industry partners across the translational medicine spectrum. Specifically, we will:

- For pre-clinical research, grow campus-wide translational research activities to attract industry-sponsored research.
- Establish a database of faculty relationships with industry for grants, consulting and clinical studies.

D. Embark on a UCR SOM-led campaign of strategic philanthropy.

The UCR SOM will launch a campaign of strategic philanthropy designed to build on existing fundraising efforts to increase our external funding from about \$2 million per year to about \$6 million per year by FY24. We will achieve this goal through the following strategies:

Strategy #1: Assemble an accountable team to create infrastructure and plan to manage all external funding opportunities.

UCR SOM will form an External Funding Council, which will include representatives from all areas of SOM, to maximize all external funding opportunities (philanthropic gifts, state and federal funding, public and private grants, and corporate sponsored agreements). The council will meet on a regular basis to collaborate on identifying opportunities, generating proposals, managing solicitations. They will provide ongoing management, tracking and stewardship, have clear accountability and provide progress reports.

Strategy #2: Define funding opportunities / campaign objectives.

UCR SOM will develop a case statement to identify funding opportunities, including naming rights, document opportunities for donors, including how benefactors will be recognized, and how the funds will be used.

Strategy #3: Conduct an assessment to identify potential individual, corporate and foundation donors and define funding capabilities.

UCR SOM will conduct a feasibility study to help determine the level of support for the opportunities defined in the case statement. One product of this study will be a prospect list of potential individual and corporate donors whose interests may be aligned with our mission.

Strategy #4: Define targets for the strategic philanthropy campaign.

UCR SOM will develop clear financial targets and timelines for the strategic philanthropy campaign. Regular reports will measure progress against the targets and timelines.

Strategy #5: Execute campaign.

The team will develop materials, define a systematic approach to making contact with prospective donors, and will be responsible for cultivating and managing donor relationships.

E. Improve our ability to execute on our strategy.

A strong foundation with explicit structure and process is necessary for the UCR SOM to fulfill the goals of this strategic plan. We will emphasize four critical areas through these strategies:

Strategy #1: Implement a strategic relationship management approach to hospital partnerships and designate a dedicated role at the leadership level.

In order to strengthen our partnerships with local hospitals, health systems and providers, we will implement a strategic relationship management approach for supporting these relationships. In particular, we will:

- Assign clear accountability at the leadership level for maintaining and strengthening existing partnerships and forming new relationships.
- Provide a single point of accountability to each of our partners so that they can communicate with us in a direct and regular manner.
- Enhance staff capacity for relationship management to support UCR SOM leadership.
- Implement regular meetings between UCR SOM leadership and hospital partners.
- Host an annual all-partners meeting at UCR SOM to provide updates to our partners on our progress and priorities and to strengthen collaboration.

Strategy #2: Implement continuous process improvement training and tools for faculty and staff.

We will develop comprehensive clinical process improvement training and tools.

- Develop standard job descriptions for all positions that are maintained in a central database and revise them on a regular basis.
- Define or update policies and procedures related to operations, including admissions, human resources, finance, information technology, research and faculty affairs.
- Develop systematic training for current and new hires that aims to reduce duplication, standardize workflows, and automate key processes.
- Develop systematic training for current and new managers, and create opportunities for ongoing support/development
- Recruit a new continuous process improvement lead with lean expertise to oversee these activities.

Strategy #3: Expand infrastructure for conducting research and pursuing external funding.

We will make investments in our research infrastructure, such as implementing a clinical trials management system, budgeting tools, and a better structure to manage research. We will improve our capacity to pursue and manage various sources of external funding such as governmental and foundational programmatic grants, NIH grants (training and other) and other private or corporate funding sources.

Strategy #4: Continue to seek additional operating funds from state sources

UCR SOM will continue to seek additional operating support from the University of California and/or state legislature to reach both short-term and long-term goals.

Financial Plan

Despite one-time financial inflows from the UCR Campus, UCOP or other sources, the School of Medicine incurs a significant structural operating deficit. The financial plan is designed to put the UCR SOM on the path to sustainability by improving clinical revenues and increasing philanthropy. Fully leveraging our existing clinical operations and seeking to increase clinical reimbursement through select partnership strategies will yield an increase in clinical revenue. Strategic philanthropy is a significant opportunity and there is precedent in raising support through large campaigns. The campaign will have a target of tripling our level of philanthropy from ~\$2 million to ~\$6 million annually in current and mostly unrestricted funds, and will add a dedicated fundraising staff person and marketing campaign.

But simply closing the operating deficit will not suffice for achieving the mission. Additional funds will be required to provide the necessary teaching faculty and staff, provide systems and services necessary to enhance our education mission, expand student enrollment, and advance the research which focuses on the Inland Southern California population. UCR SOM will seek additional operating support from the UC and/or the state legislature. These incremental funds are essential to fulfilling our mission.

Implementation Plan Summary

Imperative	Year 1 (FY20)	Year 2 (FY21)	Years 3–5 (FY22-24)
Regularize and modestly grow education programs.	<ul style="list-style-type: none"> Define standard UCR SOM GME agreements. Assess potential for expanding existing GME footprint at each partner hospital. Begin planning for new building. 	<ul style="list-style-type: none"> Revise GME agreements as contracts expire. Implement innovative teaching technologies. Initiate regular site visits. Complete plans for new education building. Seek accreditation for new GME programs. 	<ul style="list-style-type: none"> Launch online course offerings. Begin construction of new building.
Strengthen UCR Health and position UCR SOM for long-term health system partnerships.	<ul style="list-style-type: none"> Refine and revise clinical productivity metrics. Design incentive-based payment model. Evaluate three FQHC strategies. Initiate Southern California UC health planning. Develop partnership tier system. 	<ul style="list-style-type: none"> Implement incentive-based payment model. Revise services covered in payor contracts. Implement FQHC strategy. “Reset” relationships with “top tier” partners. Continue Southern California UC health services. Establish clinical faculty growth targets. 	<ul style="list-style-type: none"> Open FQHC site(s). Identify and execute agreements with long-term strategic hospital partner(s).
Deepen commitment to clinical and population health research and integration with basic science research base.	<ul style="list-style-type: none"> Identify joint appointments and recruitments targets. Develop plan for implementing translational research opportunities for PhDs. 	<ul style="list-style-type: none"> Evaluate candidates for joint appointments. Partner with campus to streamline IRB approval for clinical research. Build translational and clinical research training programs and infrastructure. Identify potential industry sponsor partners. Identify potential integrated clinical & research centers of excellence. 	<ul style="list-style-type: none"> Evaluate candidates for joint appointments. Execute relationships with industry sponsors. Implement centers of excellence.
Embark on a campaign of strategic philanthropy.	<ul style="list-style-type: none"> Assemble accountable team. Define financial targets and timelines. Generate donor database and catalogue of funding opportunities. Develop informational materials and dissemination plan. 	<ul style="list-style-type: none"> Approach foundational donors Obtain foundational commitments 	<ul style="list-style-type: none"> Publically announce the campaign and the foundational commitments Approach second and third tier donors Obtain second and third tier commitments
Improve our ability to execute on this strategy.	<ul style="list-style-type: none"> Appoint partnership lead. Hire or appoint continuous process improvement lead. Begin convening annual all-partners meetings. Standardize core operations. 	<ul style="list-style-type: none"> Develop tools to support grant applications. Implement training for UCR SOM staff. Continuously monitor performance against this strategy. 	<ul style="list-style-type: none"> Execute on partnership management strategy. Continuously monitor performance against this strategy.

Success Measures

The implementation of a plan calls for a way to measure progress. We will measure the success of our plan across four dimensions:

1. **Execution:** Did we do what we planned to do?
2. **Impact:** Did the plan have the desired effect?
3. **Engagement:** Do our faculty and staff understand and support the changes taking place?
4. **Connection:** Do our community hospital partners see us as a more effective and reliable partner?

In each dimension, we will use metrics to track our progress. These metrics will include:

Dimension	Metric
Execution	<ul style="list-style-type: none"> • Percentage of milestones achieved on time for each of our five imperatives. • Degree of variance from our forward-looking revenue and cost estimates. • Quality of the “pipeline” for strategic philanthropy, as indicated by dollar volume and probability of success.
Impact	<ul style="list-style-type: none"> • Revenue and margin from clinical operations compared to goal. • Number of GME programs that are sponsored by UCR SOM. • Amount of extramural and industry clinical and population health research funding. • <i>US News & World Report</i> list of best medical schools for primary care. • Number of UCR SOM medical school and GME graduates practicing in the Inland Empire.
Engagement	<ul style="list-style-type: none"> • Percentage of faculty and staff who report they understand the strategy. • Percentage of faculty and staff who believe the changes are positive for UCR SOM.
Connection	<ul style="list-style-type: none"> • Number of UCR SOM faculty participating in leadership roles on campus and with our clinical partners. • Percentage of the executive leadership team of our partners who report that UCR SOM is a valued partner. • Quality of the “pipeline” for a smaller number of strategic hospital or health system partners.

Organizational Execution Requirements

In order to promote the plan's success, we will work to implement the following organizational execution activities:

Communication

Our leadership will communicate the strategic plan to key stakeholder groups in a timely manner and in a way that solicits input on how best to implement our strategies. Key stakeholders include, among others:

- UCR SOM faculty
- UCR SOM students
- UCR SOM staff
- UCR campus leadership
- Hospital partners
- Community partners
- Other Southern California UC health campus leadership
- UCR National Advisory Board

Accountability

We will designate clear lines of accountability for executing the plan. The Dean will ultimately be accountable for the results of the plan overall, but specific implementation responsibilities will be undertaken by various UCR SOM faculty and administrative leadership.

Alignment and Transparency

It will be critical to ensure alignment and transparency among our leadership team and key stakeholders. To this end, we will review progress made on our implementation goals on a regular basis at Dean's Council meetings and on an annual basis for UCR SOM faculty at large.

Progress and Issue Resolution

To evaluate our progress and resolve key issues, the Chief of Staff and Assistant Dean for Strategic Initiatives will track the status of implementation activities, measure progress using our success metrics and track issues that arise, and produce a quarterly report.