University of Missouri School of Medicine leaders, faculty members, partners and stakeholders held a strategic planning meeting March 3, 2015. The school’s core mission areas involving research, education and clinical activities were discussed. Goals, plans and performance metrics were established to help the school progress in each area over the following fiscal year (July 1, 2015, to June 30, 2016) and five fiscal years (from July 1, 2015, to June 30, 2020). Planning participants also reaffirmed the school’s mission and vision and reiterated that synergy in research, education and clinical activities was essential for success. In addition, participants agreed that achieving the plan’s goals required substantial investment from university and external sources.

**MISSION**
To improve the health of all people, especially Missourians, through exemplary education, research and patient-centered care

**VISION**
To be a transformational leader in improving health

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**RESEARCH**

**One-Year Goals**
1. Increase research productivity
   a. 5% increase in total sponsored expenditures over FY15 levels, including instruction and public service
   b. 10% increase in total research expenditures, federal research expenditures, NIH research expenditures and industrial research expenditures over FY15 levels
2. Increase research capacity and space
   a. Add 7,000 to 10,000 square feet of renovated space in Medical Sciences Building
   b. 10% increase in number of clinicians serving as principal investigators for clinical trials over FY15 levels

**Five-Year Goals**
1. Increase research productivity
   a. 75% increase in total sponsored expenditures over FY15 levels, including instruction and public service
   b. 100% increase in total research expenditures, federal research expenditures, NIH research expenditures and industrial research expenditures over FY15 levels
2. Increase research capacity and space
   a. Add minimum of 60,000 square feet of space by constructing a medical research building
   b. 50% increase in number of clinicians serving as principal investigators for clinical trials over FY15 levels

**Research Action Plans**
1. Recruit 25 additional federally funded investigators by the end of FY20, with a strong focus on enhancing inclusion and diversity
2. Provide bridge funding for existing investigators ($1 million) by the end of FY20
3. Provide pilot funding to enhance grant applications ($500,000 to $1 million) by the end of FY20
4. Develop and activate ShowMe Investigator Support Portal by the end of FY16
5. Create Clinical Research Center Advisory Board to facilitate policies and procedures, review protocols, and award clinical research pilot funds
6. Renovate seventh floor of the Medical Sciences Building (7,000 square feet) by the end of FY16
7. Renovate third and fourth floors of Medical Sciences Building (up to 3,000 square feet) by the end of FY16
8. Upgrade vivarium by the end of FY16
9. Construct new medical research building by the end of FY20
10. Support the MD-PhD program through tuition waivers and student stipends by the end of FY20

**EDUCATION**

**One-Year Goals**
1. Ensure graduates are qualified for the next step in their careers
   a. Medical students’ initial match rate will be above the mean for U.S. allopathic senior medical students
   b. 80% of residency and fellowship programs will have their graduates pass board certification exams at a rate equal to or above the national average for their program’s specialty
   c. 100% of graduate students and postdoctoral fellows will receive a professional position in a related area or advance to the next level of training
2. Ensure learners are satisfied with the overall educational experience
   a. 90% of graduating medical students will report that they were satisfied or highly satisfied with the quality of their education
   b. 90% of residents and fellows will report that the overall evaluation of their program was positive or very positive
   c. 80% of students and postdoctoral fellows will report that they agree or strongly agree when asked if they would choose the same graduate program
Five-Year Goals
1. By academic year 2020, 100% of medical students responding to inclusivity questions on the annual MU Office of Medical Education medical student survey will agree or strongly agree they learn in an environment that both values and models inclusivity

Education Action Plans
1. Inclusion, civility and diversity
   a. Work with MU, health system and medical school leaders to develop processes, education, and institutional systems that foster an inclusive learning environment
2. Medical student education
   a. Provide one-on-one advice for each fourth year medical student from specialty faculty and deans
   b. Ensure department-based advising liaisons
   c. Provide web-based information for students and advisors through Clinical Advising Tool for Students and Advisors (CATSA)
   d. Make mock interviews available to all students entering the Match
   e. Use Liaison Committee on Medical Education self-study Independent Student Analysis results to identify and address current dissatisfiers
3. Resident education
   a. Provide program-specific data to MU’s Graduate Medical Education Committee and individual program directors
   b. Work with departments to identify, implement and evaluate specific changes for programs that need improvement to achieve goals
4. Educational research opportunities for learners
   a. Expand opportunities and recognition programs through summer fellowships, mentoring programs, interest groups and other structured research-related educational activities

5-Year Goals
1. Improve value of health care delivery in the MU Health system
   a. Understand true cost of care at the patient and diagnosis levels across all payers (claims data)
   b. Demonstrate improved utilization of non-value added services in the areas of lab, radiology and specialty consultation
   c. Achieve or maintain top-decile performance in University HealthSystem Consortium 2014 Quality and Accountability Study of hospitals for length of stay, mortality, readmissions and patient safety events (using UHC data for quality measures)
2. Grow complex clinical service lines to market dominance in oncology and cardiovascular services (as measured by market share data)
3. Achieve growth by being recognized as the flagship medical system for non-major metropolitan Missouri through expansion and consolidation of MU’s primary care base and network of collaborating health care organizations
   a. Achieve continued growth of University of Missouri Custom Network health plan members
   b. Achieve continued growth of collaborative relationships for health care delivery across the state of Missouri

Clinical Action Plans
1. Cooperate and coordinate with research strategic plan to achieve goals for clinical research
2. Cooperate and coordinate with research and education strategic plans to increase inclusion, civility and diversity
3. Develop standardized roles and expectations for nursing in clinics
4. Develop system for clinical information sharing with referring and primary providers
5. Implement a longitudinal program for deliberate leadership development for current and future program directors, medical directors, division directors and clinical chairs

CLINICAL
One-Year Goals
1. Improve the value of health care delivery in the MU Health system
   a. Understand the true cost of care at the patient and diagnosis levels using claims data provided through Coventry and Anthem agreements
   b. Achieve or maintain top-quartile performance in University HealthSystem Consortium 2014 Quality and Accountability Study of hospitals for length of stay, mortality, readmissions and patient safety events (using UHC data for quality measures)
2. Achieve or maintain market dominance in neurosciences, Level 1 trauma, critical care, orthopaedics, hospitalist inpatient and consultation services, and primary care using market share data
3. Achieve growth by increasing the number of distinct patients cared for with billable encounters by 4%
4. Improve patient experience
   a. Achieve upper quartile ranking in terms of patients’ likelihood to recommend MU for health care services and assure consistent two-way communications with patients (using NRC Picker data)
   b. Achieve 60th percentile ranking for communication with provider (using NRC Picker data)
5. Improve access
   a. Assure access to outpatient specialty consultation within 10 business days of request, as well as primary care access within 24 hours for acute illness
   b. Achieve contract access metrics for Coventry/University population (68% of new patients seen in 10 days overall, 68% of new patients seen in 10 days for Custom Network access, and begin rollout of same- and next-day visit offer for specified clinics)