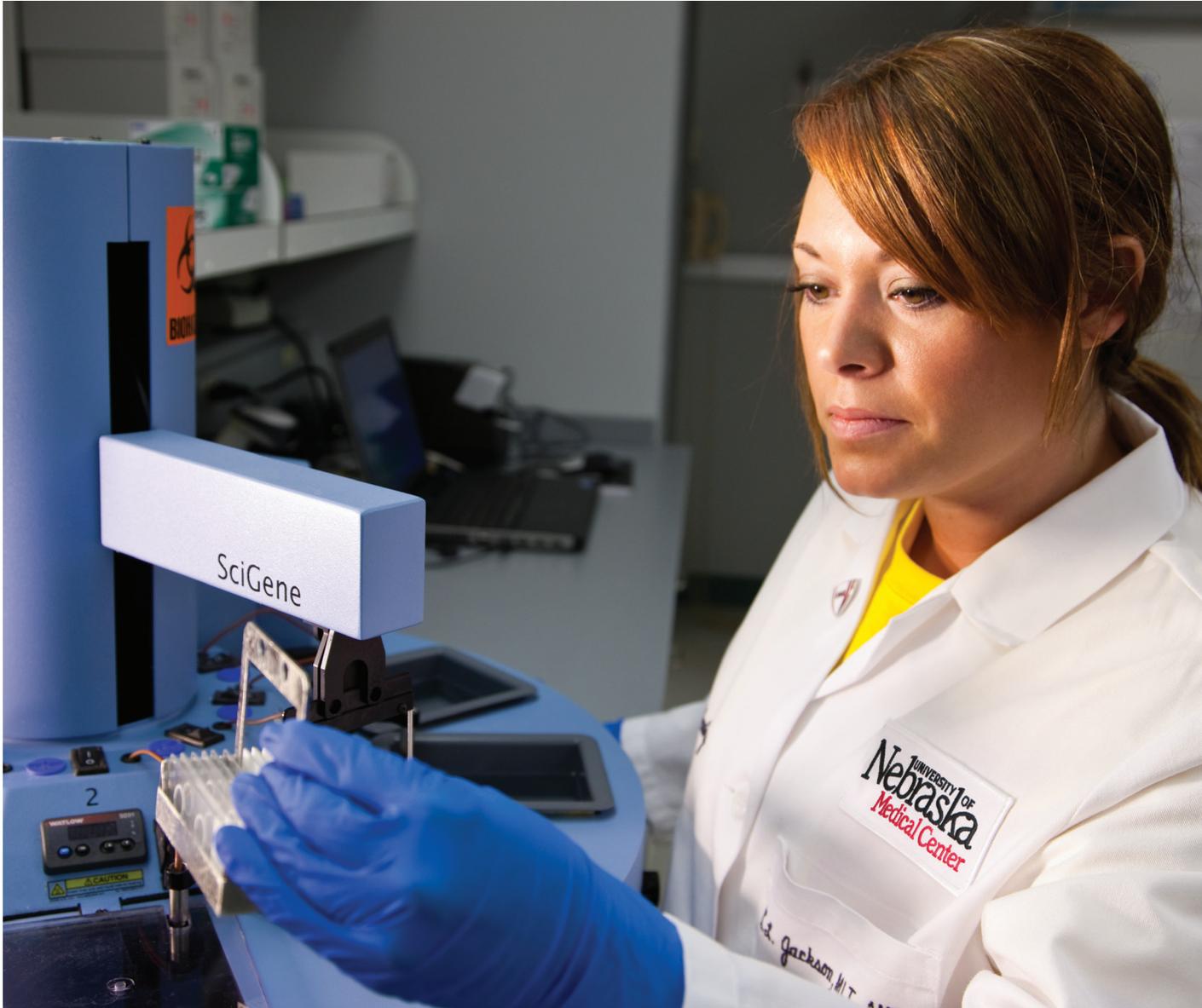




UNMC Strategic Plan 2011-2014





“An overhaul of primary care will be a centerpiece of this health care change.”

Thank you for reading this year's Strategic Plan. Our campus is in the midst of a truly remarkable period, but keeping our momentum over the next several years will require ingenuity, strategic planning and a willingness to do business differently.

Health care reform is a game-changer. Our health care system will look different in 20 years than it does now. Dramatic changes are on the horizon. They will be driven either by lawmakers or by the marketplace.

An overhaul of primary care will be a centerpiece of this health care change. In a paradigm shift, inter-disciplinary teams will assume the responsibility for the patients. In the future, patients will be less likely to have an initial face-to-face visit with a physician. More will be done by phone, email and other electronic methods. Highly trained, skilled practitioners such as nurse practitioners, physician assistants, pharmacists and others will visit patients in their homes, and only patients with complicated diagnoses will see a primary care physician.

As an academic health science center, if we are to compete in this new reality, we must teach our students to work within the interdisciplinary model. An initiative to do so is outlined on the following pages of this booklet. Another area that is highlighted is the creation of UNMC's biobank, which would allow us to compare DNA and other markers with patient outcomes, so that we can better study disease patterns and improve outcomes.

I am optimistic about the future of America and its health care, and am bullish on the future of UNMC. I also know, however, that you must keep your eye on the future, or you will fall behind quickly. This strategic plan provides a road map so that as we move to the future, we continue to be a rising leader among academic health science centers.



CHANCELLOR HAROLD M. MAURER, M.D.
UNIVERSITY OF NEBRASKA MEDICAL CENTER

vision

values

MISSION

The mission of **UNMC** is to improve the health of Nebraska through premier educational programs, innovative research, the highest quality patient care and outreach to under served populations.

Faculty, staff and students of UNMC will:

- Emphasize quality and have high expectations for performance;
- Pursue excellence in an ethical manner;
- Foster an environment of learning and communication;
- Respect individuals for their cultures, contributions and points of view;
- Support the mission and vision of UNMC in the best interests of our customers;
- Promote individual accountability for organizational success.

The partnership of UNMC and The Nebraska Medical Center will be a world-renowned health science center that:

- Delivers state-of-the-art health care;
- Prepares the best-educated health professionals and scientists;
- Ranks among the leading research centers;
- Advances our historic commitment to community health;
- Embraces the richness of diversity to build unity;
- Creates economic growth in Nebraska.



BANKING THE MYSTERIES OF

DNA

Comparing DNA and other markers with health outcomes helps investigators better understand, find, personalize treatments for, and even cure disease.

That's the idea behind biobanks, repositories of biologic samples, which can be used to unlock the mysteries of DNA and advance human medicine.

UNMC already has biobanks focused on such specific conditions or diseases as pancreatic cancer, breast cancer, lymphoma, HIV/AIDS, rheumatoid arthritis and thyroid disease.

Now, UNMC leaders want to develop a large biobank that could rapidly provide samples – linked to deidentified electronic medical records – to study diseases as new markers are identified. The biobank also would provide a mechanism to find new associations between disease and place of work, or residence, or other personal characteristics that have not previously been considered. Electronic medical records would be purged of personal information (deidentified) to protect patient confidentiality.

“Having biologic samples linked to such specific health data such as age, smoking status, gender and specific health conditions allows investigators to rapidly ‘screen’ samples for new candidate genes or biomarkers of health or disease,” said Jennifer Larsen, M.D., associate vice chancellor for clinical research and, as of July 1, the new vice chancellor for research.

“New biomarkers, if proven effective, can lead to the development of new commercial enterprises and treatments to improve the health of Nebraskans,” she said. “As data is linked to other information, it can be used to study the implications of geography, environmental risks and/or occupation.”





Comparing DNA and other markers with health outcomes helps investigators better understand, find, personalize treatments for, and even cure disease.

Without samples on-hand, researchers must apply for approval to recruit qualified individuals, then find and obtain samples from them for each new study. Depending on how many samples are needed, this process can take a year or more and be quite expensive. Using a biobank, researchers can have more than 10,000 samples at their fingertips to test within weeks or months.

To develop the biobank, UNMC would ask all patients whether their excess blood samples, after conducting tests as part of their routine care, could be used for research instead of being discarded. The bank would be linked to health data specific to that sample but without any specific identifiers of the patient.

Institutions around the country are developing similar biobanks, Dr. Larsen said. Once the biobank is in place, UNMC will evaluate whether to join a consortium of academic health centers that share their samples with each other.

A photograph of three medical professionals in white coats. A woman with curly hair is in the center, smiling. To her right is a man in a white coat and blue tie, also smiling. To her left is another woman, partially visible in profile. The background is a blurred clinical setting. The text 'building STRONGER TEAMS through SHARED LEARNING' is overlaid on the image. 'building' is in a light blue font, 'STRONGER TEAMS' is in large white letters, 'through' is in a smaller white font, and 'SHARED LEARNING' is in large dark grey letters. The text is set against a blue and yellow background on the left side of the page.

building STRONGER TEAMS through SHARED LEARNING

The challenge is on to transform the nation's health care system.

And, many agree it requires a team approach.

The Affordable Care Act, passed by Congress and signed into law by the President in March 2010, calls, in part, for greater team-based practice, said David Crouse, Ph.D., interim vice chancellor for academic affairs and dean for graduate studies.



UNMC plans to strengthen its interprofessional education (IPE) opportunities across all disciplines so students can learn with, from, and about each other to improve collaboration and quality of care.

“We need to move from episodic training to more continuous training,” Dr. Crouse said. “This is the way health care will be practiced and the way students need to be trained.”

Studies show that team-based health care improves patient outcomes and enhances provider satisfaction.

To varying degrees, UNMC students already work as teams in clinical settings and service learning projects, said Devin Nickol, M.D., assistant dean for interprofessional education in UNMC Academic Affairs. The next step, he said, is to examine where more consistent shared experiences can be developed.

UNMC’s student-run SHARING Clinics are ideal ways to integrate interprofessional learning more fully, Dr. Nickol said. Students from different training programs already gather at the weekly clinics, he said, although they may not consistently interact with one another. “We need to apply a consistent curriculum that’s interprofessional.”

“In the near future, clinical practices will be judged and paid according to their ability to demonstrate effective, team-based care.”

—Dr. Nickol

To do that, UNMC will inventory its existing training programs for IPE potential. “We’ll first find the places where students are learning to practice together and, then, take the extra step to formalize the curriculum for IPE so it’s consistently implemented,” Dr. Nickol said.

Interdisciplinary education options, he said, could range from enhanced Problem-Based Learning (PBL) and Integrated Clinical Experiences (ICE) to more team-based care in ambulatory and community settings, as well as simulation experiences.

In addition to expanding its IPE, the medical center will explore:

- The use of electronic medical records in education;
- Community partnerships that support interprofessional training in a “medical home’ model; and
- The role of the Center for Primary Care Education, Research and Healthcare Design in developing interprofessional teaching and learning.

“In the near future, clinical practices will be judged and paid according to their ability to demonstrate effective, team-based care,” Dr. Nickol said. “The interprofessional training our students receive will make them valuable members of these health care teams, and they will bring essential skills to the practices they join.”



UNMC



UNMC will be learning-centered in education.

Goal 1: Address workforce shortages through community partnerships that expand interprofessional clinical sites in a medical home model.

Goal 2: Enhance mobile learning by supporting the Apple (IOS) and Droid platforms and by making all campus website information accessible on mobile devices.

Goal 3: Advance interprofessional education, including use of electronic medical records, from episodic to continuous throughout the curriculum.

Increase prominence as a research health sciences center.

Goal 1: Develop a biobank that provides access to tissue samples and is linked to deidentified electronic medical records.

Goal 2: Accelerate the growth of externally funded clinical research.

Advance community/global partnerships for health.

Goal 1: Establish a Center for Health Policy in the College of Public Health.

Goal 2: Partner with rural Nebraska communities and health care providers in using pilot applications of advanced technology.

Goal 3: Implement and refine the “Strategic Plan for Global Health” to focus on institutional priorities.

Create a culturally competent organization.

Goal 1: Strengthen cultural competence throughout education, research and patient care.

Goal 2: Improve recruitment and retention of under-represented faculty, staff and students and document successful methods.

Goal 3: Expand global cultural perspectives in campus life and in instruction.

STRATEGIC PLAN

2011–2014

Advance biomedical technologies to improve health, diversify UNMC revenues and create economic growth in Nebraska.

Goal 1: Improve the attractiveness of UNMC as a contracting partner with the government, especially the Department of Defense.

Goal 2: Partner with the University of Nebraska-Lincoln biomedical engineering colleagues to develop new technologies, including those for medical care at home.

Strengthen employee loyalty, satisfaction and wellness.

Goal 1: Advance faculty and staff understanding of, and engagement with, UNMC's brand through coordination between Human Resources and Public Relations.

Goal 2: Leverage UNMC's sustainability ("green") initiative to enhance employee loyalty and satisfaction and to strengthen recruiting.

Goal 3: Increase faculty and staff awareness of and access to health and wellness activities, and integrate change management into wellness effort.

Goal 4: Enhance supervisory and managerial effectiveness in leading change, communicating and managing performance.

Position UNMC to prosper during health care reform.

Goal: Leadership team will develop campus plan.



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