Clinical Care Strategic Subcommittee Strategic Proposals

The Clinical Care Strategic Subcommittee (CCSS) was charged with reviewing the clinical system’s strategic plan and focusing on its impact on the other five working groups of the academic health sciences center’s (AHSC) strategic plan, with particular attention to clinical research, education, and space. This review will establish proposals for the AHSC’s plan, as well as solidify the academic pillar of the clinical system’s strategic plan. Work groups of the CCSS were established to make recommendations on opportunities for greater development, coordination and integration of clinical research, education and space issues.

In terms of clinical research, great attention is proposed to the development of evidenced based medicine (EBM) and outcomes research as a mechanism for improving health care quality and safety and as a core theme for education programs. This would include development of new core facilities in medical informatics, biostatistics and epidemiology that would support this effort as well as advanced information systems and data management technologies. To complement this effort, a proposal to better organize patient encounters in the ambulatory and inpatient settings is suggested, focusing on mechanisms for garnering usable clinical information for clinical trials and research funding, with particular attention to the patient privacy issues and seamless electronic integration of clinical data. This also necessitates the development of a robust clinical data warehouse that would initially be populated with data from Meditech and moving forward any other electronic medical record system that is selected in the future. Funding to achieve these support systems and personnel will be critical. In addition, the recruitment of six senior clinical researchers over the next three years is proposed, with the concurrent development of appropriate tenure tracks and career support. These proposals for faculty and associated support (clinical data, core development, information systems and data warehouse) are essential if we are to develop a Top 25 clinical research engine in the coming years.

The support of clinical education for all types of trainees is a fundamental aspect of the mission. Enhancing the “learning environment” is a key aspect, with particular focus on the professionalism of behavior both toward trainees and among role models. Overall support for graduate medical education is proposed, since residents and fellows provide so much of the daily clinical care and are uniquely positioned to improve the quality and safety of our practice. GME innovation is encouraged with a goal of improving various national rankings of our programs. Strategic alignment and review of educational partnerships outside of the medical center is recommended with a focus on educational value, growth, and quality of care. Development of the quality, diversity and depth of our clinician-education workforce is critical to keep pace with growing enrollment, curricular innovation and professional development needs. This includes enhancing our educational “bench strength,” understanding and addressing the impact of demands for clinical productivity on teaching, and the need for more diverse and expert teaching capabilities. The teaching itself will also need to accommodate our focus on topics of health quality and outcomes, clinical research, professionalism, diversity, and medical informatics. Excellence in education, at all levels, is fundamental if we are to achieve Top 25 academic health center status.
The evaluation and distribution of clinical, research and teaching space is a complex and dynamic challenge for the AHSC. Historically, the distribution of space has been driven by objectives that were not always well coordinated or based on an organization-wide set of guiding principles. The strategic proposals in this area include the establishment of a comprehensive survey of current spaces and their utilization for clinical care (including physician office space), research and teaching. This will set the ground work for the establishment of a committee of stakeholders to develop guiding principles going forward for the distribution and re-assessment of space with the goal of maximizing utilization toward the achievement of the AHSC’s strategic and operational objectives. These principles would be embodied in short, medium and long-range master facility plans that would be developed for the entire AHSC and would take into account projected growth of clinical programs, faculty, research and educational needs. New and re-developed spaces should meet the needs of clinical researchers and provide an environment that assures for the privacy, comfort and engagement of clinical research interactions. In addition, the development of an “educational home” for all trainees will help to assure that learners can thrive in settings that meet their direct and support needs. The execution of a comprehensive space plan with associated mechanisms for change over time is a critical aspect of the AHSC overall strategy. We believe these proposals will allow for this strategy to be successful.