University of Iowa Health Care

Presentation to
The Board of Regents, State of Iowa
October 21-22, 2015

Agenda

- Opening Remarks (Robillard)

- Operating and Financial Performance (Kates, Fisher)

- Strategic Plan Update (Robillard)

- Faculty Presentation: Precision Cancer Medicine (Drs. Weiner, Karandikar, Bossler)

University of Iowa Hospitals & Clinics
Operating and Financial Performance Update

Ken Kates, Associate Vice President &
Chief Executive Officer, UI Hospitals & Clinics

Ken Fisher, Associate Vice President for Finance
and Chief Financial Officer, UI Hospitals & Clinics

Volume Indicators
Fiscal Year to Date September 2015

UNIVERSITY OF IOWA HEALTH CARE

Operating Review (YTD)	Actual	Budget	Prior Year *	Variance to Budget	% Variance to Budget		Variance to Prior Year	% Variance to Prior Year	
Discharges	8,298	8,138	7,919	160	2.0%	◯	379	4.8%	🟢
Patient Days	53,286	52,969	50,890	317	0.6%	◯	2,396	4.7%	🟢
Length of Stay	6.48	6.41	6.33	0.07	1.1%	◯	0.15	2.4%	◯
Average Daily Census	579.19	575.75	553.15	3.44	0.6%	◯	26.04	4.7%	🟢
Total Surgeries	7,590	7,763	7,354	(173)	-2.2%	◯	236	3.2%	🟢
- Inpatient	3,743	3,182	3,012	561	17.6%	🟢	731	24.3%	🟢
- Outpatient	3,847	4,581	4,342	(734)	-16.0%	🔴	(495)	-11.4%	🔴
ED Visits	14,888	15,330	14,696	(442)	-2.9%	🔴	192	1.3%	◯
Total Clinic Visits	211,982	219,650	200,272	(7,668)	-3.5%	🔴	11,710	5.9%	🟢

*   from ongoing operations

🟢 Greater than 2.5% Favorable	◯ Neutral	🔴 Greater than 2.5% Unfavorable

Discharges by Type
Fiscal Year to Date September 2015

UNIVERSITY OF IOWA
HEALTH CARE

Operating Review (YTD)	Actual	Budget	Prior Year	Variance to Budget	% Variance to Budget		Variance to Prior Year	% Variance to Prior Year	
Adult Medical	2,350	2,324	2,275	26	1.1%	○	75	3.3%	🟢
Adult Surgical	4,438	4,123	4,031	315	7.6%	🟢	407	10.1%	🟢
Adult Psych	290	363	355	(73)	-20.1%	🔴	(65)	-18.3%	🔴
Subtotal – Adult	*7,078*	*6,810*	*6,661*	*268*	*3.9%*	🟢	*417*	*6.3%*	🟢
Pediatric Medical & Surgical	876	956	895	(80)	-8.4%	🔴	(19)	-2.1%	○
Pediatric Critical Care	215	205	200	10	4.9%	🟢	15	7.5%	🟢
Pediatric Psych	129	167	163	(38)	-22.8%	🔴	(34)	-20.9%	🔴
Subtotal – Pediatrics w/o newborn	*1,220*	*1,328*	*1,258*	*(108)*	*-8.1%*	🔴	*(38)*	*-3.0%*	🔴
Newborn	397	429	432	(32)	-7.5%	🔴	(35)	-8.1%	🔴
TOTAL w/o Newborn	**8,298**	**8,138**	**7,919**	**160**	**2.0%**	○	**379**	**4.8%**	🟢

🟢 Greater than 2.5% Favorable ○ Neutral 🔴 Greater than 2.5% Unfavorable

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Discharge Days by Type
Fiscal Year to Date September 2015

UNIVERSITY OF IOWA HEALTH CARE

Operating Review (YTD)	Actual	Budget	Prior Year	Variance to Budget	% Variance to Budget		Variance to Prior Year	% Variance to Prior Year	
Adult Medical	13,161	12,776	12,301	385	3.0%	🟢	860	7.0%	🟢
Adult Surgical	24,320	22,149	21,312	2,171	9.8%	🟢	3,008	14.1%	🟢
Adult Psych	5,292	5,697	5,479	(405)	-7.1%	🔴	(187)	-3.4%	🔴
Subtotal – Adult	*42,773*	*40,622*	*39,092*	*2,151*	*5.3%*	🟢	*3,681*	*9.4%*	🟢
Pediatric Medical & Surgical	4,463	4,670	4,406	(207)	-4.4%	🔴	57	1.3%	⚪
Pediatric Critical Care	5,356	5,456	5,251	(100)	-1.8%	⚪	105	2.0%	⚪
Pediatric Psych	1,203	1,411	1,354	(208)	-14.7%	🔴	(151)	-11.2%	🔴
Subtotal – Pediatrics w/o newborn	*11,022*	*11,537*	*11,011*	*(515)*	*-4.5%*	🔴	*11*	*0.1%*	⚪
Newborn	887	926	964	(39)	-4.2%	🔴	(77)	-8.0%	🔴
TOTAL w/o Newborn	**53,795**	**52,159**	**50,103**	**1,636**	**3.1%**	🟢	**3,692**	**7.4%**	🟢

🟢 Greater than 2.5% Favorable   ⚪ Neutral   🔴 Greater than 2.5% Unfavorable

Case Mix Index

Inpatient Surgeries – by Clinical Department
Fiscal Year to Date September 2015

Operating Review (YTD)	Actual	Budget	Prior Year	Variance to Budget	% Variance to Budget		Variance to Prior Year	% Variance to Prior Year	
Cardiothoracic	267	276	253	(9)	-3.3%	🔴	14	5.5%	🟢
Dentistry	128	77	47	51	66.2%	🟢	81	172.3%	🟢
General Surgery	1,034	915	830	119	13.0%	🟢	204	24.6%	🟢
Gynecology	215	200	199	15	7.5%	🟢	16	8.0%	🟢
Neurosurgery	575	479	488	96	20.0%	🟢	87	17.8%	🟢
Ophthalmology	101	33	30	68	206.1%	🟢	71	236.7%	🟢
Orthopedics	936	749	772	187	25.0%	🟢	164	21.2%	🟢
Otolaryngology	189	195	175	(6)	-3.1%	🔴	14	8.0%	🟢
Radiology – Interventional	61	36	9	25	69.4%	🟢	52	577.8%	🟢
Urology *w/ Procedure Ste.*	237	222	209	15	6.8%	🟢	28	13.4%	🟢
Total	**3,743**	**3,182**	**3,012**	**561**	**17.6%**	🟢	**731**	**24.3%**	🟢

Solid Organ Transplants	99	83	90	16	19.3%	🟢	9	10.0%	🟢

🟢 Greater than 2.5% Favorable   ⚪ Neutral   🔴 Greater than 2.5% Unfavorable

Outpatient Surgeries – by Clinical Department
Fiscal Year to Date September 2015

Operating Review (YTD)	Actual	Budget	Prior Year	Variance to Budget	% Variance to Budget		Variance to Prior Year	% Variance to Prior Year	
Cardiothoracic	13	16	16	(3)	-18.8%	🔴	(3)	-18.8%	🔴
Dentistry	125	142	157	(17)	-12.0%	🔴	(32)	-20.4%	🔴
Dermatology	6	8	7	(2)	-25.0%	🔴	(1)	-14.3%	🔴
General Surgery	592	722	647	(130)	-18.0%	🔴	(55)	-8.5%	🔴
Gynecology	184	221	202	(37)	-16.7%	🔴	(18)	-8.9%	🔴
Internal Medicine	5	1	2	4	400.0%	🟢	3	150.0%	🟢
Neurosurgery	141	231	222	(90)	-39.0%	🔴	(81)	-36.5%	🔴
Ophthalmology	902	938	945	(36)	-3.8%	🔴	(43)	-4.6%	🔴
Orthopedics	809	1,093	1,023	(284)	-26.0%	🔴	(214)	-20.9%	🔴
Otolaryngology	541	642	605	(101)	-15.7%	🔴	(64)	-10.6%	🔴
Pediatrics	1	1	0	0	0.0%	⚪	1	100.0%	🟢
Radiology – Interventional	31	24	2	7	29.2%	🟢	29	1450.0%	🟢
Urology *w/ Procedure Ste.*	497	542	514	(45)	-8.3%	🔴	(17)	-3.3%	🔴
Total	**3,847**	**4,581**	**4,342**	**(734)**	**-16.0%**	🔴	**(495)**	**-11.4%**	🔴

🟢 Greater than 2.5% Favorable   ⚪ Neutral   🔴 Greater than 2.5% Unfavorable

Emergency Department
Fiscal Year to Date September 2015

Operating Review (YTD)	Actual	Budget	Prior Year	Variance to Budget	% Variance to Budget	Variance to Prior Year	% Variance to Prior Year
ED Visits	14,888	15,330	14,696	(442)	-2.9% 🔴	192	1.3% ⚪
ED Admits	4,694	4,562	4,366	132	2.9% 🟢	328	7.5% 🟢
ED Conversion Factor	31.5%	29.8%	29.7%		5.7% 🟢		6.1% 🟢
ED Admits / Total Admits	56.9%	52.4%	54.8%		8.6% 🟢		3.8% 🟢

🟢	⚪	🔴
Greater than 2.5% Favorable	**Neutral**	**Greater than 2.5% Unfavorable**

Clinic Visits by Specialty
Fiscal Year to Date September 2015

UNIVERSITY OF IOWA HEALTH CARE

Operating Review (YTD)	Actual	Budget	Variance to Budget	% Variance to Budget	
Burn Clinic	839	977	(138)	-14.1%	🔴
Center for Disabilities & Development	2,329	2,468	(139)	-5.6%	🔴
Center for Digestive Disease	5,510	4,810	700	14.6%	🟢
Clinical Cancer Center	13,408	13,902	(494)	-3.6%	🔴
Dermatology	5,858	5,677	181	3.2%	🟢
General Surgery	4,581	3,915	666	17.0%	🟢
Hospital Dentistry	4,221	4,204	17	0.4%	⚪
Internal Medicine	7,223	8,582	(1,359)	-15.8%	🔴
Neurology	3,860	3,589	271	7.6%	🟢
Neurosurgery	3,243	2,649	594	22.4%	🟢
Obstetrics/Gynecology	15,173	15,175	(2)	0.0%	⚪
Ophthalmology	16,234	18,018	(1,784)	-9.9%	🔴
Orthopedics	18,063	19,468	(1,405)	-7.2%	🔴
Otolaryngology	4,877	5,963	(1,086)	-18.2%	🔴
Pediatrics	15,044	15,106	(62)	-0.4%	⚪
Primary Care (non-IRL)	42,096	42,955	(859)	-2.0%	⚪
Psychiatry	8,753	8,711	42	0.5%	⚪
Urology	2,455	2,868	(413)	-14.4%	🔴
UI Heart Center	4,833	4,643	190	4.1%	🟢
IRL	33,382	35,970	(2,588)	-7.2%	🔴
Total	**211,982**	**219,650**	**(7,668)**	**-3.5%**	🔴

🟢 Greater than 2.5% Favorable   ⚪ Neutral   🔴 Greater than 2.5% Unfavorable

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Total Clinic Visits by Location
Fiscal Year to Date September 2015

UNIVERSITY OF IOWA HEALTH CARE

Operating Review (YTD)	FY16 Actual				FY15 Actual *				Variance to Prior Year	%
	On-Site	IRL	UICMS & QuickCare	Total	On-Site	IRL	UICMS & QuickCare	Total		
Family Medicine	11,514		30,582	42,096	12,771		29,006	41,777	319	0.8% ○
General Internal Medicine		6,971		6,971		6,277		6,277	694	11.1% ●
Pediatrics		5,204		5,204		5,105		5,105	99	1.9% ○
Subtotal - Primary Care	11,514	12,175	30,582	54,271	12,771	11,382	29,006	53,159	1,112	2.1% ○
Burn Clinic	839			839	868			868	(29)	-3.3% ●
Center for Disabilities & Development	2,329			2,329	2,221			2,221	108	4.9% ●
Center for Digestive Disease	5,510	1,056		6,566	4,674	871		5,545	1,021	18.4% ●
Clinical Cancer Center	14,292	448		14,740	13,750	330		14,080	660	4.7% ●
Dermatology	5,858	2,311		8,169	5,646	1,854		7,500	669	8.9% ●
General Surgery	4,581			4,581	3,935			3,935	646	16.4% ●
Hospital Dentistry	4,221			4,221	3,707			3,707	514	13.9% ●
Internal Medicine	7,217	1,903		9,120	7,490	1,473		8,963	157	1.8% ○
Neurology	3,860			3,860	3,494			3,494	366	10.5% ●
Neurosurgery	3,243			3,243	2,905			2,905	338	11.6% ●
Obstetrics/Gynecology	15,173	6,106		21,279	12,968	5,565		18,533	2,746	14.8% ●
Ophthalmology	16,234	2,465		18,699	16,169	2,119		18,288	411	2.3% ○
Orthopedics	18,063	152		18,215	18,524	81		18,605	(390)	-2.1% ○
Otolaryngology	4,877	1,536		6,413	5,033	1,053		6,086	327	5.4% ●
Pediatrics	15,032			15,032	13,334			13,334	1,698	12.7% ●
Psychiatry	8,753			8,753	8,215			8,215	538	6.6% ●
Urology	1,589	2,889		4,478	2,816	2,144		4,960	(482)	-9.7% ●
UI Heart Center	4,833	2,341		7,174	4,203	1,671		5,874	1,300	22.1% ●
Subtotal – Specialty Care	136,504	21,207		157,711	129,952	17,161		147,113	10,598	7.2% ●
Total	148,018	33,382	30,582	211,982	142,723	28,543	29,006	200,272	11,710	5.9% ●

* from ongoing operations

● Greater than 2.5% Favorable   ○ Neutral   ● Greater than 2.5% Unfavorable

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Pediatrics Clinic Visits by Location
Fiscal Year to Date September 2015

UNIVERSITY OF IOWA HEALTH CARE

Operating Review (YTD)	FY16 Actual				FY15 Actual *				Variance to Prior Year	%
	On-Site	IRL	UICMS & QuickCare	Total	On-Site	IRL	UICMS & QuickCare	Total		
Family Medicine	1,024		7,765	8,789	1,097		7,372	8,469	320	3.8% 🟢
General Internal Medicine		3		3		3		3	0	0.0% ⚪
Pediatrics		5,073		5,073		4,962		4,962	111	2.2% ⚪
Subtotal - Primary Care	*1,024*	*5,076*	*7,765*	*13,865*	*1,097*	*4,965*	*7,372*	*13,434*	*431*	*3.2%* 🟢
Burn Clinic	0			0	212			212	(212)	-100.0% 🔴
Center for Disabilities & Development	2,329			2,329	2,221			2,221	108	4.9% 🟢
Center for Digestive Disease	7			7	10			10	(3)	-30.0% 🔴
Clinical Cancer Center	23			23	22			22	1	4.5% 🔴
Dermatology	496	536		1,032	485	427		912	120	13.2% 🟢
General Surgery	131			131	57			57	74	129.8% 🟢
Hospital Dentistry	587			587	449			449	138	30.7% 🟢
Internal Medicine	9	52		61	18	56		74	(13)	-17.6% 🔴
Neurology	128			128	48			48	80	166.7% 🟢
Neurosurgery	512			512	464			464	48	10.3% 🟢
Obstetrics/Gynecology	145	23		168	177	37		214	(46)	-21.5% 🔴
Ophthalmology	2,655	160		2,815	2,466	170		2,636	179	6.8% 🟢
Orthopedics	3,091			3,091	3,460			3,460	(369)	-10.7% 🔴
Otolaryngology	802	940		1,742	1,096	515		1,611	131	8.1% 🟢
Pediatrics	13,136			13,136	12,463			12,463	673	5.4% 🟢
Psychiatry	2,186			2,186	2,111			2,111	75	3.6% 🟢
Urology	65	779		844	89	769		858	(14)	-1.6% 🔴
UI Heart Center	5	61		66	5	44		49	17	34.7% 🟢
Subtotal – Specialty Care	*26,307*	*2,551*	*0*	*28,858*	*25,853*	*2,018*	*0*	*27,871*	*987*	*3.5%* 🟢
Total	**27,331**	**7,627**	**7,765**	**42,723**	**26,950**	**6,983**	**7,372**	**41,305**	**1,418**	**3.4%** 🟢

* **from ongoing operations**

🟢 **Greater than 2.5% Favorable** ⚪ **Neutral** 🔴 **Greater than 2.5% Unfavorable**

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Adult Clinic Visits by Location
Fiscal Year to Date September 2015

Operating Review (YTD)	FY16 Actual				FY15 Actual *				Variance to Prior Year	%
	On-Site	IRL	UICMS & QuickCare	Total	On-Site	IRL	UICMS & QuickCare	Total		
Family Medicine	10,490		22,817	33,307	11,674		21,634	33,308	(1)	0.0% ○
General Internal Medicine		6,968		6,968		6,274		6,274	694	11.1% ●
Pediatrics		131		131		143		143	(12)	-8.4% ●
Subtotal - Primary Care	*10,490*	*7,099*	*22,817*	*40,406*	*11,674*	*6,417*	*21,634*	*39,725*	*681*	*1.7%* ○
Burn Clinic	839			839	656			656	183	27.9% ●
Center for Digestive Disease	5,503	1,056		6,559	4,664	871		5,535	1,024	18.5% ●
Clinical Cancer Center	14,269	448		14,717	13,728	330		14,058	659	4.7% ●
Dermatology	5,362	1,775		7,137	5,161	1,427		6,588	549	8.3% ●
General Surgery	4,450			4,450	3,878			3,878	572	14.8% ●
Hospital Dentistry	3,634			3,634	3,258			3,258	376	11.5% ●
Internal Medicine	7,208	1,851		9,059	7,472	1,417		8,889	170	1.9% ○
Neurology	3,732			3,732	3,446			3,446	286	8.3% ●
Neurosurgery	2,731			2,731	2,441			2,441	290	11.9% ●
Obstetrics/Gynecology	15,028	6,083		21,111	12,791	5,528		18,319	2,792	15.2% ●
Ophthalmology	13,579	2,305		15,884	13,703	1,949		15,652	232	1.5% ○
Orthopedics	14,972	152		15,124	15,064	81		15,145	(21)	-0.1% ○
Otolaryngology	4,075	596		4,671	3,937	538		4,475	196	4.4% ●
Pediatrics	1,896			1,896	871			871	1,025	117.7% ●
Psychiatry	6,567			6,567	6,104			6,104	463	7.6% ●
Urology	1,524	2,110		3,634	2,727	1,375		4,102	(468)	-11.4% ●
UI Heart Center	4,828	2,280		7,108	4,198	1,627		5,825	1,283	22.0% ●
Subtotal – Specialty Care	*110,197*	*18,656*		*128,853*	*104,099*	*15,143*		*119,242*	*9,611*	*8.1%* ●
Total	**120,687**	**25,755**	**22,817**	**169,259**	**115,773**	**21,560**	**21,634**	**158,967**	**10,292**	**6.5%** ●

* from ongoing operations

● Greater than 2.5% Favorable   ○ Neutral   ● Greater than 2.5% Unfavorable

Iowa River Landing Ambulatory Visits
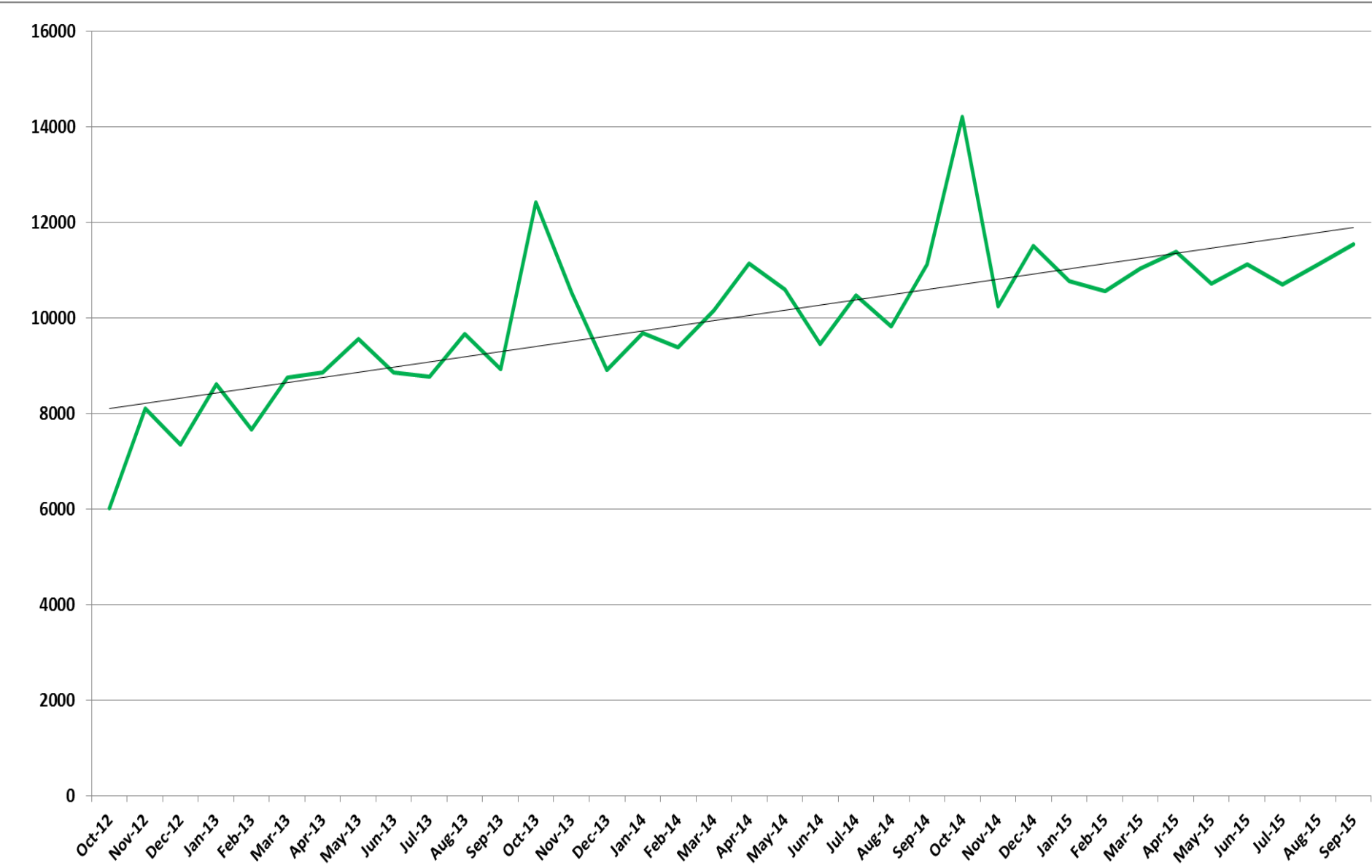
	June 30, 2014	June 30, 2015 (preliminary)	September 30, 2015
Net Accounts Receivable	$176,695,824	$236,775,239	$215,583,483
Net Days in AR	54	68	58

Days of Revenue in Net A/R

MEDIAN (51) Moody's Aa2 Rating

Bad Debts ($M)
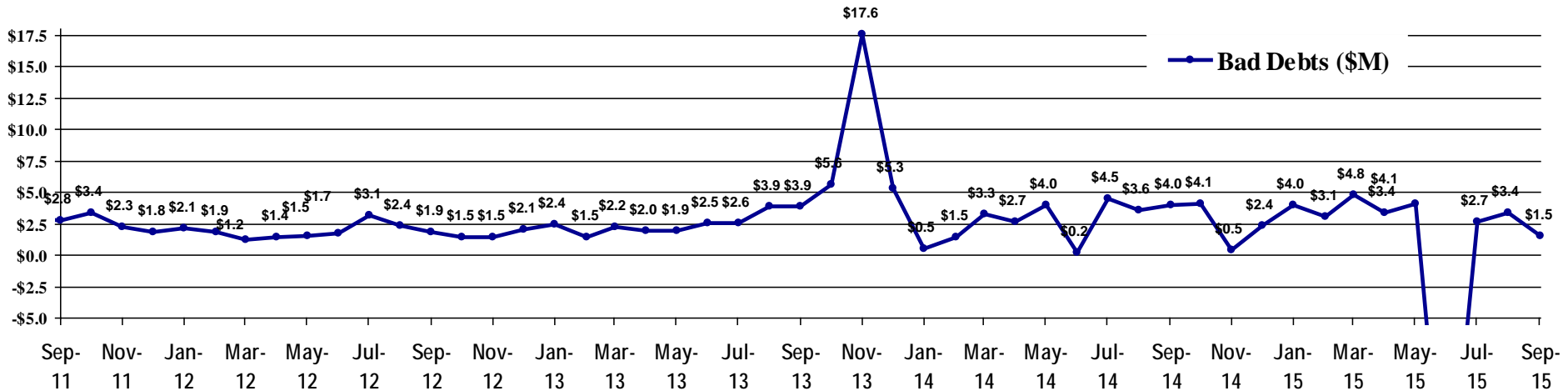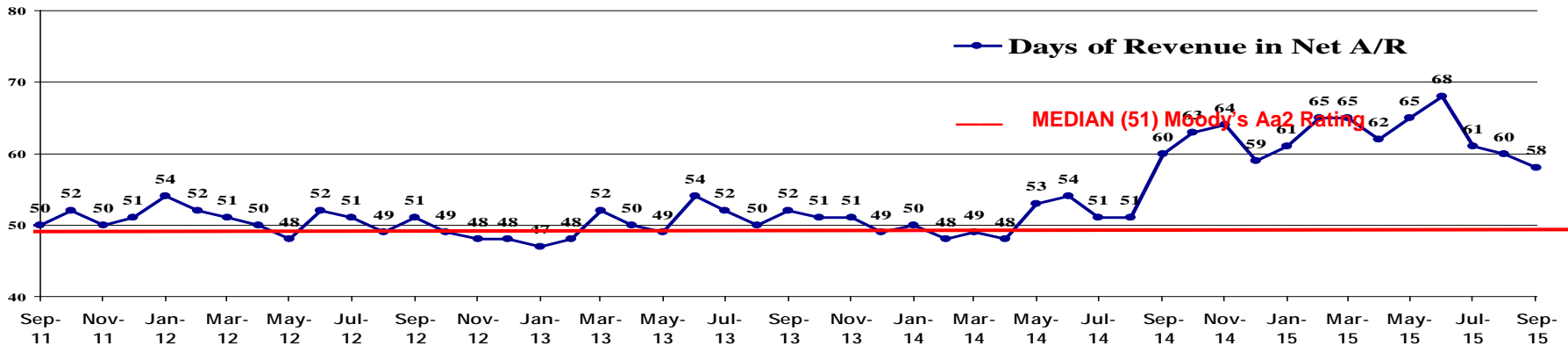
UIHC Comparative Financial Results

Fiscal Year-to-Date September 2015

Dollars in Thousands

NET REVENUES:	Actual	Budget	Prior Year	Variance to Budget	% Variance to Budget	Variance to Prior Year	% Variance to Prior Year
Patient Revenue	$334,779	$340,222	$303,306	($5,443)	-1.6%	$31,473	10.4%
Other Operating Revenue	12,840	13,064	13,631	(224)	-1.7%	(791)	-5.8%
Total Revenue	**$347,619**	**$353,286**	**$316,937**	**($5,667)**	**-1.6%**	**$30,682**	**9.7%**

EXPENSES:							
Salaries and Wages	$160,971	$168,797	$148,663	($7,826)	-4.6%	$12,308	8.3%
General Expenses	150,614	153,289	131,037	(2,675)	-1.8%	19,577	14.9%
Operating Expense before Capital	$311,585	$322,086	$279,700	($10,501)	-3.3%	$31,885	11.4%
Cash Flow Operating Margin	**$36,034**	**$31,200**	**$37,237**	**$4,834**	**15.5%**	**($1,203)**	**-3.2%**
Capital- Depreciation and Amortization	17,783	20,177	18,881	(2,394)	-11.9%	(1,098)	-5.8%
Total Operating Expense	$329,368	$342,263	$298,581	($12,895)	-3.8%	$30,787	10.3%

	Actual	Budget	Prior Year	Variance to Budget	% Variance to Budget	Variance to Prior Year	% Variance to Prior Year
Operating Income	**$18,251**	**$11,023**	**$18,356**	**$7,228**	**65.6%**	**($105)**	**-0.6%**
Operating Margin %	**5.3%**	**3.1%**	**5.8%**		**2.2%**		**-0.5%**
Gain (Loss) on Investments	(16,500)	5,548	(4,282)	(22,048)	-397.4%	(12,218)	-285.3%
Other Non-Operating	(1,711)	(2,313)	(3,568)	602	26.0%	1,857	52.1%
Net Income	**$40**	**$14,258**	**$10,506**	**($14,218)**	**-99.7%**	**($10,466)**	**-99.6%**
Net Margin %	**0.0%**	**4.0%**	**3.4%**		**-4.0%**		**-3.4%**

* Gain/(Loss) on Investments based on information available at close. Final investment return for this period is reflected in Fiscal Year to Date returns in the subsequent reporting cycle.

Strategic Plan Update

Jean Robillard, MD
Vice President for Medical Affairs

UI Health Care Strategic Plan—FY 2014 - 2016

World Class People. World Class Medicine.

Mission	Vision	Values
Changing Medicine. Changing Lives.	World Class People. World Class Medicine. For Iowa and the World.	I CARE. Innovation, Collaboration, Accountability, Respect, Excellence.

Clinical Quality & Service Goal	Research Goal	Education Goal	People Goal	Diversity Goal	Growth and Finance Goal
Provide world class healthcare and service to optimize health for the people of Iowa and beyond.	Advance world class discovery through outstanding, innovative biomedical and health services research.	Develop world class health professionals and scientists through excellent, innovative and humanistic educational curricula for learners at every stage.	Foster a culture of excellence that values, engages and enables our workforce.	Create an environment of inclusion where individual differences are respected and all feel welcome.	Optimize a performance-driven business model that assures financial success.

Accountable Leaders

Clinical Quality & Service	Research	Education	People	Diversity	Growth and Finance
Ken Kates, Theresa Brennan, Kenneth Rempher, Scott Turner, Sabi Singh, Doug Van Daele	Debra Schwinn, Pat Winokur, Gary Rosenthal, Sharon Tucker	Debra Schwinn, Donna Hammond, Mark Wilson, Christopher Cooper, LouAnn Montgomery	Jana Wessels, Kenneth Rempher	Sherree Wilson & Jean Robillard (VPMA Cabinet)	Ken Fisher, Ken Kates, Debra Schwinn, Sabi Singh, Scott Turner

Strategies

Clinical Quality & Service
- QS1. Optimize patient safety
- QS2. Ensure accurate and complete coding of documentation
- QS3. Improve timely access to care
- QS4. Deliver consistent service excellence
- QS5. Design and implement innovative care models
- QS6. Lead efforts to improve health, access, quality and reduce fragmentation in the health care delivery system in collaboration with UI Health Alliance and other community partners
- QS7. Build and sustain programmatic priorities:
  - Cancer
  - Children's Services
  - Diabetes
  - Heart and Vascular
  - Neurosciences
  - Primary Care
  - Orthopedics
  - Transplant
  - Women's Health
  - Other emerging areas of clinical focus, including aging and age-related diseases
- QS8. Optimize UIP operational effectiveness locally with UIHC and across the Alliance

Research
- R1. Recruit, develop, and retain a diverse cadre of world-class investigators and support their academic development
- R2. Identify areas of excellence in basic research in which to prioritize future growth and development (neuroscience, diabetes, cardiopulmonary, genomics)
- R3. Expand existing research that disseminates and implements evidence-based practices into routine clinical practice settings and across UI Health Alliance
- R4. Integrate genomics with clinical care
- R5. Improve and grow scientific infrastructure including new cores
- R6. Nurture the development of high quality, high reward interdisciplinary scientific programs, especially those with potential for tech transfer and/or start-up companies
- R7. Strengthen informatics capabilities for all research areas
- R8. Collaborate with other UI Colleges and CTSA Consortium and UI Health Alliance in targeted areas to meet common goals
- R9. Strengthen enterprise research business model

Education
- E1. Complete roll-out of new innovative mechanism-based UME curriculum
- E2. Recruit, develop and retain diverse world class faculty, fellows, residents and students
- E3. Foster innovation through greater integration across the continuum of UME, OSCEP, GME, and CME
- E4. Limit medical student debt
- E5. Recognize and reward excellence in teaching; find creative ways to fund teaching
- E6. Cultivate critical thinking, an environment of curiosity and life-long learning, a spirit of inquiry, and a passion for excellence
- E7. Emphasize interprofessional education (IPE) across all health science professionals to improve patient care
- E8 Deepen academic training for clinicians through creative faculty/fellowships

People
- P1. Continue to develop talent within the organization and define performance expectations for all
- P2. Seek, hire and retain outstanding people including individuals from groups traditionally under-represented in academic medicine
- P3. Ensure that all UI Health Care employees receive appropriate training regarding organization's Mission, Vision, Values and Goals
- P4. Engage staff and encourage strong personal responsibility, accountability and empowerment directed toward achieving organizational goals
- P5. Promote programs that recognize and reward excellence
- P6. Foster an environment of continual learning, innovation and collaboration
- P7. Maintain Magnet recognition program designation to attract and retain a world class workforce
- P8. Develop and implement the IOM Future of Nursing recommendations appropriate to our workforce
- P9. Continue to develop infrastructure, technology and lean processes to support HR efforts
- P10. Support organizational capacity to transform and embrace change

Diversity
- D1. Foster a positive and welcoming environment by nurturing a culture of respect, inclusion and equal opportunity
- D2. Develop and implement 2014-2017 CCOM Strategic Diversity Plan
- D3. Provide a range of diversity education, cultural enrichment and acclimation programs for members of the UI Health Care community
- D4. Develop and implement innovative, effective recruiting and pipeline initiatives geared towards under-represented groups
- D5. Prepare to achieve compliance with LCME standards (IS-16, MS-8, ED-21, ED-22) related to diversity, inclusion and culturally responsive care for 2017 review
- D6. Each Accountable Leader will advance diversity in all strategies

Growth and Finance
- GF1. Complete evaluation of clinical programs based on all three missions and rank as to core. (basic), growth or marginal
- GF2. Develop and implement business model for long term growth of targeted clinical programs
- GF3. Develop and implement business model to support the evolving healthcare delivery system, including ACO's, risk sharing, gain sharing or bundled payments
- GF4. Maintain capital plan to address core strategies
- GF5. Develop and implement strategies to strengthen relationships with Critical Access Hospitals, their physicians and other key community providers and work collaboratively to improve health and lower costs for populations living in these communities
- GF6. Develop a culture of philanthropy within UI Health Care
- GF7. Increase number of lives in ACO products
- GF8. Increase Pediatric market share population in advance of Children's Hospital opening in targeted regions

Information Technology

Clinical Quality & Service
- Continue to develop the full capabilities of Epic to facilitate quality/safety and enhance professional and consumer relationships, including UI CareLink and MyChart
- Mobile technology
- Enhance sharing of clinical information with external providers
- Data warehousing capabilities incorporating external data
- Device integration into Epic

Research
- Develop the full capabilities of Epic to facilitate innovation in research
- Develop IT infrastructure necessary for ICORE (iT, EPIC across UI Health Alliance, business metrics, clinical outcomes, decision science, genomics, and comparative effectiveness)
- Develop robust informatics infrastructure in synergy with university initiatives

Education
- Develop the full capabilities of Epic to facilitate education
- Provide training and support for "learners" to understand and implement patient-centered care and service
- Provide tools for faculty to implement new teaching methods (availability of short podcasts from across the world, IT based testing, etc)

People
- Training and development
- Communications
- Policy and practice changes
- Compliance tracking

Diversity
- Web-based tools (self-audit, reporting progress on diversity initiatives, cultural competency resources, accreditation, etc.)
- Evaluate online tools/programs to facilitate cultural competency training and adopt one
- Track participation in diversity programs

Growth and Finance
- Data-driven business planning
- Robust financial and performance-reporting systems
- Data warehouse and analytical capabilities for ACOs and population health

Metrics

Clinical Quality & Service
- QS1
  - CMS Reportable Events
  - Adverse Drug Events
  - CLABSI, CAUTI, VAP & C-Diff Rates
  - CMS Core Measures
  - Mortality Index
  - Readmission Rate
  - Blood Management
  - Nurse Sensitive Indicators
- QS2
  - Case-weighted Documentation Opportunity Points (Carefx)
  - ICD-10 Provider Training Completion
- QS3
  - Clinic room utilization
  - Transfer Center – Average Placement Time
  - Percent of transfers coming through transfer center
  - Length of stay
  - Same day access
  - First-case on-time starts (Main OR)
  - % of total prescriptions filled by UIHC retail pharmacies
- QS4
  - Patient satisfaction (Likelihood to Recommend)
  - Staff satisfaction
  - Referring physician satisfaction
  - MyChart utilization
  - Meaningful Use (Stage 2)
- QS5
  - NCQA Medical Home certification
  - eHealth implemented in Critical Access Hospitals
- QS6
  - Quality and cost targets for Medicare, Medicaid and Wellmark ACOs
  - Clinical integration across the Alliance
  - UI CareLink in all Alliance and UI Health Network offices
  - # of HVHC projects implemented within UI Health Care & UI Health Alliance
- QS7
  - Volume, growth, outcomes and patient satisfaction indicators
- QS8
  - New structure and leadership in place

Research
- R1
  - Recruitment and retention of a diverse faculty as measured by annual demographic data on the composition of UI Health Care faculty
  - Increase in "optimal" rankings for the diversity recruitment and retention plan on NIH grant reviews
- R2
  - Percentage of NIH funded research effort directed toward stated research and clinical priorities/centers of excellence
- R3
  - # of grants funding translational research
  - Initiate & Staff ICORE
  - Number and dollar amount of clinical trials
- R4
  - Establish tissue procurement system
- R5
  - Complete Pappajohn Biomedical Discovery Building and occupy with strategic initiatives as part of the Pappajohn Biomedical Institute
  - New cores initiated
  - # of cores endowed
- R6
  - Number of patents, royalties, licensing agreements
  - Number of new start-ups
- R7
  - Increased participation in informatics education efforts at UME, GME and faculty level
  - Initiate joint degree programs and faculty fellowships in informatics
- R8
  - Number and dollar amount of program project and other collaborative grants
- R9
  - Number, dollar amount and percent of extramurally funded projects
  - Research revenue per net square foot
  - Percent of faculty salaries offset by grant support

Education
- E1
  - USMLE scores
  - Placements of graduates, short term and long term
  - National rankings of graduate programs and professional schools
  - Scholarship (e.g. publications, national presentations) regarding innovations in clinical learning environments &/or in UME/GME
- E2
  - # of hours/faculty devoted to education efforts as logged in participation database
  - Applications, admissions, and yield including increased GPA and MCAT scores and diversity of applicants and admitted students
  - % GME slots at UIHC filled with high quality residents
  - % CCOM students Match
  - Success in student diversity retention initiatives
  - Effectiveness of under-represented minority student scholarship program to participate in UIHC externships
  - Increase in positive data from OSAC-commissioned minority focus groups
- E3
  - Scholarship (e.g. publications, national presentations) regarding innovations in clinical learning environments &/or in UME/GME
  - % rating their overall evaluation as "very positive" on the annual Resident Survey conducted by ACGME
  - # UME curricular innovations adapted to GME needs
- E4
  - Annual student debt compared to national benchmarks and prior year
- E5
  - USMLE scores
  - % rating overall evaluation as "very positive" on the annual Resident Survey conducted by ACGME
  - Student evaluations of curriculum and instruction to include residents and fellows
  - Progress with effort to build infrastructure to support comprehensive physician professional development initiatives
  - # of endowed professorships for residency Program Directors
- E6
  - % rating their overall evaluation as "very positive" on the annual Resident Survey conducted by ACGME
- E7
  - Best-practice examples of IPP in clinical settings that reinforce IPE
  - Verification of proficiency of resident/fellow/faculty physicians to perform invasive procedures in a standardized and safe manner

People
- P1
  - % performance appraisals completed
- P2 & P10
  - Time to hire
- P3
  - % staff completing orientation within 60 days of hire
  - % staff trained in Service Excellence
- P4
  - Hours worked vs. hours paid
- P6
  - # of leaders completing Dartmouth program and deployed to existing or new initiatives
- P7
  - Magnet status maintained
- P8
  - # staff enrolled in RN to BSN and other tuition support programs
- P9
  - Compliance tracking system developed and implemented

Diversity
- D1
  - 2012 climate survey for MD students completed and reported
  - Enterprise-wide self-audit tool completed
  - Data from focus groups compiled and reported in aggregate format
  - Evaluation of Human Rights Week completed, and results used to guide future direction
- D2
  - On-line diversity reporting tool "live" and in use by all departments
- D3
  - % medical educators possessing skills and knowledge to infuse cultural competence in the curriculum and teaching methods
  - Patient satisfaction surveys measuring healthcare providers delivering ongoing culturally competent and sensitive patient care
  - Culturally responsive healthcare e-learning tool(s) adopted and used by UIHC community
  - % of high participant satisfaction with, and effective of, sessions and content of the Culturally Responsive Healthcare in Iowa conference
- D4
  - Diversity among MD applicants and matriculants
  - Applicants from historically underrepresented populations to Biosciences/Biomedical graduate programs
- D5
  - Full compliance with LCME diversity, inclusion and cultural competence standards

Growth and Finance
- GF1
  - Recruitment timing
- GF2
  - Operating margin established for each business unit
  - Flexible budget variance of less than 2.0% for each business unit
  - Volume metrics for each business unit including at least inpatient admissions, days, ALOS vs. expected (expressed as an index), surgical cases, ambulatory visits for each budget year
  - Quality of service metrics including, room turns for clinics, wait time for new patients in clinics, others (TBD) for each budget year
  - CARTS productivity for each clinical department
- GF3
  - Bond rating metrics, days cash on hand, operating margin, current ratio, debt to capital, others (TBD) to maintain current rating from each agency
  - Long range business model updated yearly
  - Shared savings for ACO programs
- GF4
  - Facility projects on budget and schedule
- GF5
  - UI Health Network implemented with targeted services in targeted areas
- GF6
  - Philanthropic dollars received
  - % UI Health Care faculty/staff who give to UI
- GF7
  - % out of state migration for tertiary care
  - % market share of tertiary care in state

UNIVERSITY OF IOWA
HEALTH CARE

Changing Medicine.
Changing Lives.®

Changing Medicine.

. . .through pioneering discovery

. . .innovative inter-professional education

. . .delivery of superb clinical care and an extraordinary patient experience

. . .in a multi-disciplinary, collaborative, team-based environment.

Changing Lives.

. . .preventing and curing disease

. . .improving health and well-being

. . .assuring access to care

. . .for people in Iowa and throughout the world.

Vision

World-class people.

World-class medicine.

For Iowa and the world.

World-class people.

. . .building on our greatest strength.

World-class medicine.

. . . creating a new standard of excellence in integrated patient care, research and education.

For Iowa and the world.

. . .making a difference in quality of life and health for generations to come.

I pledge my individual commitment to UI Health Care's values because I CARE about:

*I*nnovation

We seek creative ways to solve problems.

*C*ollaboration

We believe teamwork is the best way to work.

*A*ccountability

We behave ethically, act openly and with integrity in all that we do, taking responsibility for our actions.

*R*espect

We honor diversity and recognize the worth and dignity of every person.

*E*xcellence

We strive to achieve excellence in all that we do.

Goals

CLINICAL QUALITY & SERVICE

RESEARCH

EDUCATION

PEOPLE

DIVERSITY

GROWTH & FINANCE

1. Provide world-class health care and service to optimize health for the people of Iowa and beyond.

2. Advance world-class discovery through outstanding, innovative biomedical and health services research.

3. Develop world-class health professionals and scientists through excellent, innovative and humanistic educational curricula for learners at every stage.

4. Foster a culture of excellence that values, engages and enables our workforce.

5. Create an environment of inclusion where individual differences are respected and all feel welcome.

6. Optimize a performance-driven business model that assures financial success.

Strategies—Clinical Quality & Service

CLINICAL QUALITY & SERVICE	
QS1	Optimize patient safety
QS2	Ensure accurate and complete coding of documentation
QS3	Improve timely access to care
QS4	Deliver consistent service excellence
QS5	Design and implement innovative care models
QS6	Lead efforts to improve health, access, quality and reduce fragmentation in the health care delivery system in collaboration with UI Health Alliance and other community partners
QS7	Build and sustain programmatic priorities (cancer, children's services, diabetes, heart & vascular, neurosciences, primary care, orthopaedics, transplant, women's health, and other emerging areas of clinical focus, including aging and age-related diseases)
QS8	Optimize UIP operational effectiveness locally with UIHC and across the UI Health Alliance

Strategies—Research

RESEARCH	
R1	Recruit, develop, and retain a diverse cadre of world-class investigators and support their academic development
R2	Identify areas of excellence in basic research in which to prioritize future growth and development (neuroscience, diabetes, cardiopulmonary, genomics)
R3	Expand existing research that disseminates and implements evidence-based practices into routine clinical practice settings and across UI Health Alliance
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R5	Improve and grow scientific infrastructure including new cores
R6	Nurture the development of high quality, high reward interdisciplinary scientific programs, especially those with potential for tech transfer and/or start-up companies
R7	Strengthen informatics capabilities for all research areas
R8	Collaborate with other UI Colleges, CTSA Consortium and UI Health Alliance in targeted areas to meet common goals
R9	Strengthen enterprise research business model

Strategies—Education

EDUCATION	
E1	Complete roll-out of new innovative mechanism-based UME curriculum
E2	Recruit, develop and retain diverse world class faculty, fellows, residents and students
E3	Foster innovation through greater integration across the continuum of UME, OSCEP, GME, and CME
E4	Limit medical student debt
E5	Recognize and reward excellence in teaching; find creative ways to fund teaching
E6	Cultivate critical thinking, an environment of curiosity and life-long learning, a spirit of inquiry, and a passion for excellence
E7	Emphasize interprofessional education (IPE) across all health science professionals
E8	Deepen academic training for clinicians through creative faculty/fellowships

Strategies—People

PEOPLE	
P1	Continue to develop talent within the organization and define performance expectations for all
P2	Seek, hire and retain outstanding people including individuals from groups traditionally under-represented in academic medicine
P3	Ensure that all UI Health Care employees receive appropriate training regarding organization's Mission, Vision, Values and Goals
P4	Engage staff and encourage strong personal responsibility, accountability and empowerment directed toward achieving organizational goals
P5	Promote programs that recognize and reward excellence
P6	Foster an environment of continual learning, innovation and collaboration
P7	Maintain Magnet recognition program designation to attract and retain a world-class workforce
P8	Develop and implement the Institute of Medicine *Future of Nursing* recommendations appropriate to our workforce
P9	Continue to develop infrastructure, technology and lean processes to support HR efforts
P10	Support organizational capacity to transform and embrace change

Strategies—Diversity

DIVERSITY	
D1	Foster a positive and welcoming environment by nurturing a culture of respect, inclusion and equal opportunity
D2	Develop and implement 2014-2017 CCOM Strategic Diversity Plan
D3	Provide a range of diversity education, cultural enrichment and acclimation programs for members of the UI Health Care community
D4	Develop and implement innovative, effective recruiting and pipeline initiatives geared towards under-represented groups
D5	Compliance with Liaison Committee on Medical Education standards (IS-16, MS-8, ED-21, ED-22) related to diversity, inclusion and culturally responsive care for 2017 review
D6	Each Accountable Leader will advance diversity in all strategies

Strategies—Growth & Finance

GROWTH & FINANCE	
GF1	Complete evaluation of clinical programs based on all three missions and rank as to core (basic), growth or marginal
GF2	Develop and implement business model for long-term growth of targeted clinical programs
GF3	Develop and implement business model to support the evolving healthcare delivery system, including ACOs, risk sharing, gain sharing or bundled payments
GF4	Maintain capital plan to address core strategies
GF5	Develop and implement strategies to strengthen relationships with Critical Access Hospitals, their physicians and other key community providers and work collaboratively to improve health and lower costs for populations living in these communities
GF6	Develop a culture of philanthropy for the system
GF7	Increase number of lives in ACO products
GF8	Increase Pediatric market share population in advance of Children's Hospital opening in targeted regions

Information Technology

CLINICAL QUALITY & SERVICE

- Continue to develop the full capabilities of Epic to facilitate quality/safety and enhance professional and consumer relationships, including UI CareLink and MyChart
- Mobile technology
- Enhance sharing of clinical information with external providers
- Data warehousing capabilities incorporating external data
- Device integration into Epic

RESEARCH

- Develop the full capabilities of Epic to facilitate innovation in research.
- Develop IT infrastructure necessary for ICORE (IT, EPIC across UI Health Alliance, business metrics, clinical outcomes, decision science, genomics, and comparative effectiveness).
- Develop robust informatics infrastructure in synergy with university initiatives.

EDUCATION

- Develop the full capabilities of Epic to facilitate education.
- Provide training and support for "learners" to understand and implement patient-centered care and service.
- Provide tools for faculty to implement new teaching methods (availability of short podcasts from across the world, IT based testing, etc).

PEOPLE

- Training and development
- Communications
- Policy and practice changes
- Compliance tracking

DIVERSITY

- Web-based tools (self-audit, reporting progress on diversity initiatives, cultural competency resources, accreditation, etc.)
- Online tools/programs to facilitate cultural competency training
- Track participation in diversity programs

GROWTH & FINANCE

- Data-driven business planning
- Robust financial and performance-reporting systems
- Data warehouse and analytical capabilities for ACOs and population health

Scorecard – Overall FY15 Performance

UNIVERSITY OF IOWA
HEALTH CARE

UI Health Care Strategic Plan Scorecard	FY14 Actual	FY15 Target	FY15 Actual	Upshot
OVERALL				
Honor Roll for Best Hospitals by US News and World Report	Ranked in 9 specialties	Improve	Ranked in 7 specialties	Not achieved
Children's Hospitals by US News and World Report	Ranked in 8 specialties	Improve	Ranked in 9 specialties	Achieved
Public Medical Schools ranking in Research by US News and World Report	11th	Improve	11th	Remained constant
Overall Medical School ranking in Research by US News and World Report	29th	Improve	29th	Remained constant
Public Medical Schools Primary Care ranking by US News and World Report	14th	Improve	13th	Achieved
Overall Medical Schools Primary Care ranking by US News and World Report	16th	Improve	16th	Remained constant
NIH Funding among Public Medical Schools	18th (FY13)	Improve	20th (FY14)	Not achieved
Moody's Bond Rating	Aa2	Maintain Aa2	Aa2	Achieved

Scorecard – Clinical Quality & Service FY15 Performance

UI Health Care Strategic Plan Scorecard	FY14 Actual	FY15 Target	FY15 Actual	Upshot
CLINICAL QUALITY & SERVICE				
Patient Satisfaction: a) Adult b) Pediatric c) Outpatient	a) 50 / 54 b) 30 / 51 c) 34 / 38 (FY14) / (Q4FY14)	90th Percentile	a) 38 / 36 b) 64 / 70 c) 38 / 47 (FY15) / Q4FY15)	a) Not achieved b) Improved c) Improved
HAI reduction: C diff infection rates	1.28/1000 patient days	Less than 1.0/1000 patient days	0.97/1000 patient days	Achieved
Operating Room – First case on-time starts (Main OR)	93%	95%	93%	Remained constant
~~Access: % new patients seen within 7 days of request~~				Data source change
Readmission Rate (UHC All-cause Measure - Adult and Children)	11.62% (FY14)	10.38%	10.90%	Improved
Length of Stay Index (excl. Outliers, Psych, Normal Newborn, & Neonates)	1.04 (FY14)	≤1.0	1.06	Not achieved

Scorecard – Research
FY15 Performance

UI Health Care Strategic Plan Scorecard	FY14 Actual	FY15 Target	FY15 Actual	Upshot
RESEARCH				
Total extramural funding	$203.6M	Total extramural funding increases or decreases by the same percentage as the NIH budget for FY15	$223.9M	Achieved
Research revenue per net square foot	$427	Maintain	$421 Note: Added 55K NSF for PBDB	Partially achieved
Percent of extramurally funded faculty research effort	19.9%	Maintain	18.8%	Not achieved

UNIVERSITY OF IOWA HEALTH CARE

UI Health Care Strategic Plan Scorecard	FY14 Actual	FY15 Target	FY15 Actual	Upshot
EDUCATION				
Number of applications for medical school	3,502	Maintain	3,474	Slight decline
Mean MCAT scores: Verbal Reasoning, Physical Sciences, Biological Sciences	32.3	Maintain	32.2	Very slight decline
GPA of accepted applicants	3.76	Maintain	3.76	Achieved
Limit % increase in annual student medical debt compared to national benchmarks and prior year	UI Class of 2013 Average $156K; National Average, All Schools $150K	Reduce UI medical student debt to below national average	UI Class of 2014 Average Medical Debt of $151 K; National Average Med, All Schools $155 K	Achieved

Scorecard – People
FY15 Performance

UI Health Care Strategic Plan Scorecard	FY14 Actual	FY15 Target	FY15 Actual	Upshot
PEOPLE				
Develop and implement plan for improved on-boarding of staff - 100% of staff completing orientation within 60 days of hire.	100%	100%	100%	Achieved
Develop and deliver Service Excellence training to all staff	80% trained	85% trained	77.2% trained	Not achieved*
% of Performance Appraisals completed	100%	100%	100%	Achieved
% of Sexual Harassment Training Completed	100%	100%	100%	Achieved
Participation rate in 2014 Working at Iowa Survey (measuring staff satisfaction)	Did not exist in FY13	65% (UI Health Care)	62%	Not achieved

*Training program suspended for several months during FY15

Scorecard – Diversity
FY15 Performance

UI Health Care Strategic Plan Scorecard	FY14 Actual	FY15 Target	FY15 Actual	Upshot
DIVERSITY				
Each department will develop a diversity plan and accompanying goals which adhere to and support the overall UIHC and CCOM Diversity Plan/Roadmap.	All departmental plans completed and entered into Diversity Goal reporting site.	Updated plans and goals fully implemented by end of June 2015.	80% (12/15) of administrative and 85% (22/26) academic departments submitted departmental plans.	Partially achieved
Launch CultureVision to UI Health Care community.	CultureVision agreement in place and implementation plan developed.	CultureVision is fully implemented, including Ambassador training for 100 employees.	CultureVision (CV) acquired and implemented; 100+ employees trained as CV Ambassadors.	Achieved
Develop and/or participate in outreach, pipeline and/or recruitment initiatives for persons from populations underrepresented in medicine and/or biomedical research.	Design and implement minimum of two outreach/pipeline programs and participate in a minimum of four recruitment events or programs.	Programs are completed and outcomes are reported.	UI Health Care STEM Education hosted 60 outreach and exhibitor programs; over 16,000 K-12 students in the state engaged in UI Health Care STEM Education experiences including 44 diverse groups totaling over 7,000 students. The CCOM sponsored 10 different outreach and/or pipeline programs aimed at K-12 and undergraduate students.	Achieved
Each DEO will specify the metrics to be used to measure achievement of diversity goals.	Did not exist in FY14	Diversity goals (with accompanying metrics) achieved reported via DEO metric reporting site by May 2015.	85% (22/26) of DEOs identified diversity goals, strategies and metrics to be implemented in FY16.	Partially achieved

Scorecard – Growth and Finance FY15 Performance

UI Health Care Strategic Plan Scorecard	FY14 Actual	FY15 Target	FY15 Actual	Upshot
GROWTH & FINANCE				
Admissions (excl. Normal Newborn and OP Observation)	30,762	31,821	31,748	Improved
UIHC Operating Margin %	4.6%	3.0%	6.2%	Achieved
UIP Operating Margin %	1.2%	2.35%	4.9%	Achieved
Outpatient Clinic Visits (including ETC and Hosp Dentistry)	867,591	870,801	888,996	Achieved
Surgical Cases (inpatient and outpatient)	29,180	30,653	29,958	Improved
Philanthropy	$70M	$72M	$91.4M	Achieved

Scorecard – Overall FY16 Targets

UI Health Care Strategic Plan Scorecard	FY15 Actual	FY16 Target
OVERALL		
Honor Roll for Best Hospitals by US News and World Report	Ranked in 7 specialties	Improve
Children's Hospitals by US News and World Report	Ranked in 9 specialties	Improve
Public Medical Schools ranking in Research by US News and World Report	11th	Improve
Overall Medical School ranking in Research by US News and World Report	29th	Improve
Public Medical Schools Primary Care ranking by US News and World Report	13th	Improve
Overall Medical Schools Primary Care ranking by US News and World Report	16th	Improve
NIH Funding among Public Medical Schools	20th (FY14)	Improve
Moody's Bond Rating	Aa2	Maintain Aa2

Scorecard – Clinical Quality & Service FY16 Targets

University of Iowa HEALTH CARE

UI Health Care Strategic Plan Scorecard	FY15 Actual	FY16 Target
CLINICAL QUALITY & SERVICE		
Patient Satisfaction: % "Very Goods" a) Adult b) Pediatric c) Outpatient Goal: Improve 10% of gap	a) 52.6% b) 60.2% c) 71.1%	a) 57.3% b) 64.2% c) 74.0%
Risk Adjusted Mortality Index a) Adult b) Pediatric Goal: Maintain or improve index from FY15 baseline	a. 0.83 b. 1.06	a. 0.83 b. 1.00
HAI reduction: C diff infection rates Goal: 10% reduction in rate	11.20	10.10
Readmission Rate (UHC All-cause Measure - Adult and Children) Goal: 10% reduction in rate	10.90%	9.81%
Length of Stay Index a) Adult b) Pediatrics Goal: Maintain or improve index from FY15 baseline	a. .88 b. .95	a. .88 b. .95
Access: % new patients seen within 7 days of request Goal: Improve to 50%	35%	50%

Scorecard – Research
FY16 Targets

UI Health Care Strategic Plan Scorecard	FY15 Actual	FY16 Target
RESEARCH		
Total extramural funding (excluding philanthropy)	$186M	$190M
Research revenue per net square foot (excluding philanthropy)	$350	Maintain
Percent of extramurally funded faculty research effort	18.8%	Maintain

Scorecard – Education FY16 Targets

UI Health Care Strategic Plan Scorecard	FY15 Actual	FY16 Target
EDUCATION		
Number of applications for medical school	3,474	Maintain
Mean MCAT scores: Verbal Reasoning, Physical Sciences, Biological Sciences	32.2	Maintain
GPA of accepted applicants	3.76	Maintain
Limit % increase in annual student medical debt compared to national benchmarks and prior year	UI Class of 2014 Average Medical Debt of $151 K; National Average Med, All Schools $155 K	Reduce UI medical student debt to below national average

Scorecard – People
FY16 Targets

UI Health Care Strategic Plan Scorecard	FY15 Actual	FY16 Target
PEOPLE		
Develop and deliver Service Excellence training to all staff	77.2% trained	85%
% of Performance Appraisals completed	100%	100%
% of Sexual Harassment Training Completed	100%	100%
Compliance and Qualification Enterprise Wide System Go Live	NEW	Completion

Scorecard – Diversity FY16 Targets

UI Health Care Strategic Plan Scorecard	FY15 Actual	FY16 Target
DIVERSITY		
Complete annual assessment of goals for the 2014-17 CCOM Strategic Diversity Roadmap.	Diversity goals, strategies and metrics have been identified and will be implemented in FY16.	Departmental assessment of diversity goals, strategies and metrics reported by June 2016.
Complete comprehensive strategic plan to advance culturally responsive care throughout the enterprise.	Strategic plan to advance culturally responsive care throughout the enterprise does not currently exist.	Culturally Responsive Care strategic plan complete by June 2016.
Complete enterprise-wide review of use and effectiveness of CultureVision.	CultureVision assessment plan proposed; awaiting approval by CultureVision Project Team.	Review and assessment of use and effectiveness of CultureVision complete by June 2016.
Complete and submit proposal to establish post-baccalaureate research education program in the biomedical sciences.	Post-baccalaureate research education does not currently exist.	Proposal submitted, accepted and approved by December 2015.

Scorecard – Growth and Finance
FY16 Targets

UI Health Care Strategic Plan Scorecard	FY15 Actual	FY16 Target
GROWTH & FINANCE		
Admissions (excl. Normal Newborn and OP Observation)	31,748	34,183
UIHC Operating Margin %	6.2%	3.5%
UIP Operating Margin %	4.9%	3.6%
Outpatient Clinic Visits (including ETC and Hosp Dentistry)	888,996	933,992
Surgical Cases (inpatient and outpatient)	29,958	30,750
Philanthropy	$91.4M	$95.0M

UNIVERSITY OF IOWA
HEALTH CARE

George J. Weiner, MD
- **Chair / Director**, UI Holden Comprehensive Cancer Center
  - o **MD, Internal Medicine**, The Ohio State University
  - o **Residency, Internal Medicine**, Medical College of Ohio
  - o **Fellowship, Hematology and Oncology**, U of Michigan

Nitin J. Karandikar, MD, PhD
- **Chair / DEO**, UI Dept of Pathology
  - o **MD, Pathology**, BJ Medical College, U of Poona, India
  - o **PhD, Immunology and Molecular Pathogenesis Graduate Program**, Northwestern U Medical School
  - o **Residency, Anatomic and Clinical Pathology**, BJ Medical College, U of Poona, India
  - o **Residency, Clinical Pathology**; **Fellowship, Hematopathology**, UTSW Medical Center
  - o **Post - Doctorate, Research in Immunology**, UTSW Medical Center

Aaron D. Bossler, MD, PhD
- **Clinical Assoc Professor**, UI Dept of Pathology
  - o **MD , PhD, Molecular Biology**, UI CCOM
  - o **Residency, Clinical Pathology**, UI CCOM
  - o **Fellowship, Molecular Genetic Pathology**, U of Pennsylvania

Faculty Presentation:
Precision Cancer Medicine

George Weiner, MD, Professor of Internal Medicine
Director, Holden Comprehensive Cancer Center

Nitin Karandikar, MD, PhD, Professor and Chair, Department of Pathology

Aaron Bossler, MD, PhD, Associate Professor of Pathology
Director, Molecular Pathology

What looks similar on the outside may actually be very different

Unknown
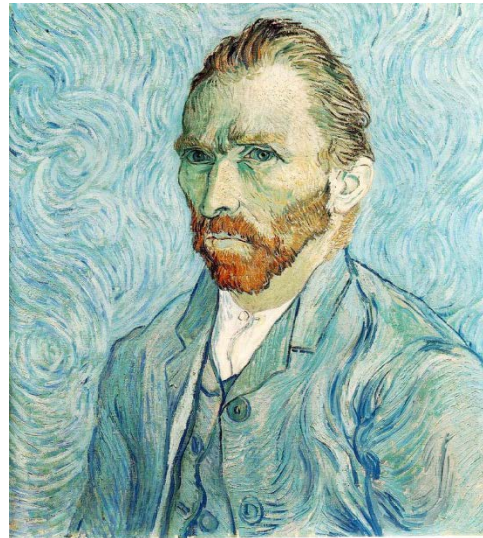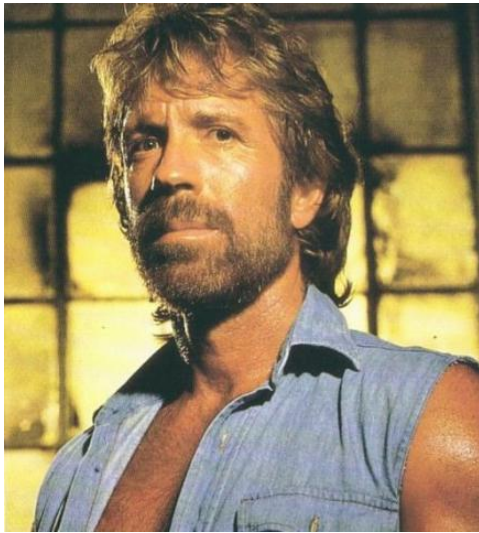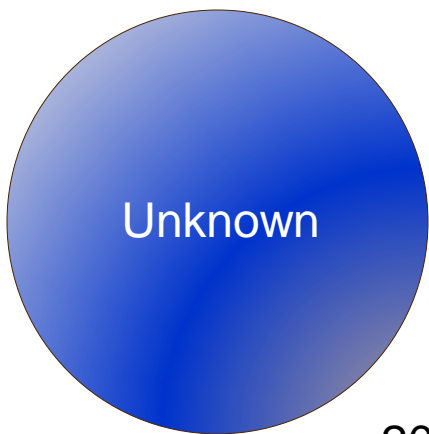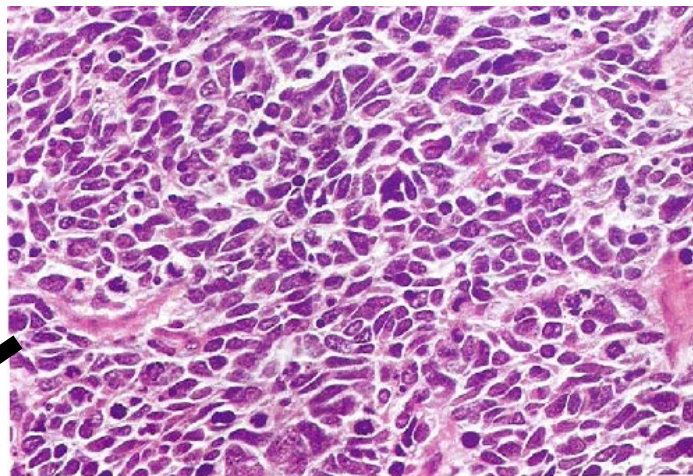
2000

Standard
Chemotherapy
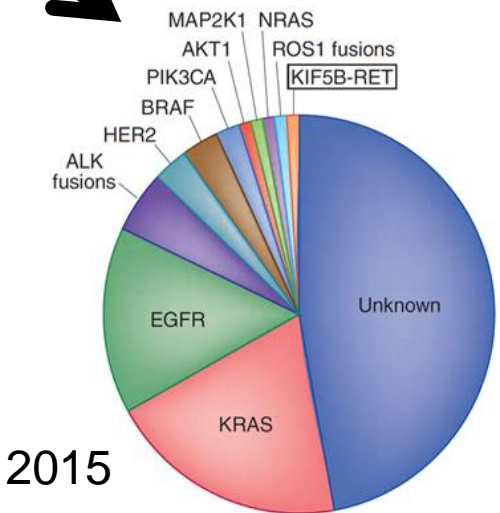
2015

Tailored
Targeted Therapy

What looks different on the outside can have similarities
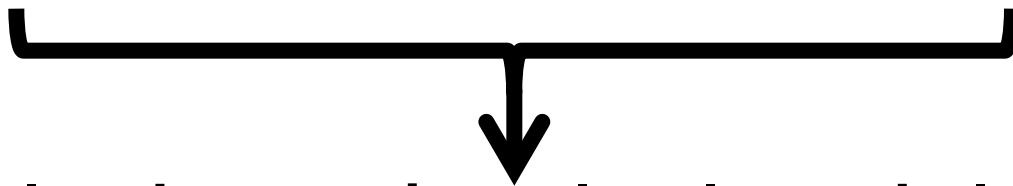
Apply advances in molecular pathology to improve care of cancer patients

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HEALTH CARE
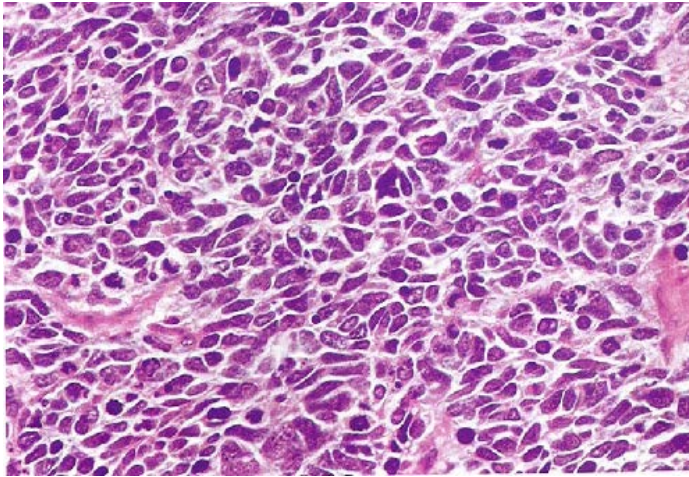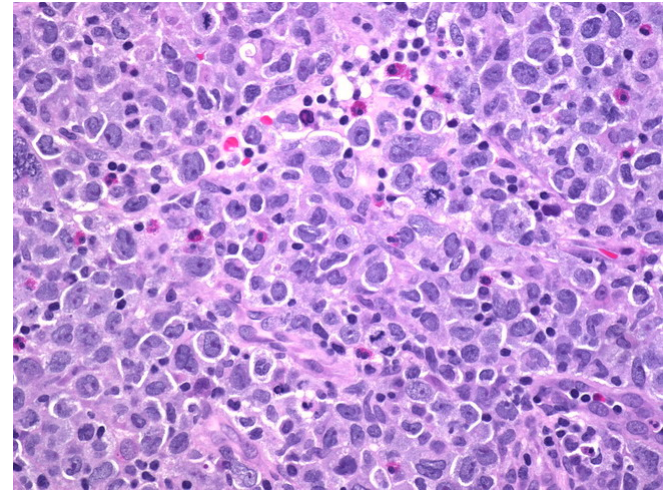
Lung Cancer

Lymphoma

Abnormality in ALK

Therapy Targeted at ALK

● Cancer research has taught us that cancer is incredibly complex

● We are developing targeted cancer treatments based on the individual make up of cancers

● We need to be able to assess that complexity in order to identify the right treatment for the right person

– Personalized cancer therapy

– Precision cancer therapy

- One of 43 cancer centers nationally designated as a "Comprehensive Cancer Center" by the National Cancer Institute

- Multidisciplinary teams of physicians and scientists that specialize on a specific cancer type (Multidisciplinary Oncology Groups)

- Cutting-Edge Molecular Pathology Capabilities (unique in Iowa)

- Laboratory and clinical research to develop and test the newest approaches to cancer prevention, early detection and therapy

- Tumor board meetings, including Molecular Tumor Boards, to discuss implications of individual patients
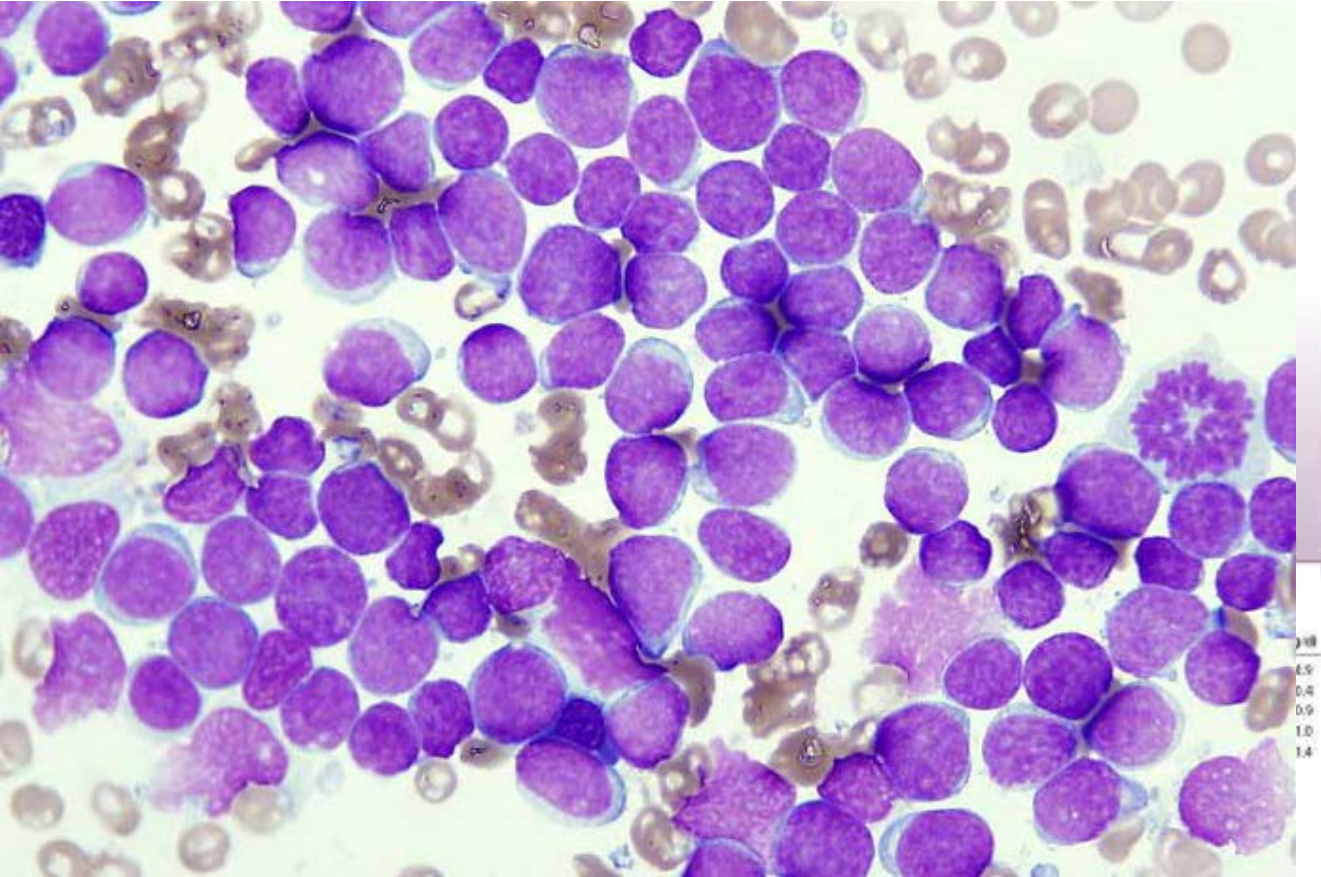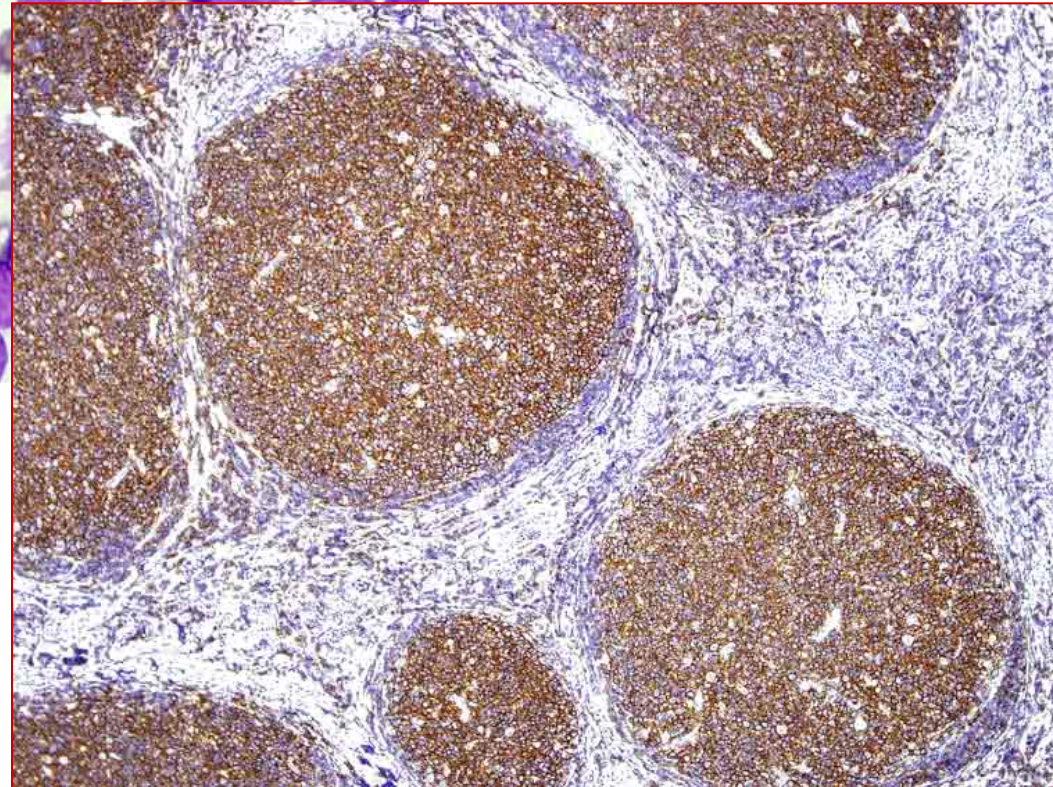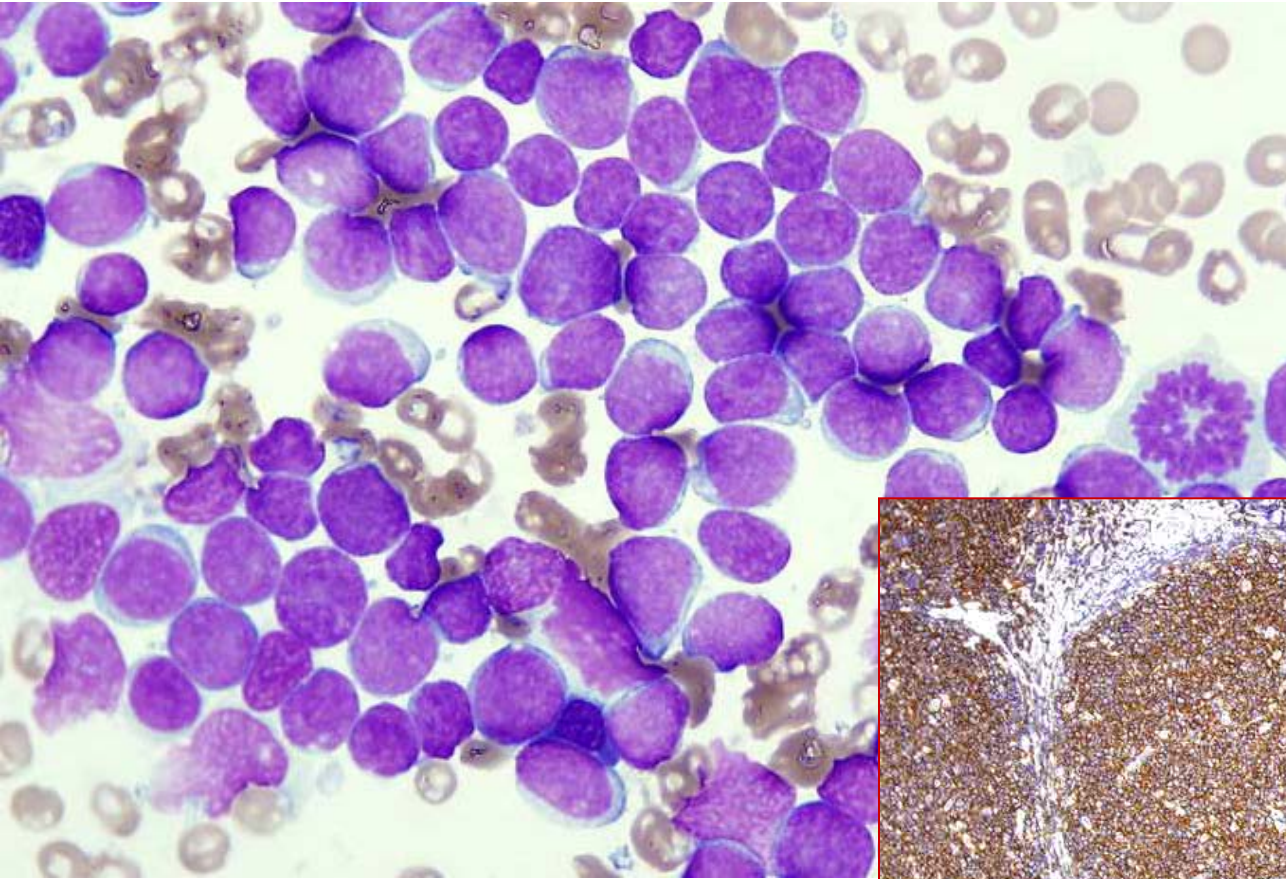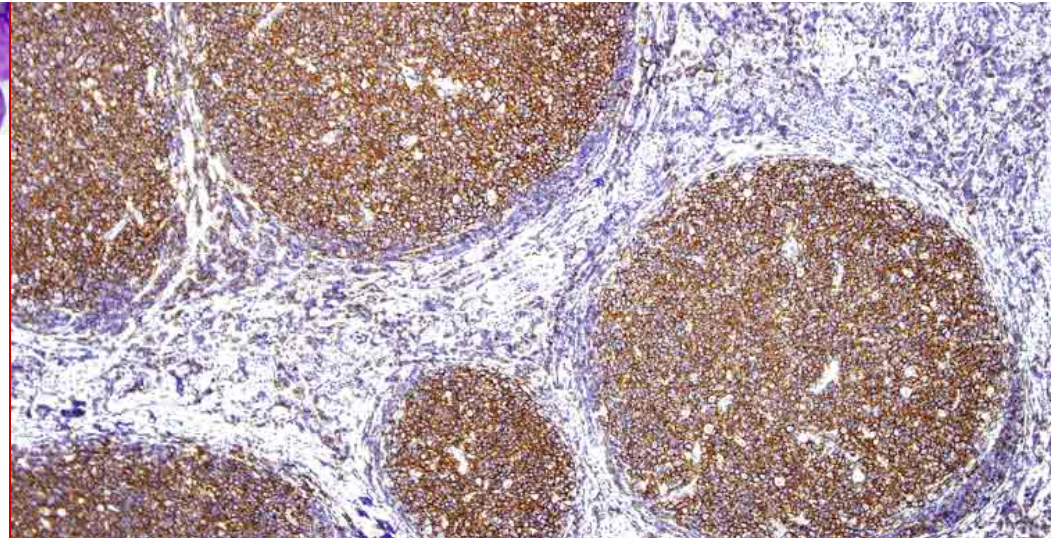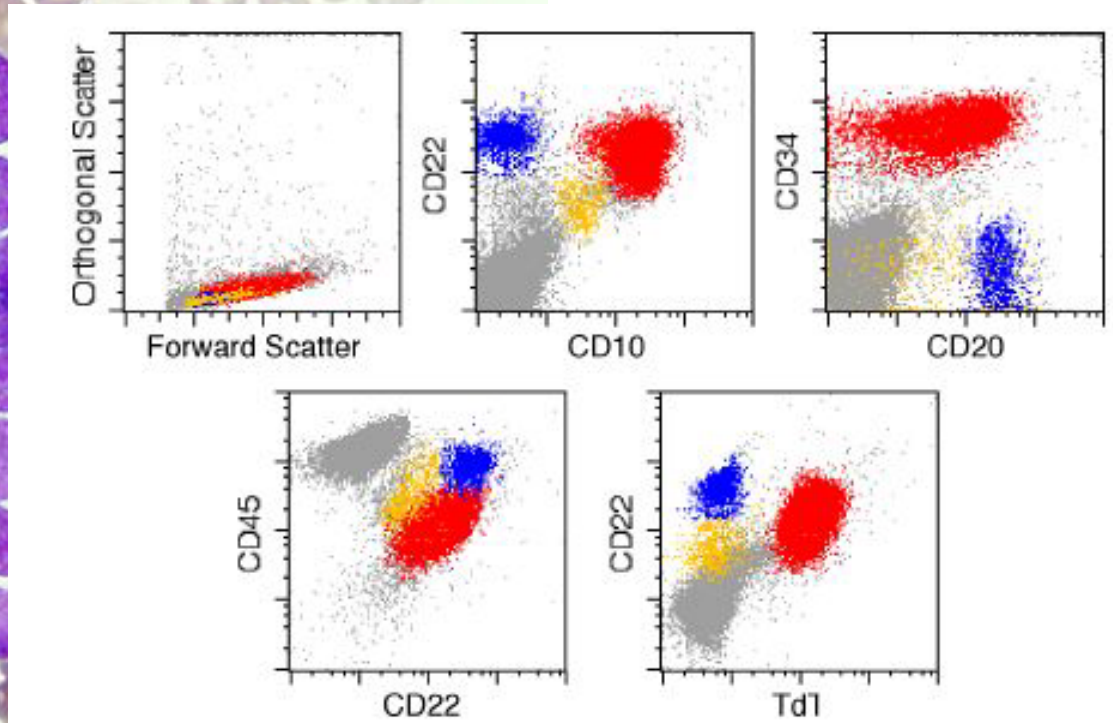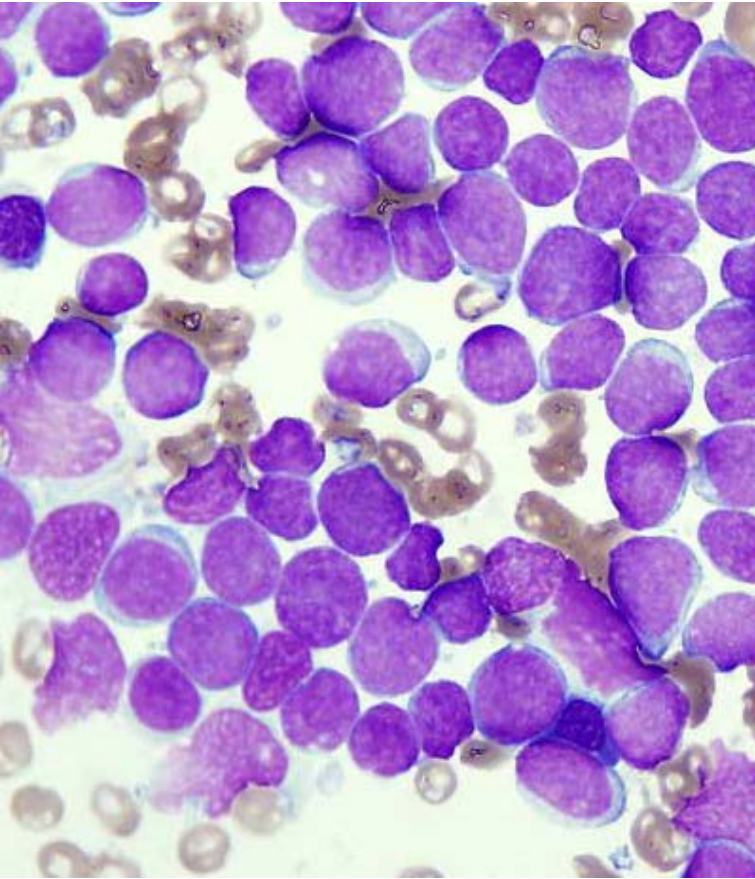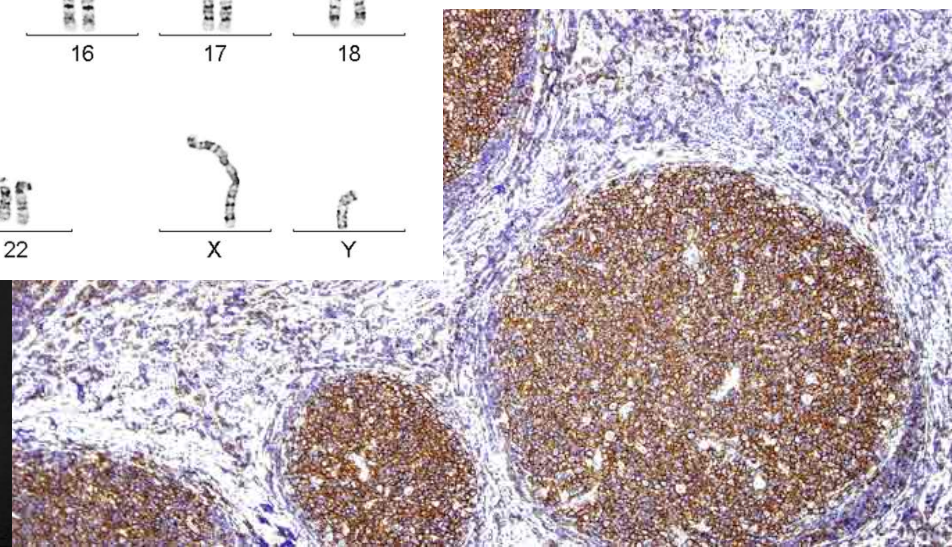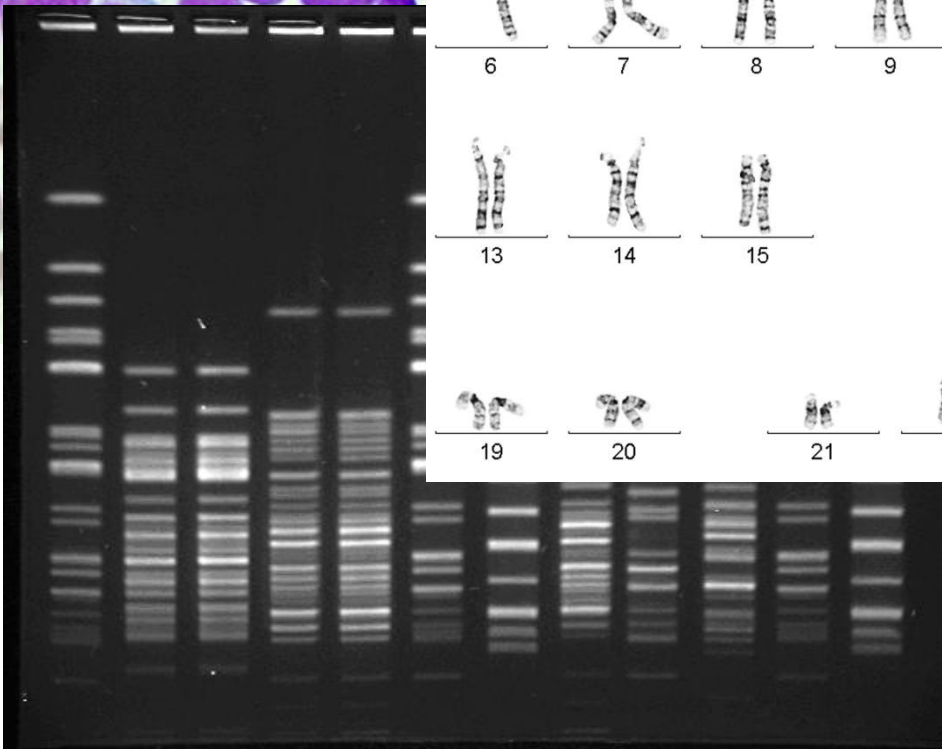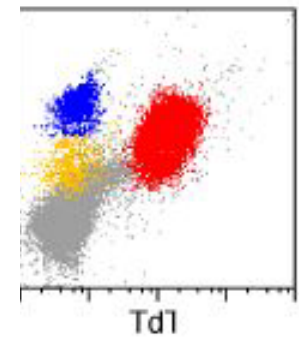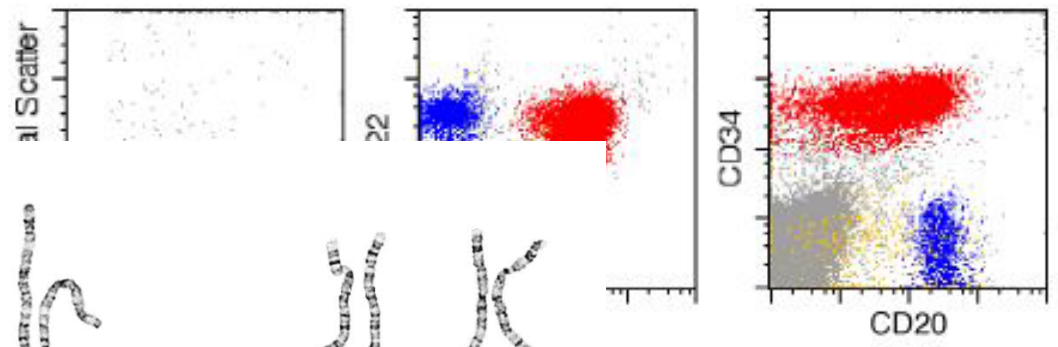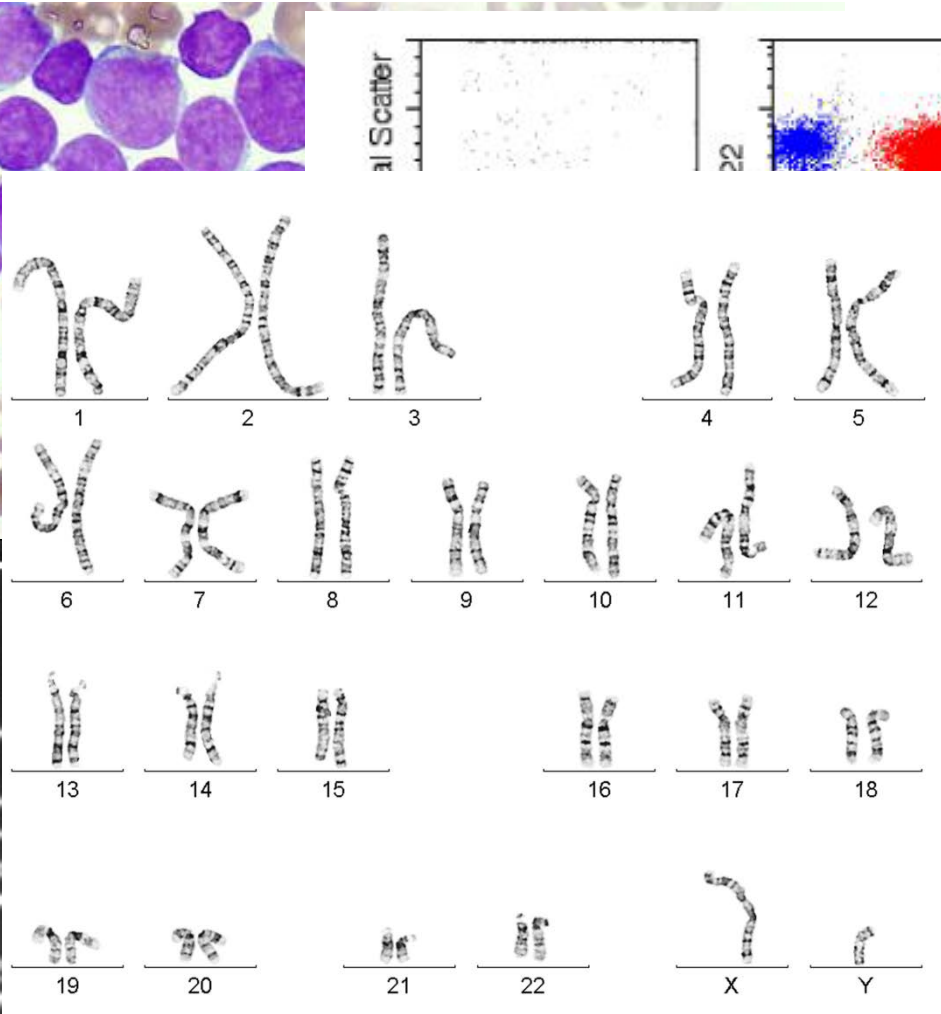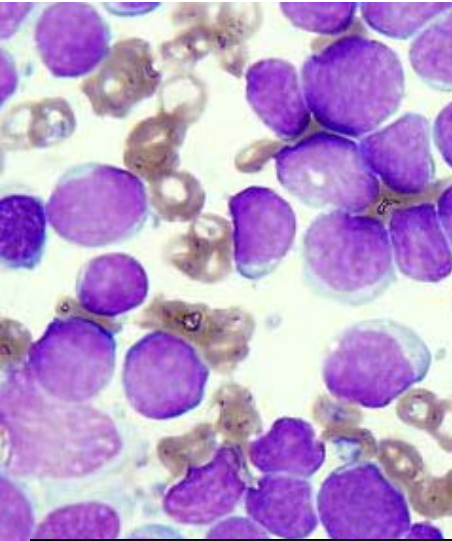
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HEALTH CARE
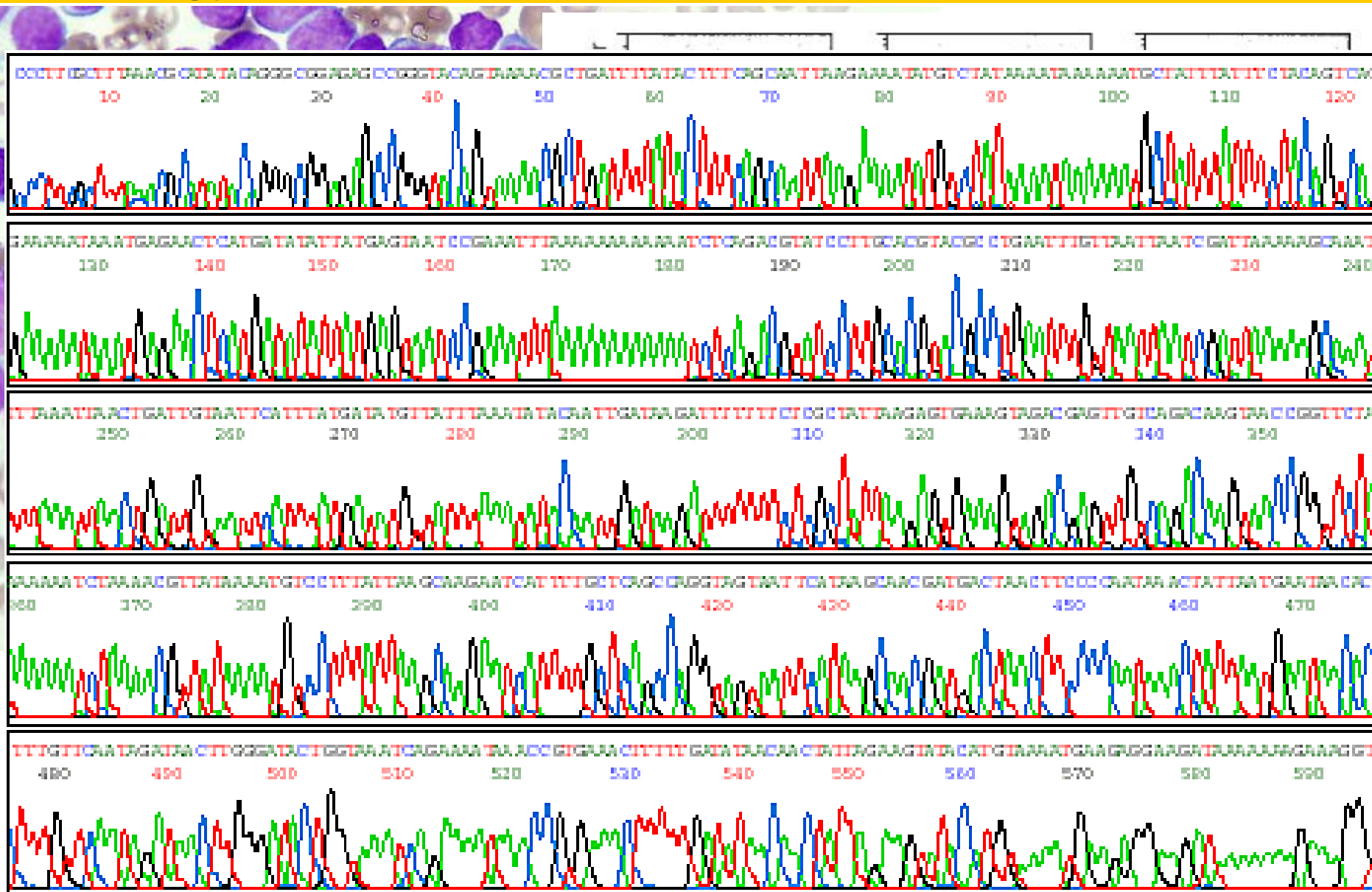
Mission:

- **Help provide state of the art precision cancer care for the patients of Iowa.**
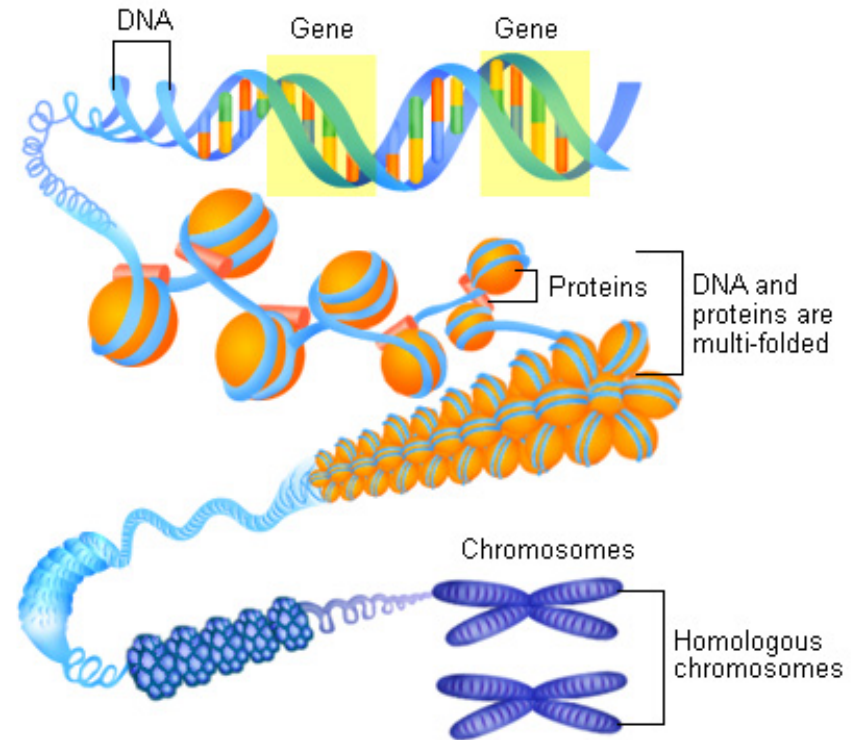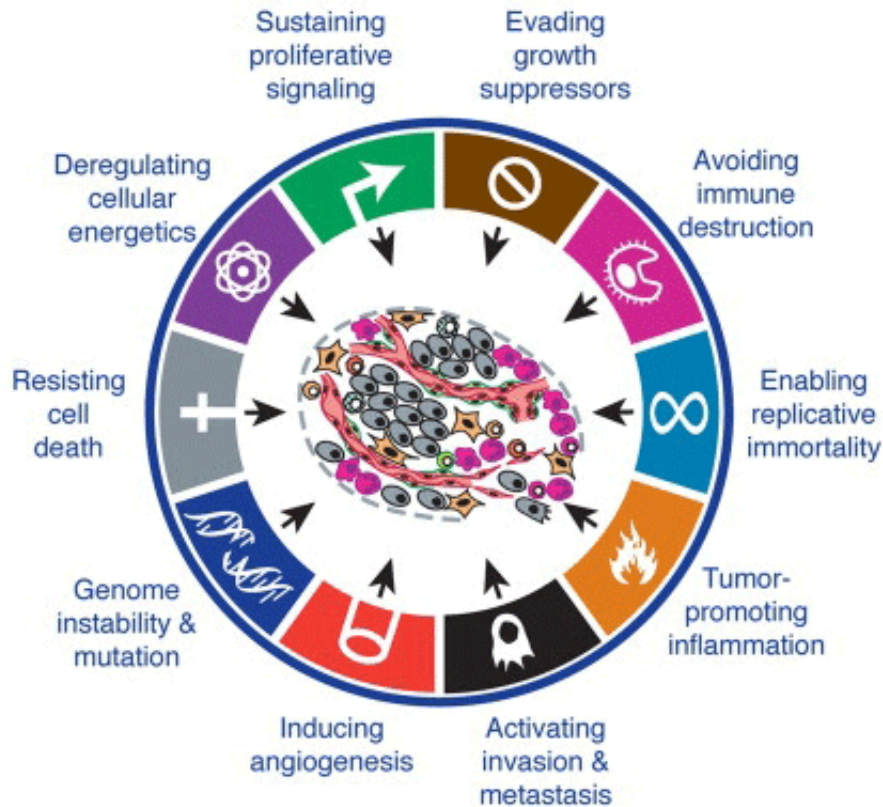
Genes are encoded by DNA which folds together to make chromosomes

Hanahan D, Weinberg RA. Hallmarks of cancer: the next generation. Cell. 2011 Mar 4;144(5):646-74.

Where a single change in the billions of DNA letters

... GGC.GCC.GGC.GGT ...
... Gly   Ala   Gly   Gly ...

Alters an oncogene that drives cancer

... GGC.GCC.GTC.GGT ...
... Gly   Ala   Val   Gly ...

And helps direct specific drug selection

Molecular Oncology Test Menu

Targeted mutation testing:

- B cell, IGH gene, clonality by PCR (lymphoma)
- BCR-ABL, t(9;22), RNA Quantitation (CML, ALL)
- BRAF mutation analysis by sequencing (melanoma, thyroid, HCL)
- CALR (MPN)
- CEBPA Mutation Analysis (AML)
- EGFR sequencing (Lung)
- FLT3 Mutation Detection (AML)
- IDH1 and IDH2 (AML, GBM, sarcoma)
- JAK2 V617F Mutation Detection Assay (PCV)
- KIT Mutation Analysis by Sequencing (GIST, AML)
- KRAS Mutation Analysis (CRC, thyroid, lung)
- Microsatellite Instability testing (CRC)
- MPL W515/S505 (MPN)
- NPM1 Mutation Detection (AML)
- NRAS Mutation Analysis (CRC, melanoma)
- PDGFRA (GIST)
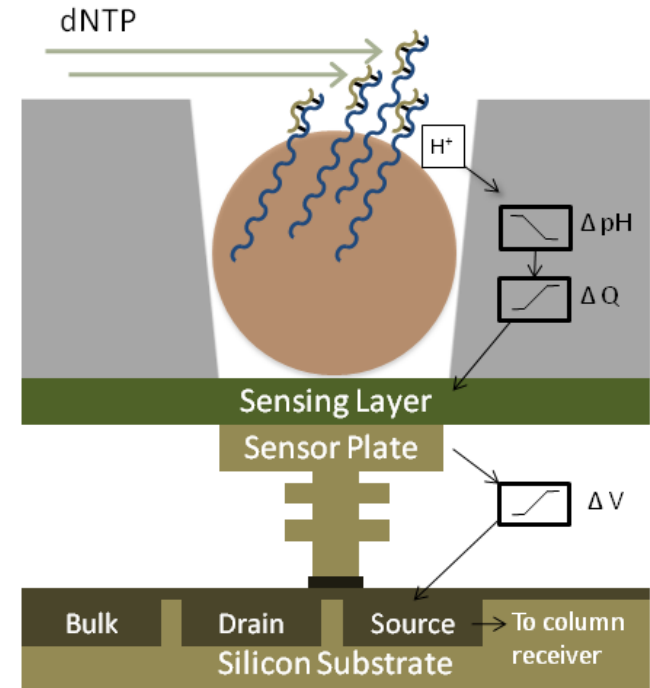- TCRG (T cell clonality) by PCR (lymphoma)

Cancer mutation profiling:

- 50 gene hotspot panel

- 30 gene leukemia specific panel

Thousands of patients have had some form of molecular tumor testing.
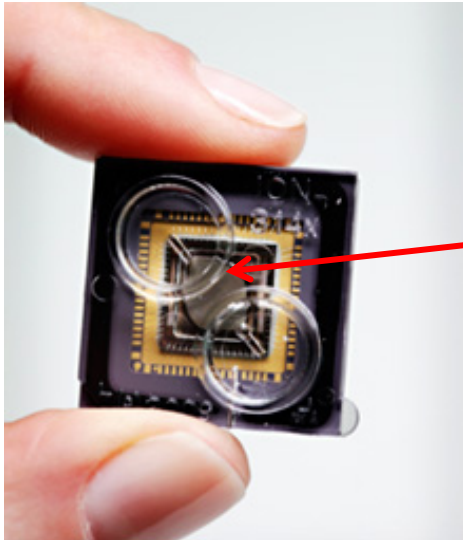
Chips are biosensors with millions of pH meters each

- Cancer Mutation Profiling – 50 Gene hotspot panel

- Live since October 2013.

  - 243 cases to date have had mutation profiling

  - <u>Multiple tumor types tested</u>: colon and lung adenocarcinoma, thyroid tumors, melanoma, lipo-, chondro- and leiomyosarcomas, urothelial carcinoma, malignant peripheral nerve sheath tumor, neuroendocrine tumor, gastrointestinal stromal tumor, acute myeloid leukemia, myelodysplastic syndrome and chronic myelogenous leukemia in accelerated phase.

- 54% of patients had one or more mutations

  - Patients benefit from prognostic information

  - Patients benefit from targeted therapy

  - **PATIENTS IDENTIFIED AS CANDIDATES FOR CLINICAL TRIALS WITH NEW MOLECULAR TARGETED THERAPY**

- **Goal:** To provide comprehensive molecular profiling of patients' tumors to empower oncologists to provide the most specialized and tailored patient care

- **Result:** Our unique capabilities to define the molecular basis of cancer enhances our role as the leader in providing cutting-edge care for cancer patients in Iowa

Thank you!