

# Review of the Office of the VP for Medical Affairs – 2019

## SELF STUDY

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## Introduction

The Office of the Vice President for Medical Affairs was established in 2007 with a charge to integrate the Roy J. and Lucille A. Carver College of Medicine (CCOM), University of Iowa Hospitals and Clinics (UIHC) and University of Iowa Physicians (UIP), the faculty-physicians group practice, into a single, integrated entity, known as University of Iowa Health Care (UI Health Care).

The position of Vice President for Medical Affairs and Dean of the Carver College of Medicine combines into a single organizational position responsibility for the strategic and operational leadership of UI Health Care's tripartite mission (research, education, patient care).

## Mission and Overview

UI Health Care is the only comprehensive academic medical center in the state of Iowa and as such carries a special responsibility in serving the health care needs of all Iowans. Our tripartite mission of research, education and patient care is reflected in our mission motto: *Changing Medicine, Changing Lives. For Iowa, and the World.*

## Education

Engaged in UI Health Care's educational mission are 1,353 faculty members; 768 residents, fellows and dentists in training; 300+ graduate students; 608 medical students; 50 physician assistant students; 119 physical therapy students; and other learners, including undergraduates.

Innovation, integration and individualization are guiding principles at the Carver College of Medicine. In 2019, CCOM hosted a site visit by the Liaison Committee on Medical Education, the accrediting body for the nation's medical schools. Based on the preliminary communication from the site visit team it is expected that the CCOM will be found to be in compliance with all accreditation standards. Additional communication about the college's accreditation status is expected later this year.

UI Health Care provides support for a broad array of opportunities in the health system and elsewhere for the training of health professionals based in other UI colleges, such as RNs, DNPs, DPharm, Pharmacy residents and MHA interns, to name just a few.

## Research & Discovery

Over the course of the past decade, UI Health Care's rankings have experienced a steady decline—from our health care quality compared with other academic medical center peers, to our *US News & World Report* hospital and collegiate rankings, to our NIH funding (see APPENDIX A). Despite this disappointing trend, our faculty continue to change medicine by providing new insights into human health, and developing new therapies to prevent, diagnose, treat and cure injury and disease. Nevertheless, it is imperative that we take aggressive steps to reverse this downward slide to ensure that we can continue to lead the important advances in science and medicine as well as serve the health care needs of Iowans.

CCOM faculty received \$232M in external funding in FY19, about half of the UI's total external funding for research and scholarship. CCOM's NIH funding increased 23% in FY18 compared to FY17, and the college's Blue Ridge ranking for NIH funding is No. 41 overall and No. 19 among public institutions. This

includes 280 NIH grants (161 of which are R01 grants). Research in the UI Carver College of Medicine is ranked 38<sup>th</sup> overall by the 2020 *U.S. News & World Report*. Faculty are productive academically, publishing 2,531 pieces in FY17. In addition, faculty have 466 active patents and 23 newly-issued patents. CCOM is home to more than 30 research centers and institutes. Cross-institutional collaboration and health system support is key to our success, and the college embraces opportunities to leverage the talents and resources of the whole university in advancing our collective research mission. As just one measure of our collaboration, approximately \$70 million in grants have PIs who are in the CCOM with co-PIs in other colleges, with another \$70 million attributed to PIs in other colleges with co-PIs in CCOM – that’s a total of \$140 million in grants made possible by the collaborative spirit that CCOM investigators embrace. Support for the IRB, as well as pharmacy and therapeutics teams for clinical trials, is also provided.

## Patient Care

UI Physicians is the largest multi-specialty medical and surgical group practice in Iowa. More than 1,000 physicians in 19 clinical departments provide specialized comprehensive care for patients and serve as the medical staff of University of Iowa Hospitals & Clinics and University of Iowa Stead Family Children’s Hospital. This multidisciplinary specialty and subspecialty group, comprised of CCOM faculty physicians, provides a depth and breadth of services unmatched in Iowa.

University of Iowa Hospitals and Clinics is home to UI Health Care’s clinical enterprise. Consistently ranked among the nation’s “Best Hospitals” by *US News & World Report*, UIHC is home to six nationally ranked specialties in adult care. We provide world-class health care with a dedication to innovative care, excellent service and exceptional outcomes. In addition to the main campus, UI Health Care provides services through multiple outpatient facilities and collaborations around the region and across the state. The main hospital has 811 beds and sees more than 36,000 acute admissions annually. The emergency department receives nearly 59,000 visits annually, and almost 1,200 patients are transported by critical care services (e.g., life-flight) each year. Providers include 924 staff physicians and 2,445 nurses. In addition, UIHC provides 1.4 million ambulatory clinics visit through its network of outpatient facilities.

UI Stead Family Children’s Hospital is Iowa’s only nationally ranked children’s hospital and only comprehensive children’s hospital, with every pediatric specialty under one roof. UI Stead Family Children’s Hospital has 190 pediatric beds; 170+ pediatric physicians, surgeons and dentists; 700+ pediatric nurses and is ranked nationally in six specialties for pediatric care. In FY18, the hospital served more than 77,000 unique patients from all 99 counties in Iowa and every U.S. state.

## Goals

UI Health Care’s success as an academic health care system depends on our ability to advance health through the provision of exemplary patient care, collaborative discoveries, innovations in healthcare education and science, quality service, and patient safety. One of the initial drivers in establishing the office of the VPMA was to provide a model that could allow faculty and scientists from different disciplines to work together in a highly collaborative and interdisciplinary environment.

Each year, the VPMA in consultation with UI Health Care’s senior leadership establishes an array of institutional goals that serve as a focal point for organizational effort across UI Health Care. These goals

cut across the tripartite mission and focus on efforts to enhance financial sustainability, primarily through growth of the clinical enterprise; promote scholarship; increase research funding (especially NIH); advance quality, safety and satisfaction in patient care; ensure educational excellence; boost philanthropy; increase diversity. Special emphasis is paid to increasing collegiate and hospital rankings through targeted efforts to matriculate more selective students, increase NIH research funding, and improve patient quality metrics. UI Hospital and Clinics aims to be a “top 20” hospital nationally.

Under Dr. Jackson’s leadership, emphasis has been placed on ensuring that UI Health Care is a faculty-led enterprise. Among other things, he established the Enterprise Committee to ensure engagement of CCOM department chairs/DEOs and senior leaders in planning major institutional strategic initiatives across the tripartite mission of UI Health Care. The Enterprise Committee is UI Health Care’s senior-most body focused on strategy and is comprised of six subcommittees, each one co-chaired by a dyad of one chair/DEO and one administrative leader [see APPENDIX B]. Faculty from throughout UI Health Care are engaged to serve on the subcommittees and their respective work groups.

## Rationale

The office of the VP for Medical Affairs works closely with other units across the university to ensure compatibility with the university’s overall mission and direction. Several of the corporate services (e.g., Human Resources, Information Systems) share both formal and informal reporting structures to their central university counterparts. The VPMA participates in multiple leadership groups – such as President’s Cabinet, Council of Deans, and the Campus Development Team – designed to coordinate and leverage the collective efforts of different units across campus.

UI Health Care routinely reports to the Board of Regents through formal meetings of the UIHC Committee (which is comprised of the entire Board of Regents), as well as through periodic meetings with Board and Committee leadership, also involving the University President.

The office of the VPMA works closely with the Board of Regents, Board Staff and the President’s Office in helping to establish legislative priorities and in maintaining good relationships with the Governor’s office, at the statehouse and at the federal level. UI Health Care also supports an office in Des Moines staffed by an experienced health policy team that closely monitors legislative action, fosters relationships with elected officials and serves as a vital source of information to lawmakers and their staffs.

## Programs & Services

UI Health Care is home to a vast scope of programs and services that ultimately report up to the VP for Medical Affairs. With respect to activities directly associated with faculty teaching, research, and service, and professional development, most are coordinated through the CCOM’s Office of Faculty Affairs and Development in collaboration with the Offices of Consultation and Research in Medical Education, Research and Graduate Programs, the Office of Cultural Affairs & Diversity and the Statewide Clinical Education Program. Together, these offices serve as points of contact for faculty engagement and provide a host of programs and services that aim to increase opportunities for faculty career success and

satisfaction. Priorities include support for scholarly activities (e.g., grant writing workshops and research seminars) and recognition for outstanding faculty achievements (e.g., Wall of Scholarship). In addition to working to enhance the faculty's voice in decision making processes

UI Health Care fosters and coordinates interdisciplinary research at the University of Iowa through core research facilities, institutes and major research centers. The Core Research Facilities are a collection of centralized laboratories dedicated to developing and providing state-of-the-art research resources to facilitate biomedical research. They are available on a fee-for-service basis to the entire health sciences and university community as well as outside entities.

Of particular note, the Institute for Clinical and Translational Science (ICTS) partners with all 11 colleges on campus and has a special emphasis on working in community partnerships between the academic medical center, local health care providers and the rural patient population. The ICTS leverages infrastructure that includes a highly functional Clinical Research Unit that has been active for decades and has established several research cores and services to reach a broad network of individuals and create a holistic approach to translational research at the University of Iowa. These include the Biomedical Informatics Core; Biostatistics, Epidemiology, and Research Design Core; Child Health Research Support Core; Clinical Research Unit; Mobile Technology Lab; and Research Study Coordinators.

The CCOM has contributed the lion's share of funding to establish and provide equipment for multidisciplinary centers and institutes that are used by faculty across the university, notably the Iowa Institute of Biomedical Imaging and the Iowa Neuroscience Institute. In addition, a number of clinical initiatives have served as catalyst to support expanded research opportunities for faculty outside the Carver College of Medicine. For example, the Iowa Cochlear Implant Clinical Research Center in 2018 received a \$12 million grant renewal that involves scientists from multiple disciplines across the University of Iowa, including computer science, neurosurgery, radiology, psychology, psychiatry, audiology, and music. Similarly, the work of faculty in the CCOM in the area of transcranial magnetic stimulation – a non-invasive option used to treat patients with depression who do not respond to medications – has led to a proposal to establish the UI Center for Noninvasive Brain Stimulation, which anticipates working across traditional departments to work with engineers, basic scientists, biostatisticians, imaging specialists and many others, as well as provide educational opportunities for clinicians and researchers at all levels of training to learn the methods, science, and clinical practice of noninvasive brain stimulation.

The Office of the VPMA is the umbrella for a vast complex of UI Health Care's "corporate" functions. Prior to 2007, the hospital and the college/practice plan each had separate, if similar, administrative units – such as Finance, Information Systems, Human Resources, Marketing and Communications, Legal Affairs, among others – established to carry out the major administrative operations of their respective entities. These units fulfilled similar functions, albeit delivered in different ways and to different parts of the organization. Beginning in 2007, efforts began to merge these separate but related corporate functions into consolidated departments within UI Health Care. The goal was to streamline operations, minimize confusion/variations in policy and practice, eliminate unnecessary duplication, and reinforce the collective mission of the newly integrated organization. Today, these integrated corporate units serve across the entire UI Health Care enterprise and are headed by administrators who report directly to the VPMA.

One of the last corporate functions to finally integrate (in 2018) was the hospital's Capital Management unit and the college's Facilities unit, which together work to manage and optimize the collective space needs of UI Health Care. The academic (research and education) facilities encompass more than 1.9 million gross square feet of existing space in 13 buildings on the west University of Iowa campus as well as the UI Research Park. This equates to approximately 1.1 million net square feet of usable space which houses research, education and administrative functions of the college. Approximately 753,000 square feet of space is devoted to research. These buildings range in year of construction from 1919 to 2017. The clinical space includes approximately 4.1 million gross (3.7 million net) square feet on the main hospital campus, and another 451,967 gross (427,797 net) square feet in outlying communities. These facilities range in year of construction from 1928 (General Hospital) to 2017 (UI Stead Family Children's Hospital). It should be noted that considerable square footage under the rubric of UI Health Care is provided to investigators outside the CCOM. This includes, for example space in the hospital for the Nursing Simulation Center and the Prevention Epic Center that support clinical trials for the College of Public Health.

## Staffing

Representing approximately half of the total university workforce, UI Health Care as of August 1, 2019 had more than 13,000 FTEs, including:

- 1,353 Faculty
- 3,837 Professional Staff
- 876 Residents, Fellows, Postdoctoral Scholars
- 3,330 SEIU
- 2,902 Merit Staff
- 1,125 Temporary

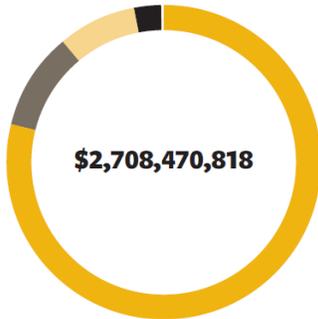
Health Care HR provides the full scope of support services to all UI Health Care department and units, including compensation & classification; talent acquisition; background verification; new hire orientation; performance management & review; rewards & recognitions; policies and procedures and more.

## Resources

University of Iowa Health Care is a \$2.5 billion enterprise, representing about 62% of the university budget overall. A snapshot of the enterprise-wide preliminary FY19 finances is as follows:

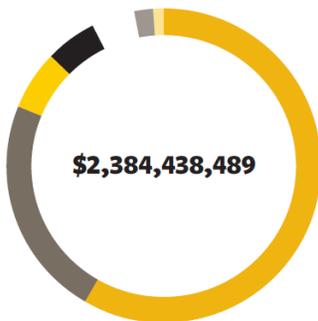
# CONSOLIDATED FINANCIAL INFORMATION

Fiscal year 2019 enterprise revenue and expenses



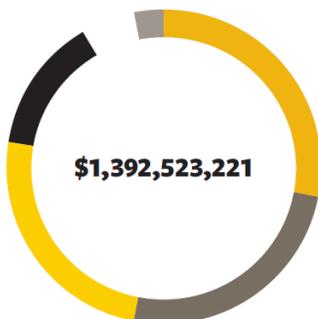
## FISCAL YEAR 2019 REVENUE

■ PATIENT CARE	\$2,138,319,541	78.9%
■ OTHER OPERATING REVENUE	\$270,715,956	10.0%
■ EXTRAMURAL FUNDING	\$223,113,172	8.2%
■ GENERAL EDUCATION FUNDS	\$73,299,762	2.7%
□ STATE APPROPRIATIONS	\$3,022,387	0.1%
<b>TOTAL</b>	<b>\$2,708,470,818</b>	<b>100.0%</b>



## FISCAL YEAR 2019 EXPENSES

■ PERSONNEL	\$1,392,523,221	58.4%
■ SUPPLIES	\$543,416,952	22.8%
■ LICENSES, FEES, AND OTHER OPERATING EXPENSES	\$143,951,834	6.0%
■ OCCUPANCY, BILLING, AND OVERHEAD	\$127,516,578	5.3%
□ DEPRECIATION AND AMORTIZATION	\$110,854,056	4.6%
■ REPAIRS AND MAINTENANCE	\$45,590,781	1.9%
■ SERVICES (INSURANCE)	\$20,585,067	0.9%
<b>TOTAL</b>	<b>\$2,384,438,489</b>	<b>100.0%</b>



## FISCAL YEAR 2019 PERSONNEL EXPENSES

■ FACULTY	\$391,059,312	28.1%
■ SEIU	\$348,195,175	25.0%
■ PROFESSIONAL AND SCIENTIFIC STAFF	\$341,353,614	24.5%
■ MERIT STAFF	\$191,547,057	13.8%
□ RESIDENTS, FELLOWS, AND POSTDOCTORAL SCHOLARS/FELLOWS	\$80,968,427	5.8%
■ OTHER	\$39,399,635	2.8%
<b>TOTAL</b>	<b>\$1,392,523,221</b>	<b>100.0%</b>

Responsibility for recommendations related to financial strategy is shared primarily between the Strategic Investments and Finance subcommittees of the Enterprise Committee. The Strategic Investment subcommittee evaluates and makes recommendations on whether and how much to invest, as part of the budget process, in the various mission areas. The Finance subcommittee reviews and monitors UIHC/CCOM/UIP budgets and makes recommendations regarding models for funds flow, margin sharing, faculty compensation and financial incentive programs.

UI Health Care's FY20 capital budget calls for \$185 million in investments across the enterprise. University of Iowa Hospitals and Clinics is consistently full in both its operating rooms and inpatient beds (over 90%). With the exception of the new UI Stead Family Children's Hospital, all adult patient rooms are in buildings that are between 30-50 years old. Older buildings drive up operating costs and often cannot easily handle the latest technology. Plus, most patient rooms are small and semi-private, failing to meet the patient preference and care models in practice today. In addition, too much care is delivered on an already congested main campus, making it difficult to attract patients. On the academic side, capital priorities include core equipment and renovations to the Bowen Science Building.

UI Health Care must continue to balance capital investment and operational performance in order to carry out our tripartite mission. To achieve our vision to become a destination academic medical center and remain self-sustaining while serving the burgeoning health care needs of Iowans, we must remain focused on continued growth, improved operational efficiencies, and the areas of capital investment that will best drive margin while still promoting one standard of care for patients. In the absence of strong margin generation, capital investment will continue to fall and UI Health Care will be unable to maintain its vital clinical, research and teaching programs at present levels.

## Internal Evaluation

Evaluation of the VP for Medical Affairs/Dean is conducted annually by the President, in consultation with the Provost. Review and establishment of defined metrics and expectations for performance are part of this review.

Consistent with university policy, the direct reports to the VPMA/Dean are evaluated yearly and those unit leaders likewise complete annual evaluations of their direct reports. Among these direct reports are the CCOM chairs/DEOs, the CEO of UIHC, the CFO of UIHC, the CCOM Executive Dean and the associate vice presidents with leadership over the corporate units.

In 2019, the VPMA/Dean initiated the use of a 360-degree tool to evaluate department chairs and select senior leaders. This effort is focused on leaders' professional development and seeks to provide specific, actionable feedback related to key leadership qualities and behaviors.

In addition, in order to support open and consistent communications between faculty and leadership, the VPMA/Dean makes annual visits to departmental faculty meetings, hosts quarterly forums for all UI Health Care employees, and presents an annual State of the Enterprise address.

## Relations with Other Offices

The VPMA works closely with the University President and other senior leaders, who regularly meet together as part of the President's Cabinet. The VPMA/Dean also works closely with the Provost and the Council of Deans on academic matters, particularly those involving the health sciences.

The corporate functions that report up to the VPMA work closely with their central university counterparts. In some cases (e.g., Human Resources, Information Systems), there is a formal "dotted line" reporting relationship to the respective university VP in addition to the direct report to the VPMA; in all cases, considerable effort is paid by the corporate units to ensuring effective communications between UI Health Care and their central university counterparts to enhance cooperation, ensure coordination and avoid duplication of effort.

## Strategies for Improvement

UI Health Care's strategic plan is predicated on a vision to be a "destination" academic medical center. In order to achieve a culture of excellence in research, education and patient care, the organization must be aligned and focused on a shared set of goals. Unfortunately, both the hospital and college rankings have been on a downward slide over the past decade. UI Health Care is pursuing the following strategies to advance its mission and achieve its vision.

### Academic Excellence

Achieving research excellence is highly dependent on impactful scholarship and strategic investments in faculty, core facilities, and in selective and focused biomedical areas that are of high priority to our society. Excellence in medical research is characterized by those institutions that are at the forefront leading the meaningful advances in medicine.

Impactful scholarship is probably the most important measure that determines reputation and funding. UI Health Care has developed a system to measure the number and impact of publications for each faculty member on an ongoing basis with specific goals for percentage of faculty and recognizing the most impactful scholarship. Specific goals for amounts of external federal research funding have also been established at the enterprise and department levels. Department chairs have been challenged to ensure that strong mentorship programs have been implemented and other strategic investments are made to assist faculty in reaching these goals.

In early 2019, a group of UI Health Care research faculty and other leaders gathered for a retreat to determine how and where to focus strategic investment in the research mission. Key guiding principles included a focus on:

- areas of selective excellence, especially those that are interdisciplinary and cut across other areas of the college and university
- activities that will align and enhance our high-volume clinical services, especially those with an opportunity to generate strong philanthropic support and industry collaboration
- areas that are priorities for NIH funding and that align with our access to patient populations

The recommendations focused on the fields of biology of aging; metabolism and immunology in core areas (cancer, cardiac, neuroscience), as well as on investments in clinical research infrastructure (e.g., clinical space, additional IRB support) and bioinformatics. Using dollars generated by the health system margin, we anticipate providing approximately \$10 million towards these vital investments in the next year.

During FY19, the CCOM endorsed and submitted 13 cross-collegiate faculty proposals (of a total 22 submitted) for consideration of the Provost Investment Fund; unfortunately, none was recommended for funding by the other deans. These multi-collegiate proposals were strategically developed by CCOM faculty with an eye towards leveraging future NIH funding. Five proposals were recommended for funding from other lead colleges with whom the CCOM was a collaborator.

The college remains firmly committed to interdisciplinary research. The Iowa Neuroscience Institute and the Pappajohn Biomedical Institute are just two examples of the kind of cross-campus collaborations that have been embraced to engage scientists, engineers, psychologists, physicians and trainees in a comprehensive and cross-disciplinary way.

As with research excellence, achieving education excellence is highly dependent on our ability to recruit the best and the brightest. Ensuring a top-notch and diverse body of learners, along with excellent teaching and a strong and dynamic curriculum, will be key to continued success in this area.

Student debt remains a significant challenge, with the median total debt load of our students in the graduating class of 2019 reaching \$187,344. Some of the best student applicants are not selecting Iowa because we cannot offer them financial scholarships and other highly ranked medical schools such as the University of Michigan and Mayo Clinic are likely to do so. New York University now offers free tuition for all of its medical students due to generous fundraising support, and other medical schools are following this trend.

Increasing student scholarships is the top fundraising priority for CCOM. Other strategies to increase educational excellence include raising the minimum MCAT floor for acceptance, keeping tuition flat, and developing international electives. We will expand on the success of our distinction tracks, residency match, and strong rankings of our Physician Assistant (#1) and Physical Therapy (#6) programs.

### Clinical Excellence

UI Health Care is the only comprehensive provider of medical care in Iowa that can treat everything from the most common conditions to the most complex conditions for adults and for children. We continually work to develop models to allow Iowans to receive the majority of their care in their home communities but efficiently travel to UI Health Care for their specialized needs. Key strategies include improving quality and safety metrics; increasing access to services, especially to attract more privately insured patients; enhancing the patient and family experience; and expanding higher-margin service lines (e.g., cancer, orthopedics, neuroscience, cardiology) to provide revenue to support research, capital investments and competitive salaries for faculty and staff.

### Inclusive Excellence

UI Health Care has set goals to ensure that our students, trainees, faculty and staff reflect, at a minimum, the diversity of Iowa's population (adjusted for age). We are proud of the fact that *Forbes* has consistently ranked us as one of the top places to work in health care as well as one of the top

organizations advancing diversity and inclusion. But we know there is more to do. Our commitment to diversity, inclusion and equity must extend beyond the composition of our faculty and staff or the makeup of our medical school classes to also address disparities in patient care and inequities in research investigations. Likewise, ensuring opportunities exist for all faculty to participate in research, education, and leadership activities is important.

### Financial Excellence

UI Health Care's clinical operations are a major financial engine for the entire enterprise. In the Iowa healthcare marketplace, the annual cost inflation for employees, drugs, equipment and supplies (3.5%) exceeds the annual price inflation from government and commercial payers (.6%). There is little total population growth for Iowans and more Iowans every year are funded by government payers rather than commercial payers (who pay higher prices for services). The cumulative effect of these trends is that even if UIHC sees the same number of patients and provides the same services, UIHC will lose about \$50M in margin every year. To overcome this challenge, UIHC must achieve a positive margin, and to do that we must:

- Grow by seeing more patients in our hospitals, operating rooms and clinics so that we continue to drive higher revenue.
- Invest in the latest treatments and therapies as well as world class faculty in order to be the pre-eminent care provider in the state.
- Optimize maximum throughput and efficiency while maintaining one standard of care for all patients.
- Remain committed to offering the quality programs and convenient access necessary for commercial patients to choose UI Health Care.

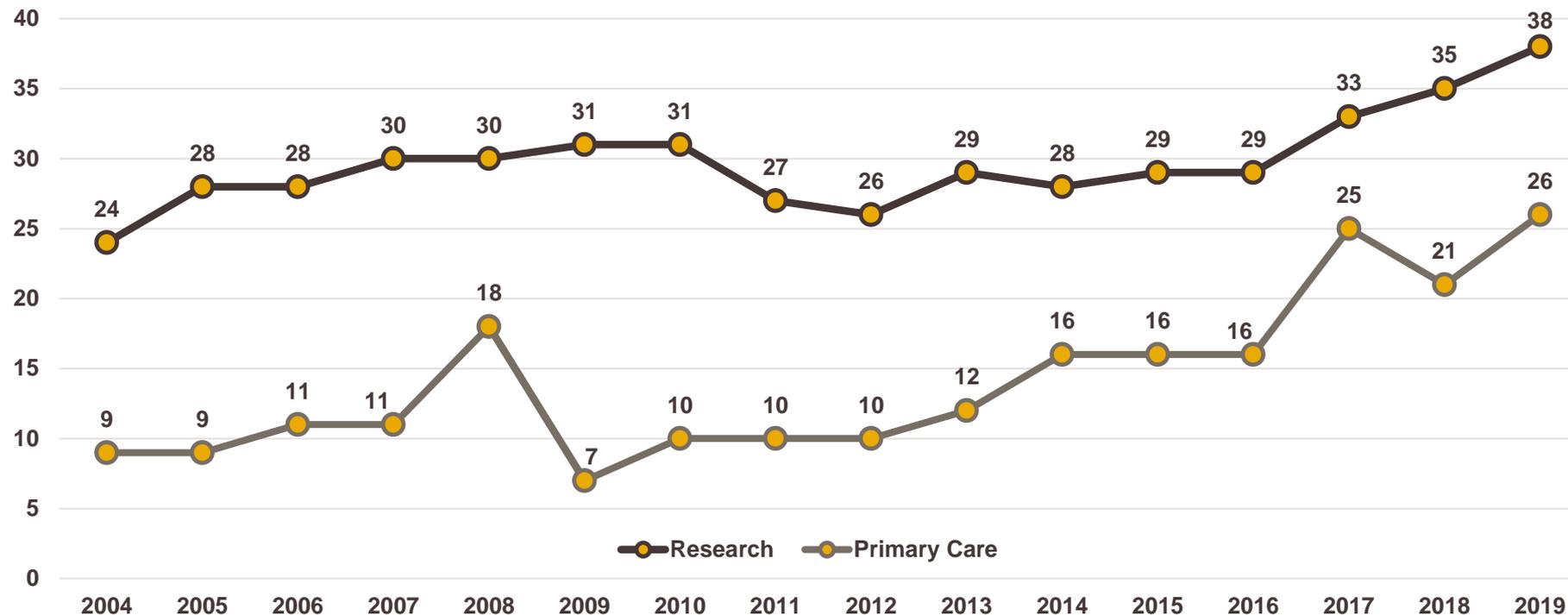
Concurrent with these efforts on the clinical side will be the aggressive pursuit of opportunities for external research funding, as well as vigorous fundraising. UI Health Care works closely with colleagues in the University of Iowa Center for Advancement to engage donors and foster philanthropic interest in the health sciences. In FY19, on a fundraising budget of \$2.7 million, 28 development professionals helped UI Health Care secure more than \$91 million in gift commitments. Areas garnering the most donor support include children's medicine, vision, internal medicine and cancer. Of note, 60% of gift commitments were made by grateful patients and their families, whose impact on our medical enterprise is becoming increasingly more important.

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## APPENDIX

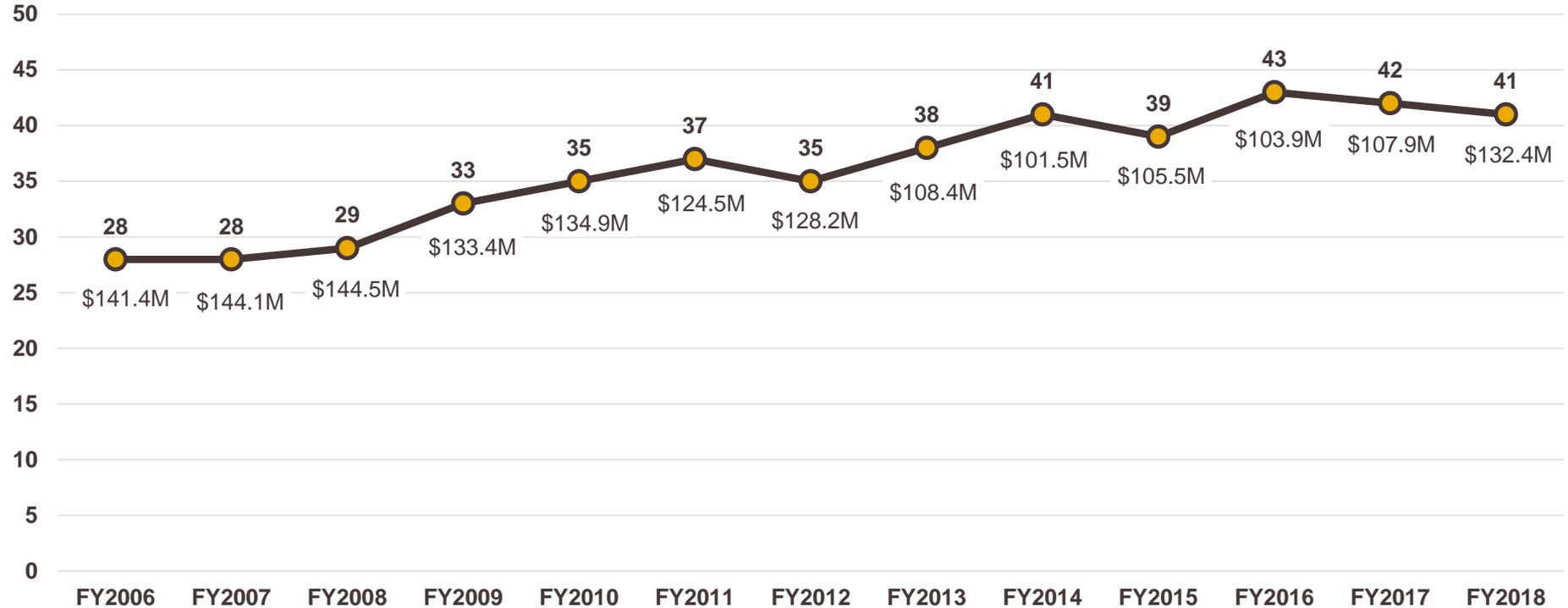
# Rankings Trend: U.S. News 'Best Medical Schools'

UI Carver College of Medicine



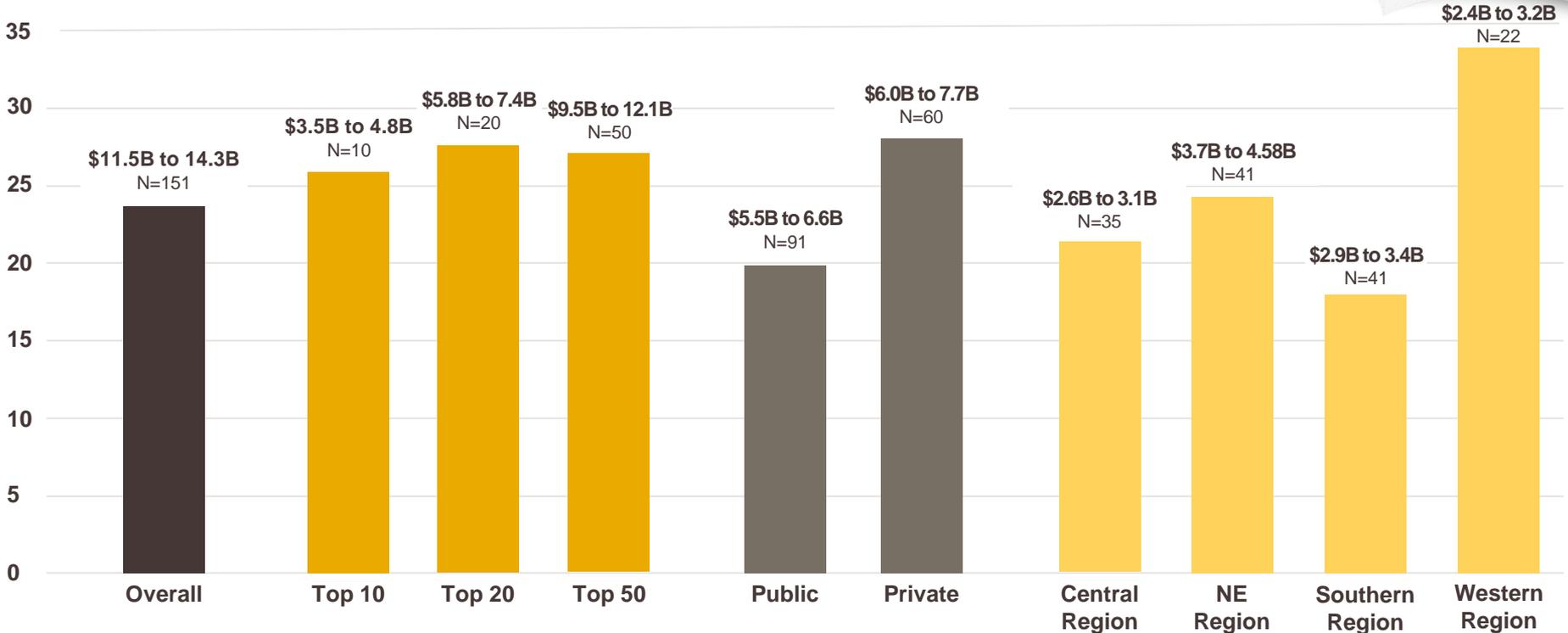
# Carver College of Medicine NIH Rankings

Blue Ridge Institute for Medical Research



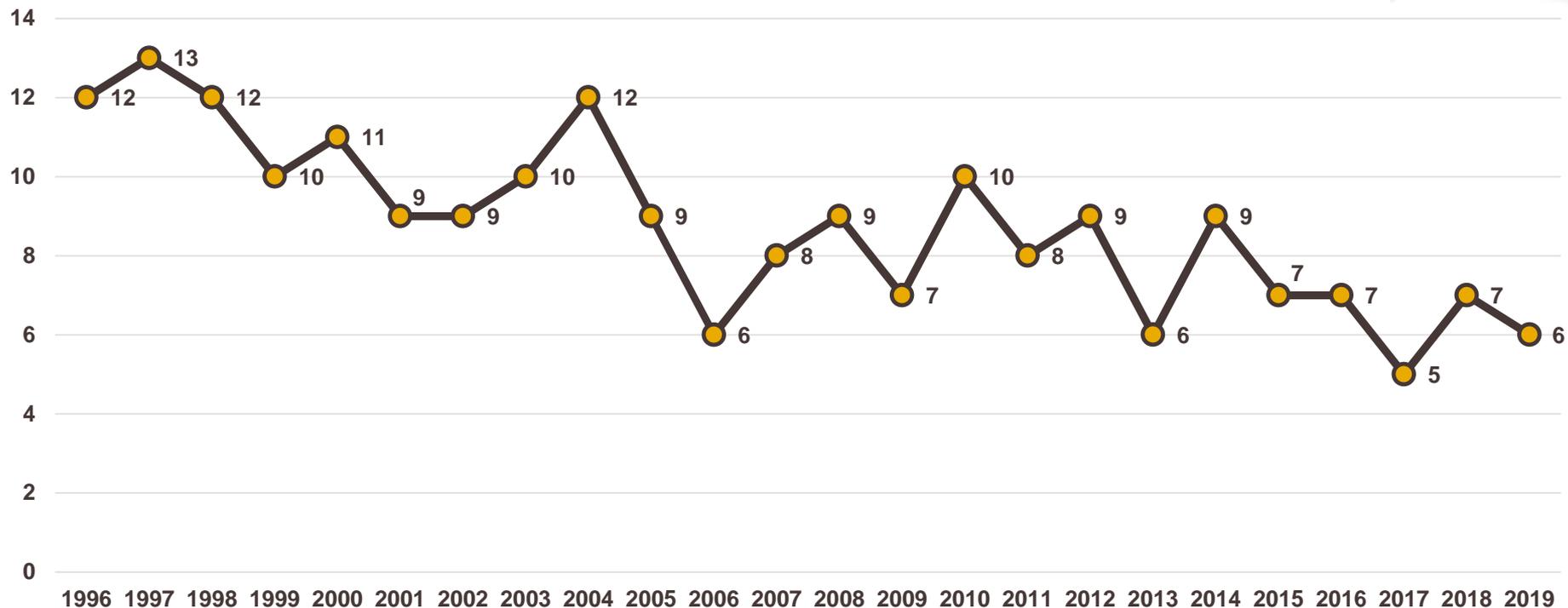
# Percent Change in Medical School NIH Funding

2009-2019 by Group



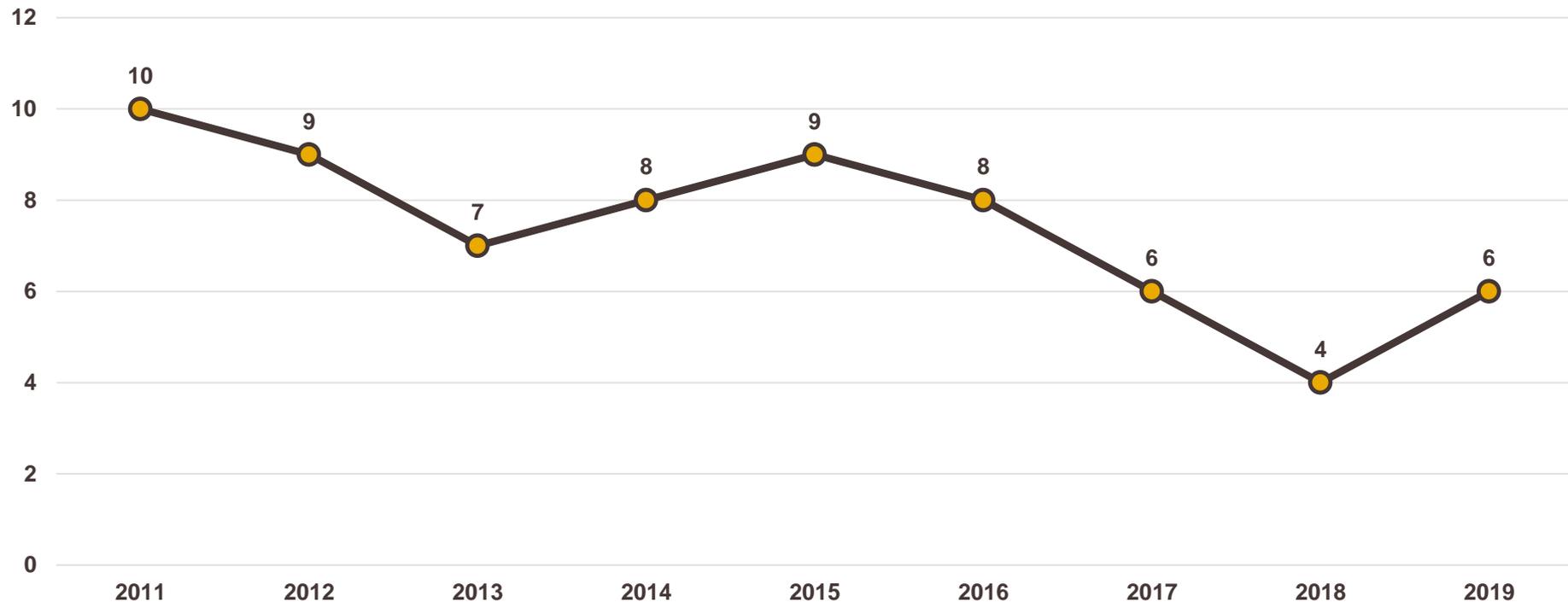
# Rankings trend: U.S. News 'Best Hospitals'

UI Hospitals & Clinics – Number of Specialties Ranked



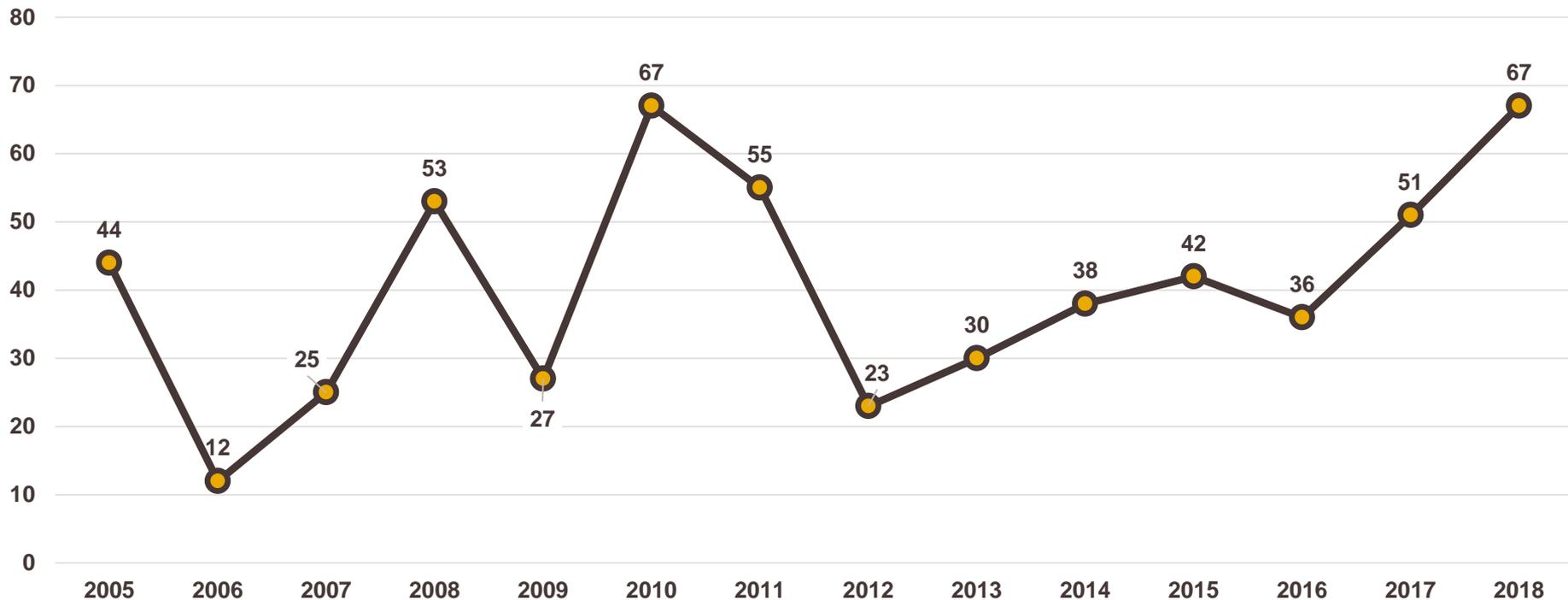
# Rankings Trend: *U.S. News* 'Best Children's Hospitals'

UI Stead Family Children's Hospital – Number of Specialties Ranked

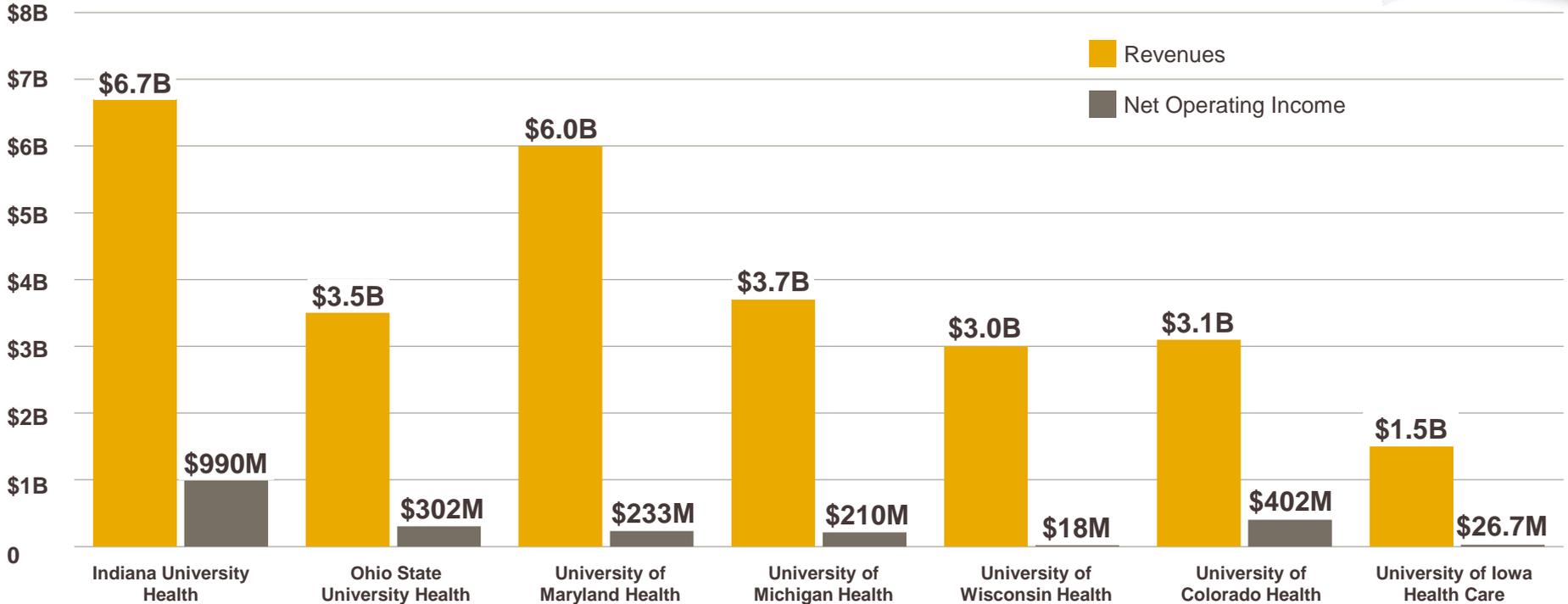


# Vizient Quality and Accountability Study

UI Hospitals & Clinics, 2005-2018 – Comparison with other AMCs

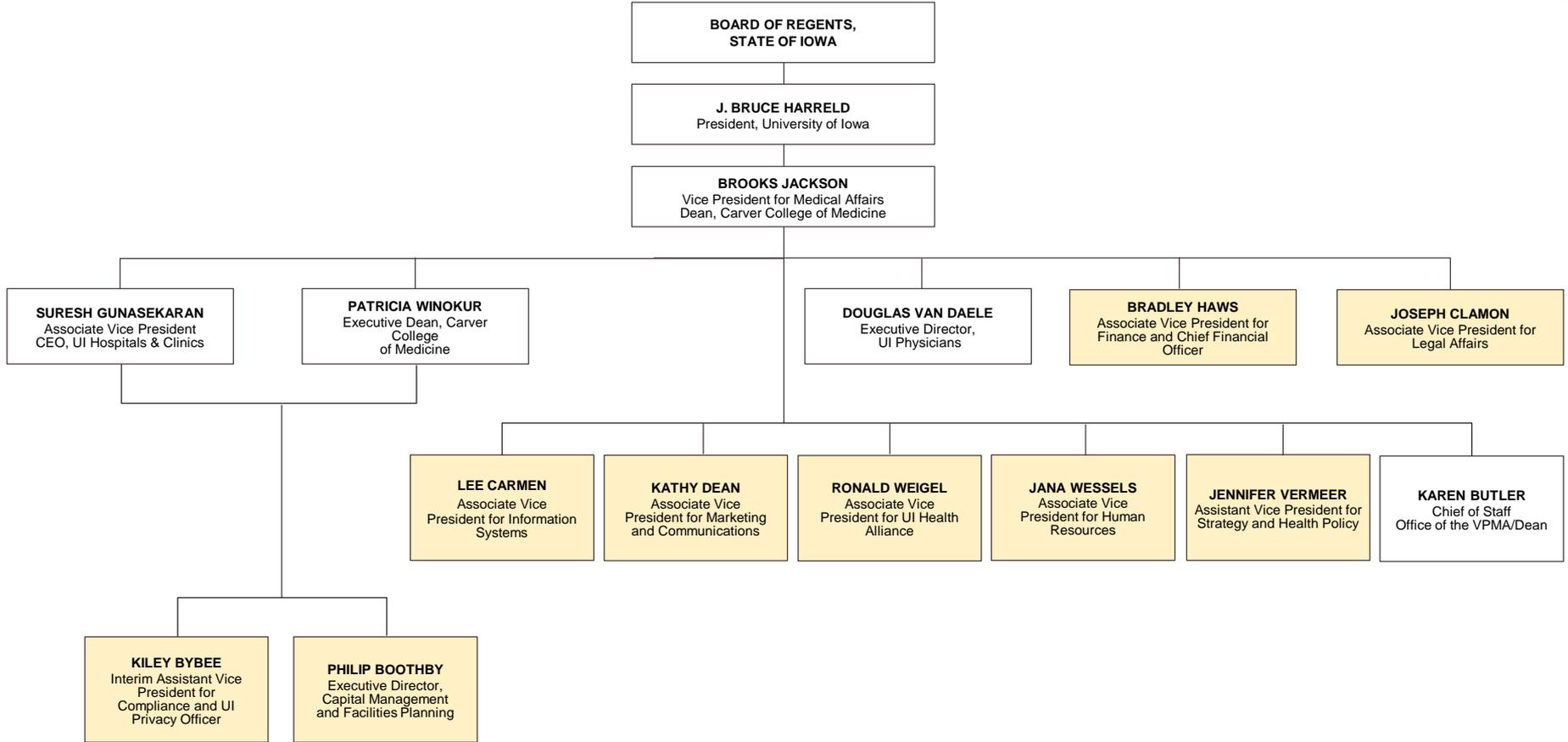


# Public academic health system comparisons



# University of Iowa Health Care

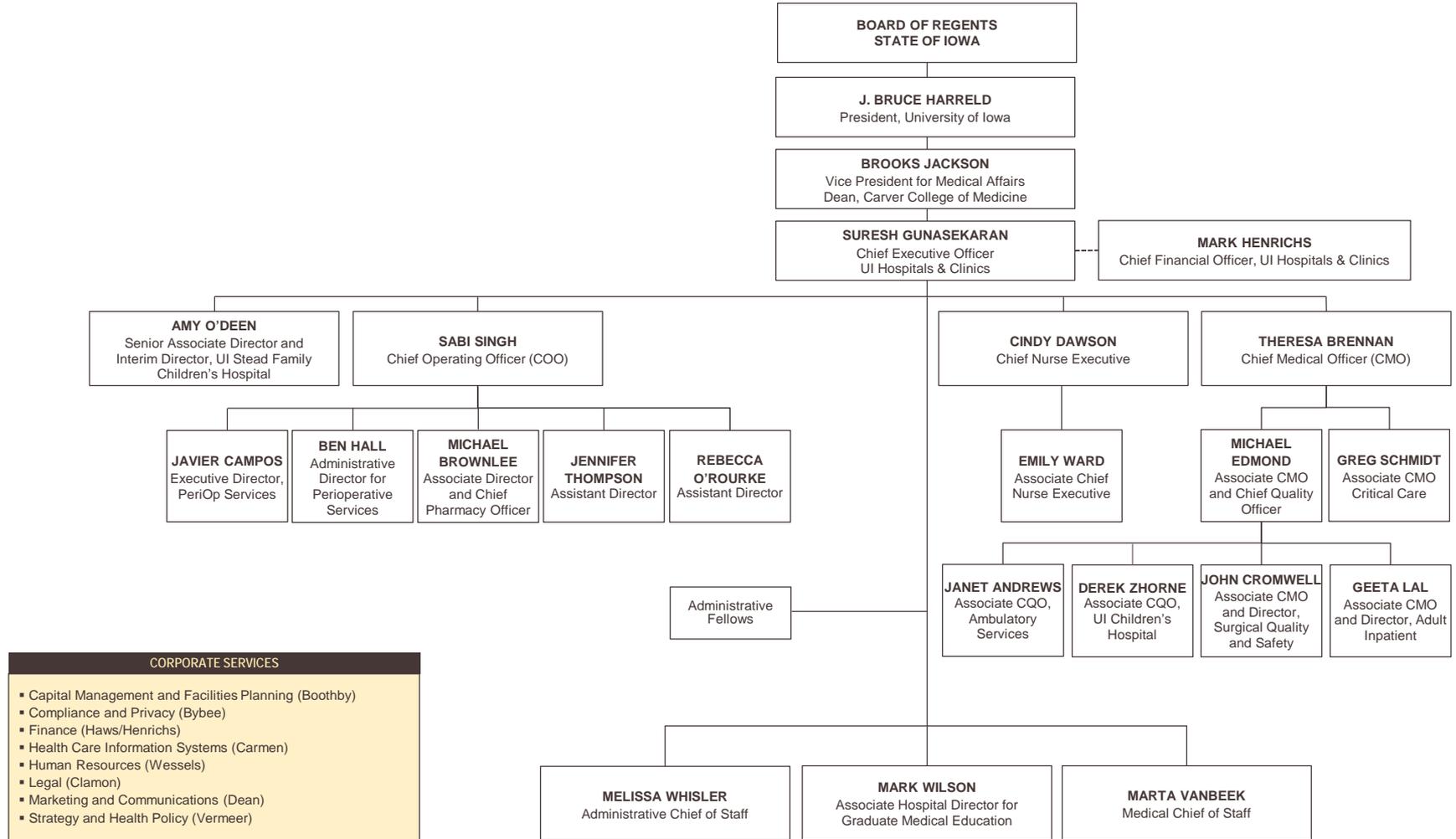
## Organization



 UI Health Care Corporate Services

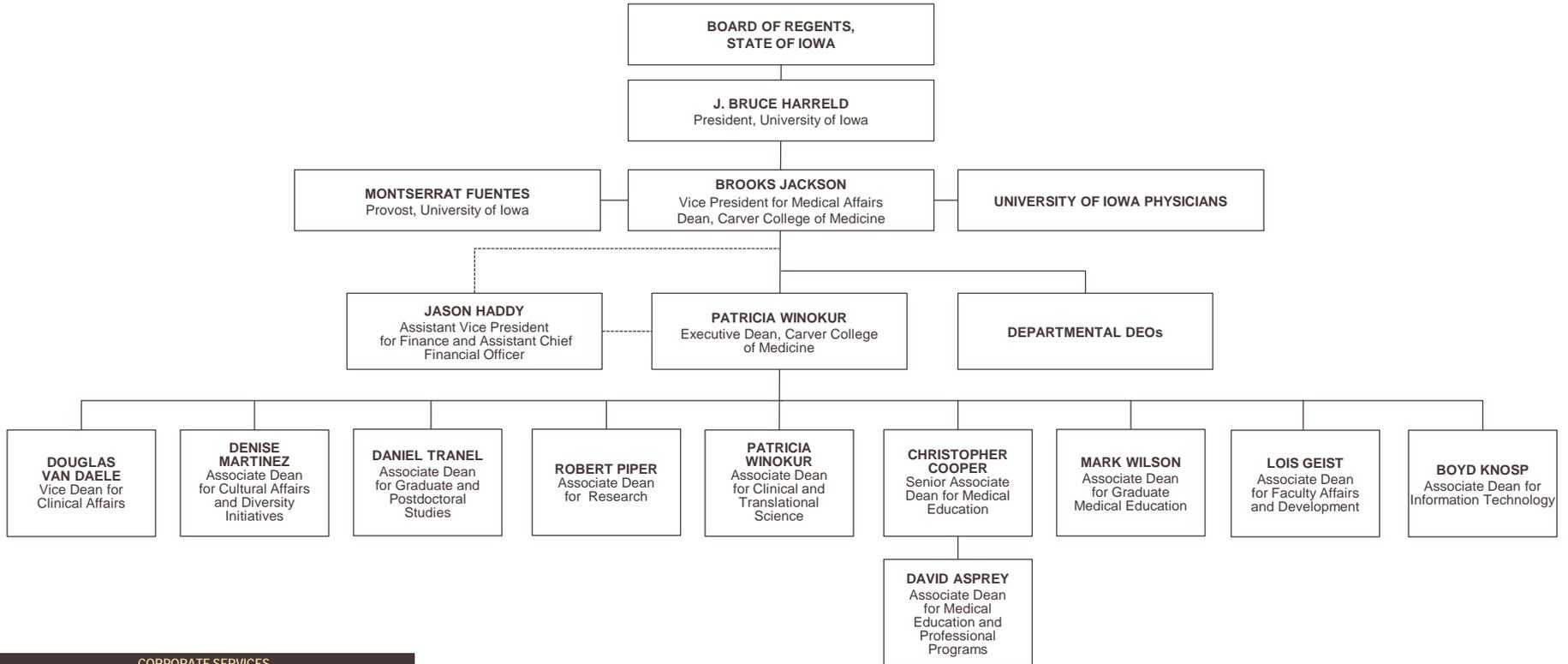
# University of Iowa Hospitals & Clinics

## Organization



# University of Iowa Carver College of Medicine

## Organization

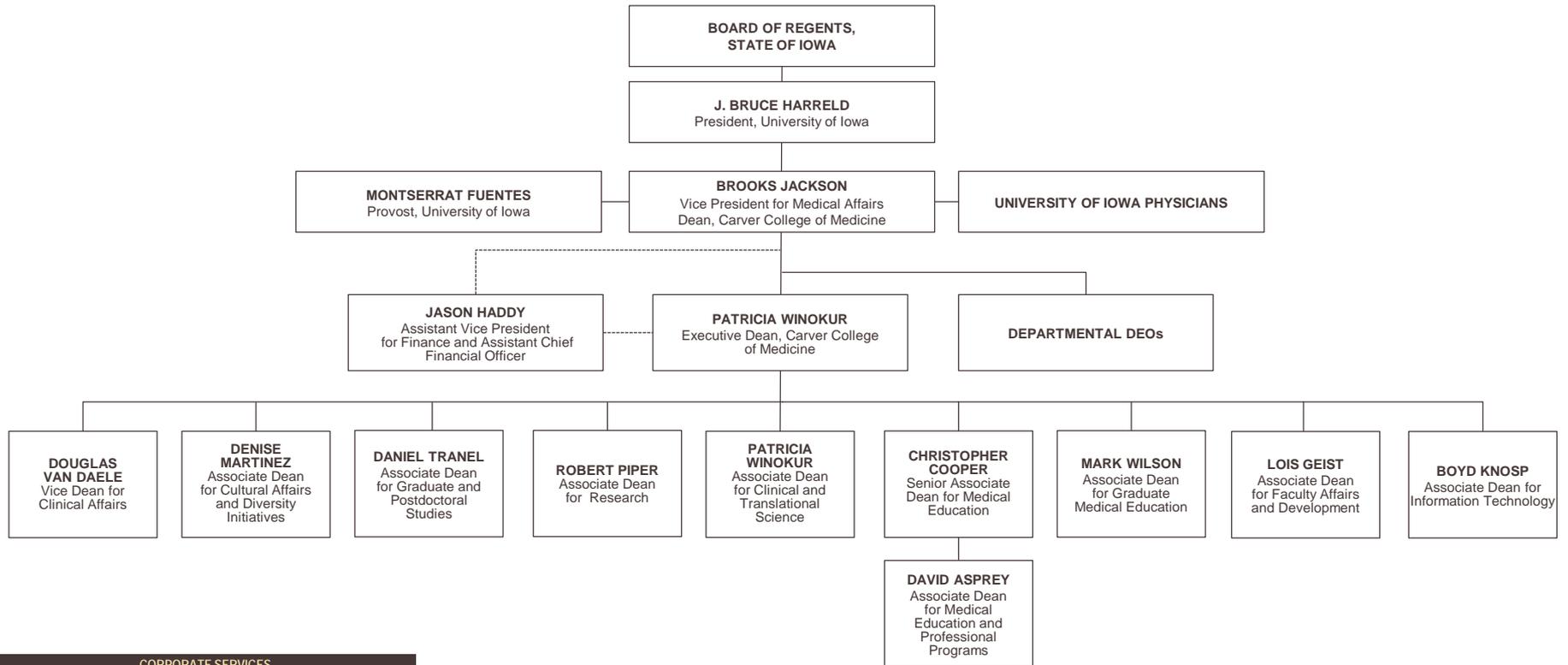


**CORPORATE SERVICES**

- Capital Management and Facilities Planning (Boothby)
- Compliance and Privacy (Bybee)
- Finance (Haws/Haddy)
- Health Care Information Systems (Carmen)
- Human Resources (Wessels)
- Legal (Clamon)
- Marketing and Communications (Dean)
- Strategy and Health Policy (Vermeer)

# University of Iowa Physicians

## Organization

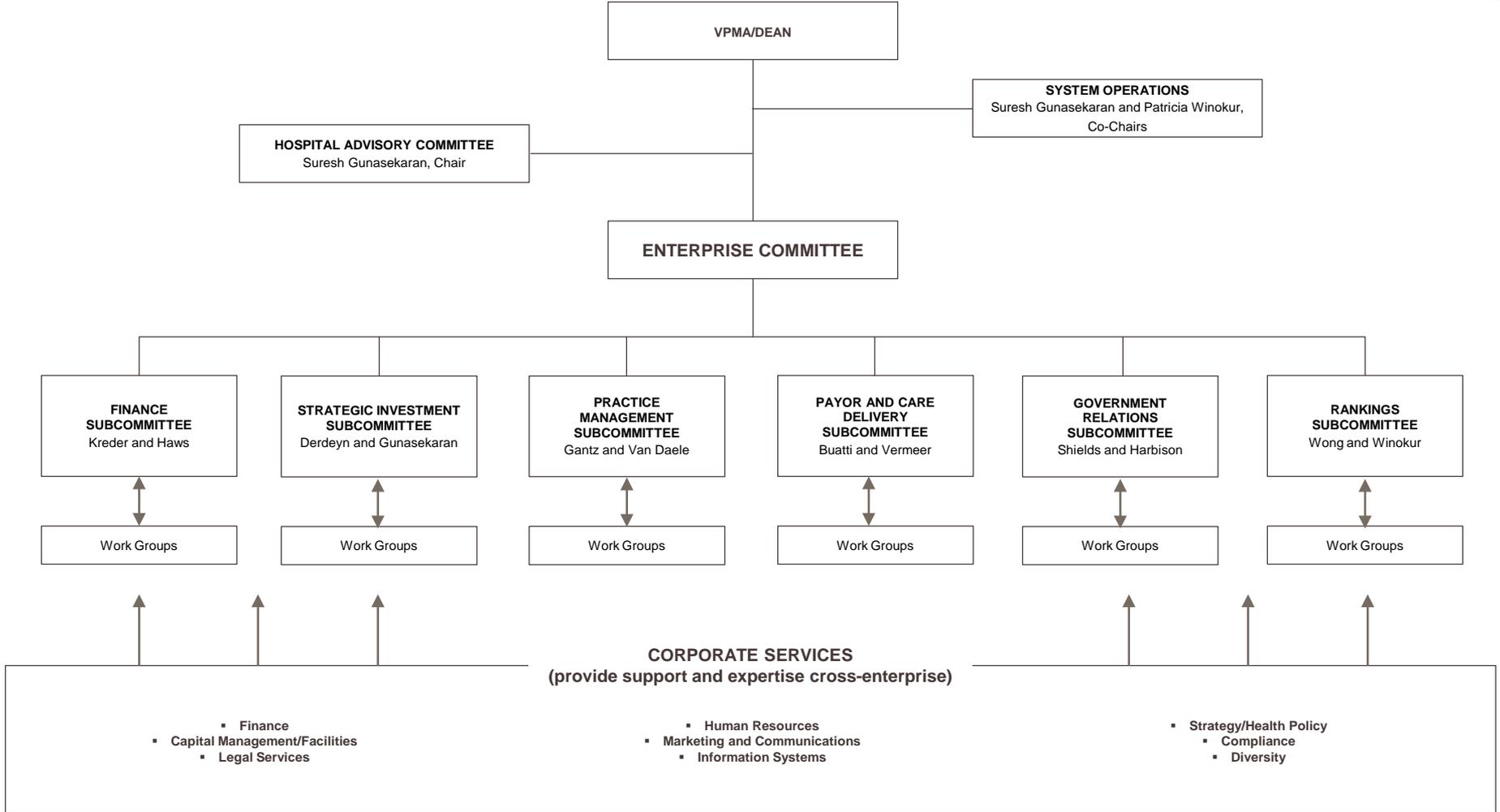


**CORPORATE SERVICES**

- Capital Management and Facilities Planning (Boothby)
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- Health Care Information Systems (Carmen)
- Human Resources (Wessels)
- Legal (Clamon)
- Marketing and Communications (Dean)
- Strategy and Health Policy (Vermeer)

# Enterprise Committee

## Organization



OFFICE OF THE VICE PRESIDENT FOR MEDICAL AFFAIRS		
SWOT ANALYSIS	Helpful	Harmful
Internal	<b>Strengths</b>	<b>Weaknesses</b>
	Collaborative culture is productive and good recruiting tool	Steady decline in rankings over the past decade
	Outstanding faculty (including two HHMI Investigators)	Hard to focus when expectation is to be everything to everybody
	Part of University of Iowa – the whole is greater than the sum of its parts	Increased compliance and patient care demands resulting in faculty and staff burnout
	Interdisciplinary research (e.g., Pappajohn Biomedical Institute, Iowa Neuroscience Institute)	Hospital is consistently full and facilities are older (e.g., semi-private rooms do not meet patient preference and care models in practice today)
	Iowa’s only comprehensive academic medical center and the only hospital in the state certified to take on tertiary- and quaternary-level complex cases	Hospital main campus is congested and does not provide easy access for patients
	Designated Magnet hospital for nursing	
	Superior core laboratories and information systems (e.g., electronic medical record) consistently named among “Most Wired” for use of electronic & related technologies nationally	
Fully integrated health system (college, hospital, faculty practice) with transparent, decision-making structure that engages faculty leadership (e.g., Enterprise Committee)		
External	<b>Opportunities</b>	<b>Threats</b>
	Increase philanthropic support	Other medical schools offering free tuition
	Invest in world-class faculty in order to be the pre-eminent care provider and research engine for the state	Unfunded mandates from the state (prisoner care, preference for lowans in residency, etc.)
	Align research programs with NIH priority funding areas and invest in research areas that will also enhance clinical services (e.g., cancer clinical trials)	Ratings for college and hospital has been in decline
	Growth in higher-margin service lines to provide revenue to support research, capital investments and competitive salaries for faculty and staff (Cancer, Orthopedics, Neuroscience, Cardiology, Surgery)	Trends towards major consolidations in the health care industry
	Develop models to allow lowans to receive most of their care in their home communities but efficiently travel to UI Health Care for their specialized needs, as well as expand telemedicine and build partnerships for extended care throughout state (e.g., emergency transport, maternal fetal medicine, behavioral health, neonatology)	Poor support from the state (funding & policy)
	Achieve top scores in Vizient quality surveys, focusing on key areas for improvement	Ambivalence about maintaining a culture of excellence among legislators and other state leaders (“good enough is”)
Offer programs, quality and convenient access that encourages the UI family and other privately-ensured patients to choose UI Health Care	Flat reimbursement is not keeping up with cost of inflation	

**Profile of the 2019 Entering Class**  
**University of Iowa Roy J. and Lucille A. Carver College of Medicine**

**Applications: Total - 3878**

**IA - 361; NR - 3517**

**Number in class: 152**

**Iowa Residents: General - 102; MSTP - 2**

**Nonresidents: General - 43; MSTP - 5**

(Guaranteed at least 70/30 Resident/Nonresident ratio for general admission)

Actual General Ratio: 70.3/29.7

**Women: 76 (50.0%)**

**MSTP (MD/PhD) Students: 7**

**MD/MPH Students: 0**

**MD/Grad Students: 5**

**Rural Program: 4**

**Mean Age (at admission): 23**

**Range: 20-39**

(13 are 26 or older, 4 are 30 or older)

**Undergraduate Majors: (30 different majors)**

Biological Sciences	89	58.6%
Physical Sciences	4	2.6%
Nonscience subjects	26	17.1%
Mixed Disciplines	29	19.1%
Other Health Professions	4	2.6%

**Undergraduate Colleges Represented: 62**

Graduates of Regents Institutions: 62 (40.8%): Iowa-47 (30.9%), ISU-13 (8.6%), UNI-2 (1.3%)

Graduates of Other Iowa Colleges: 14 (9.2%)

Graduates of Colleges Outside of Iowa: 76 (50.0%)

	<b>Mean</b>
<b>Mean Science GPA:</b>	3.76
<b>Mean Nonscience GPA:</b>	3.87
<b>Mean Total GPA:</b>	3.81
<b>MCAT - Total</b>	514
<b>Mean CPBS MCAT</b>	128
<b>Mean CARS MCAT</b>	128
<b>Mean BBFL MCAT</b>	129
<b>Mean PSBB MCAT</b>	129

**Ethnic Status:**

Underrepresented in medicine: 16 (10.5%)

Other minority: 31 (20.4%)

White or no response: 105 (69.1%)

UI Health Care - Head Count											
EMPLOYEE TYPE		VPMA	CCOM	ICTS	UIHC	IRL	Psych Hospital	CDD	Spec Child Hlth	UIHC Affiliates	Total
FACULTY	R	1	1216								1217
MERIT BARG	R	14	215	5	2684	158	24	15	16	11	3142
MERIT EXEMPT	R	1	9		92	2	2				106
PROFESSIONAL	R	285	1476	37	1971	53	5	46	52	10	3935
SEIU	R	9	249	1	3399	91	21	20	21	4	3815
<b>Total Regular</b>	<b>R</b>	<b>310</b>	<b>3165</b>	<b>43</b>	<b>8146</b>	<b>304</b>	<b>52</b>	<b>81</b>	<b>89</b>	<b>25</b>	<b>12215</b>
BI-WEEKLY STUDENTS	T	7	466	6	472	15	5	1	1		973
FACULTY	T		313	2				6			321
GRAD ASSTS	T		426					2			428
HOUSE STAFF	T		276		572		39				887
MERIT	T		3		123	3		4			133
POST DOCTS	T		3								3
PROFESSIONAL	T	11	1162	5	186	14		7	8		1393
SEIU	T		23		125	1		4	2		155
<b>Total Temporary</b>	<b>T</b>	<b>18</b>	<b>2672</b>	<b>13</b>	<b>1478</b>	<b>33</b>	<b>44</b>	<b>24</b>	<b>11</b>		<b>4293</b>
<b>Total Reg &amp; Temp</b>	<b>RT</b>	<b>328</b>	<b>5837</b>	<b>56</b>	<b>9624</b>	<b>337</b>	<b>96</b>	<b>105</b>	<b>100</b>	<b>25</b>	<b>16508</b>

As of August 1, 2019

UI Health Care - FTE											
EMPLOYEE TYPE		VPMA	CCOM	ICTS	UIHC	IRL	Psych Hospital	CDD	Spec Child Hlth	UIHC Affiliates	Total
FACULTY	R	1.0	1352.7								1353.7
MERIT BARG	R	11.5	209.6	5.0	2356.9	152.9	23.7	13.7	14.7	10.1	2798.1
MERIT EXEMPT	R	1.0	9.0		90.5	2.0	2.0				104.5
PROFESSIONAL	R	277.9	1429.3	35.4	1943.4	51.0	5.0	44.7	41.2	9.7	3837.4
SEIU	R	6.5	233.9	0.8	2948.7	83.3	20.5	16.3	17.7	3.4	3330.9
<b>Total Regular</b>	<b>R</b>	<b>297.9</b>	<b>3234.5</b>	<b>41.1</b>	<b>7339.5</b>	<b>289.2</b>	<b>51.1</b>	<b>74.7</b>	<b>73.6</b>	<b>23.1</b>	<b>11424.7</b>
BI-WEEKLY STUDENTS	T	4.5	287.5	3.5	258.5	8.5	2.5	0.5	0.5	0.5	566.5
FACULTY	T		36.5	0.0				0.7			37.2
GRAD ASSTS	T		124.4		0.0			1.0			125.4
HOUSE STAFF	T		267.9		569.8		39.0				876.7
MERIT	T		0.5		59.5	2.0		2.0			64.0
POST DOCTS	T		3.0								3.0
PROFESSIONAL	T	2.8	169.8	3.0	62.0	7.5		3.5	3.0	0.0	251.6
SEIU	T		9.5		63.8	1.0	0.0	2.0	1.0		77.3
<b>Total Temporary</b>	<b>T</b>	<b>7.3</b>	<b>899.2</b>	<b>6.5</b>	<b>1013.6</b>	<b>19.0</b>	<b>41.5</b>	<b>9.7</b>	<b>4.5</b>	<b>0.5</b>	<b>2001.7</b>
<b>Total Reg &amp; Temp</b>	<b>RT</b>	<b>305.1</b>	<b>4133.7</b>	<b>47.6</b>	<b>8353.1</b>	<b>308.2</b>	<b>92.6</b>	<b>84.4</b>	<b>78.1</b>	<b>23.6</b>	<b>13426.3</b>

As of August 1, 2019