

# VP&S STRATEGIC PLANNING

SUMMARY OF PHASE TWO



COLUMBIA

VAGELOS COLLEGE OF  
PHYSICIANS AND SURGEONS

## VISION AND VALUES

**WE ASPIRE TO  
TRANSFORM HUMAN HEALTH  
BY DRIVING DISCOVERY, ADVANCING CARE,  
AND EDUCATING LEADERS**

**WE VALUE  
EXCELLENCE, RESPECT AND EQUITY**



# STRATEGIC PLANNING PROCESS OVERVIEW

## TWO-PHASE STRATEGIC PLANNING EFFORT LAUNCHED IN JANUARY 2023

- Phase I: Collect input, identify top strategic priorities next 5-10 years
- Phase II: Detail plans for pursuing priorities via faculty and staff working groups

## PHASE I FEATURED COLLECTION OF BROAD RANGE OF FACULTY, STAFF AND LEARNER INPUT

- Consultants interviewed ~250 individuals across 18 cohort groups
- Online survey completed by 1,777 faculty and staff members

## STEERING COMMITTEE REVIEWED INPUT, DISCUSSED VISION AND VALUES, IDENTIFIED GOALS AND SPECIFIC PRIORITIES

- Some priorities will be assigned to Phase II working groups
- Other priorities being addressed by existing efforts and/or VP&S leadership

# PHASE II OVERVIEW

## WORKING GROUPS

Develop recommendations to achieve Phase I priority; specific mandate to be provided to each group

## PHASE II ORGANIZATIONAL STRUCTURE

- Working groups comprised of 5-8 members each, with a mix of tenure and roles, and a single designated leader
- Senior administrative leader coordinates working groups by mission, oversees staff support of working groups
- Steering Committee comprised of current members plus additional working group leaders

## PROCESS

- Working groups meet approx. four times between kickoff and end of September, some offline work expected
- Recommendations due to Steering Committee by early October, ending working group commitment
- Steering Committee reviews recommendations and provides input to Dean

## DELIVERABLE

1-2 page report with short, medium, and long-term recommendations and suggested metrics to track outcomes

# PHASE II STRATEGIC PLANNING WORKING GROUPS

## CLINICAL



1. Advance leadership in **quality of care**, including clinical excellence, patient-centeredness, and equity
2. Improve patient **access**
3. **Redesign ambulatory practices** to advance patient and clinician experience, including integration of clinical research

## RESEARCH



4. Enable greater **research coordination and collaboration** by reducing system barriers
5. Facilitate and standardize bidirectional **translational research pipeline**
6. Lead in innovative approaches to recruiting and developing **research workforce** (i.e., post docs/professional science staff)

## EDUCATION



7. Increase support for educators
8. Improve **quality of learner experience**
9. Advance innovative approaches to increasing **diversity/inclusion in the biomedical workforce**

## COMMUNITY



10. Leverage all assets across our missions to advance the **wellbeing of our local communities**
11. Improve **health care quality and access** in our local communities
12. Grow **bidirectional community-based research**

## CROSS-CUTTING



13. Enhance **mentoring and career development** opportunities for faculty and staff, including clinical, community, educational, research, and administrative pathways
14. Improve **inclusion and belonging**
15. Foster **greater interaction and team-building** (e.g., shared space, communications)
16. Prepare for a future in which **AI** will play a significant role in advancing all missions



**1. QUALITY OF CARE:** Advance leadership in quality of care, including clinical excellence, patient-centeredness, and equity

Across the board there is tremendous pride in the care delivered at VP&S: exceptional clinicians are committed to excellence in serving patients. While there are various ongoing efforts to measure and improve the quality of care, for VP&S to truly lead in this area, these need to be better aligned across the enterprise. At the same time, VP&S should strive to provide a uniformly positive experience for all patients regardless of payor, language, or care needs, with sufficient resources to support patient care, patient-friendly facilities and payor-agnostic care sites. **This working group will make recommendations for how to ensure consistently high-quality, patient-centered care, in partnership with NYP.**

**2. ACCESS TO CARE:** Improve patient access

Faculty and staff report that patients have a difficult time accessing care at VP&S, with long waiting times for both primary and specialty care. This is frustrating for patients and is said to result in the loss of patients to competitors. Additionally, VP&S's small outpatient footprint means that care needs cannot often be met in the communities in which patients live, negatively affecting the patient experience. **This working group will make recommendations to increase patient access to primary and specialty care at VP&S, both in the inpatient and outpatient setting.**

**3. AMBULATORY PRACTICE REDESIGN:** Redesign ambulatory practices to advance patient and clinician experience, including integration of clinical research

Clinical faculty describe feeling overburdened due to clinical administrative requirements and perceived understaffing. They feel they are unable to fully focus on delivering the very best patient care and unable to adequately pursue their academic interests. Clinics are not set up to facilitate clinical research; clinical ancillary staff and resources often cannot be leveraged for research purposes. **This working group will make recommendations for reducing administrative burden, improving staff support, and addressing the barriers to integrating clinical research into the clinic.**



#### **4. RESEARCH COLLABORATION SUPPORT:** Enable greater research coordination and collaboration by reducing system barriers

While faculty and staff describe VP&S as having a highly collaborative culture, at times the “system” seems to get in the way. It can be difficult to find and access research resources—in particular, cores can be challenging to access given their decentralized management and due to capacity or cost. The current funding model is felt to disincentivize cross-department collaboration; administrative hurdles can take time away from research, particularly for collaborations that cross units. **This working group will make recommendations on ways to address systemic challenges to foster research collaboration across VP&S, with NYP and with our partners across Columbia.**

#### **5. TRANSLATIONAL RESEARCH PIPELINE:** Facilitate and standardize bidirectional translational research pipeline

VP&S boasts unmatched resources and assets to enable translational research: outstanding basic science adjacent to a world-leading medical center with a diverse patient population. But while individual investigators have had great success translating their discoveries, faculty would like there to be a more systematic way of conducting this kind of research. **This working group will make recommendations for how to facilitate and standardize the translation of research from the lab to the clinic to the community and back.**

#### **6. RESEARCH WORKFORCE:** Lead in innovative approaches to recruiting and developing research workforce

In recent years, it has become increasingly difficult to recruit and retain essential research workforce—in particular, post docs and professional science staff. While the post docs shortage is a national phenomenon and exacerbated by the impact of COVID on work life, Columbia is particularly challenged given the high cost of living and the breadth of opportunities available to talented scientists in the NYC area. **This working group will be charged with developing innovative approaches to recruiting and developing the research workforce in light of these challenges.**



## 7. EDUCATOR DEVELOPMENT: Increase support for educators

VP&S attracts phenomenal students and trainees, and overall, the educational experience gets high marks. However, educators report receiving limited support for teaching, which they feel keeps them from providing the best possible experience for learners. Specifically, faculty seek greater protected time for education and increased training/mentoring on teaching skills, as well as increased recognition for their contributions. In addition, faculty and staff see opportunities to enhance the curriculum to better meet the needs of today's learners; some of this work is already underway. **This working group will develop recommendations to ensure VP&S continues to provide its learners a best-in-class experience.**

## 8. LEARNER EXPERIENCE: Improve quality of learner experience

One of the keys to trainee success is a positive perception of the clinical learning environment, this is often linked to not only well-being but also academic success. We would want to enhance the learning environment for our students, residents and fellows to ensure collaboration and excellent patient care and science. **This working group will develop recommendations for providing a productive clinical learning environment conducive to well-being and academic success.**

## 9. PIPELINE STRATEGY: Advance innovative approaches to increasing diversity and inclusion in the biomedical workforce

VP&S boasts an array of pipeline programs, like the Summer Program for Underrepresented Students (SPURS) and the Summer Health Professions Education Program (SHPEP). While these programs are highly effective and valuable, they are managed independently and not coordinated. VP&S can lead in developing innovative programs to increase diversity and inclusion in the biomedical workforce by bolstering existing programs and integrating them across the career development lifecycle. **This working group will be asked to envision what a coherent pipeline strategy might entail.**





**10. COMMUNITY WELLBEING:** Leverage all assets across our missions to advance the wellbeing of our local communities

Faculty, staff, and students alike share a commitment to providing excellent care to the Washington Heights community. Beyond direct patient care, there is a sense that there are more ways to leverage VP&S's full strengths and capabilities to improve the overall wellbeing of the community by engaging more deeply across all missions. Community members say they would welcome greater engagement with VP&S as true partners. **This working group will recommend an approach to advance the wellbeing of our local communities in a more comprehensive, cross-mission way.**

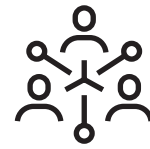
**11. COMMUNITY HEALTHCARE QUALITY AND ACCESS:** Improve health care quality and access in our local communities

While faculty, staff, and students all describe a commitment to providing the very best care to the community, access to care and quality of care in local communities remains a concern. Several efforts are underway to address access to subspecialty care that will be bolstered by Working Group No. 2. **This working group will focus on how to strengthen the healthcare services in the community, particularly primary care and related services, in partnership with NYP and with the existing community based resources.**

**12. BIDIRECTIONAL COMMUNITY RESEARCH:** Grow bidirectional community based research

Washington Heights offers a rich setting for conducting biomedical research with the promise of bringing the latest medical advances to the community—a win-win for faculty and community members alike. Faculty see the potential to increase local access to and diversify clinical trials, and to expand population research into the community. Community leaders see the value of bringing more research to the community; they are eager to help set research priorities and to ensure that the results of this research are returned to the community in the form of information and improved care. **This working group will propose a strategy for increasing bi-directional community based research.**

## WORKING GROUPS: CROSS-CUTTING



**13. MENTORING/CAREER DEVELOPMENT:** Enhance mentoring and career development opportunities for faculty and staff, including clinical, community, educational, research, and administrative pathways

VP&S attracts the very best faculty and staff, but retention has become a concern of late. Faculty and staff in all roles/missions cite the desire to better understand what it takes to be promoted and to receive sufficient training and mentorship to reach the next level of professional success. **This working group will clarify career tracks and promotion criteria for faculty and staff, separately, by focus area.**

**14. INCLUSION AND BELONGING:** Improve inclusion and belonging at VP&S

VP&S has developed numerous programs addressing inclusion and belonging, including the VP&S Anti-Racism Task Force and VP&S Anti-Racism Coalition, which have had a positive impact on the VP&S community. However, these programs are typically managed independently. **This working group will propose a coherent strategy that would encompass and integrate these programs to further advance inclusion and belonging at VP&S.**

**15. INTERACTIONS/TEAMS/COMMUNICATION:** Foster greater interaction and team-building (e.g., shared space, communications)

Faculty and staff describe VP&S as being comprised of exceptional, collaborative-minded colleagues, but they often find it difficult to meet and interact with those outside their immediate sphere, limiting the potential for serendipitous collaborations and more team-focused science. In interviews and the survey, faculty raised the idea of creating more spaces where they could meet more spontaneously—such as a faculty lounge or cafe. As well, faculty and staff suggested there might be better, more innovative ways of communicating internally across VP&S. **This working group will consider opportunities for fostering greater interaction and community building through physical and virtual spaces.**

**16. AI:** Prepare for a future in which AI will play a significant role in advancing all missions

As AI transforms the nature of work across the economy, it will surely impact how we deliver care, how we conduct research, how we educate future leaders, and how we go about our daily business. **This working group will propose how VP&S can ensure it is ready for the changes to come and can remain on the forefront of integrating AI to advance all our missions.**

# TENTATIVE TIMELINE

## SEPTEMBER-OCTOBER:

### RECOMMENDATIONS DEVELOPED

- Weekly Meetings (In-Person)
- Submit Recommendations to Steering Committee

## NOVEMBER:

### RECOMMENDATIONS REVIEWED

- Steering Committee Reviews & Revises Recommendations
- VP&S Leadership Reviews and Finalizes

## DECEMBER:

### SHARING

- Final Plan Shared with VP&S community