SOARING TO NEW HEIGHTS OF EXCELLENCE AND SERVICE

MOREHOUSE SCHOOL OF MEDICINE

STRATEGIC PLAN
July 1, 2009 – June 30, 2014

Table of Contents

Introduction **1**

Mission **2**

Core Values **3**

Vision **4**

Areas of Focus: **5**

Academic Excellence 7
Research Excellence 11
Health Services Excellence 15
Community Value 19
Operational Excellence 23
Outstanding Workplace 25

Appendix **29**

Appendix 1 31
Performance Measures 31
Appendix 2 37
Environmental AnalysisEnvironmental Analysis 37
Environmental Analysis 38

Introduction

The FY2009-2013 Strategic Plan builds upon Morehouse School of Medicine's outstanding reputation and significant accomplishments over the past decade and reaffirms the School's distinctive mission and legacy of community value. It sets new heights of excellence and appropriately aligns ambition with national priorities, existing strengths, and projected opportunities. It also specifies areas of strategic focus and presents a set of goals and strategic actions designed to help position the School for a new level of national prominence.

The Plan will guide business planning and serve as the primary reference document for deliberations concerning the allocation of resources. It provides a general framework for the creation of annual operating objectives and plans for implementation by the various academic and administrative departments, ensuring alignment with the strategic direction of the School. Moreover, the Plan specifies realistic yet challenging performance measures to monitor progress and ensure objective evaluation of movement toward aims. Pragmatic financial assumptions have been established to guide fiscal planning and communication.

Mission

The Mission Statement expresses the fundamental purpose for which Morehouse School of Medicine was established. It describes the constituencies which we serve and significant programs and services we offer.

The Strategic Plan introduces an amended mission statement that, at once, reinforces the distinctive national value of Morehouse School of Medicine's special purpose and elevates the School to a new level of social relevance. The modified statement reemphasizes our inviolable commitment to improving the quality of life for the vulnerable individuals and communities in Georgia and throughout the nation. And, it broadens MSM's education and training focus from "African Americans" to "all people of color" – a subtle adjustment meant to emphasize the School's strategic interest in being recognized as a Hispanic serving institution as well as a historically black academic health science center.

> ***Morehouse School of Medicine is dedicated to improving the health and well-being of individuals and communities; increasing the diversity of the health professional and scientific workforce; and addressing primary healthcare needs through programs in education, research, and service, with emphasis on people of color and the underserved urban and rural populations in Georgia and the nation.***

Core Values

Our **Core Values** are statements of philosophy that guide how we operate in carrying out our mission. These statements form the foundation of our institutional culture and code of conduct. Moreover, these words and the accompanying statements inform and embody the sense of professionalism that links all of our educational, research, patient care and community service programs. To ensure that the evolution of the School remains grounded in the principles that preserve its integrity, quality and legacy of community trust, a revised set of *Core Values* is presented below:

Knowledge: continuously creating, acquiring and communicating science-based information to better understand and enhance the human condition.

Wisdom: encouraging, promoting and supporting the exchange of knowledge and experiences to cultivate insight, discernment, and good judgment in our scholarly, service, and administrative endeavors.

Excellence: consistently achieving the highest level of performance and upholding the highest standards of ethical behavior while taking individual and collective responsibility for our actions and outcomes.

Service: maintaining an environment that exceeds expectations, holds every individual in high regard and esteem, and treats all patients and clients with compassion and empathy.

Vision

The **Vision Statement** below sets the tone and strategic course for moving the institution forward. It takes into consideration the institutional mission, values and the current environment in which we must operate. It reaffirms the School's distinctiveness and emphasizes its continued emergence as a major force in eliminating ethnic and race-based health disparities. Moreover it sets new heights of excellence and appropriately aligns ambition with existing strengths and projected opportunities.

Morehouse School of Medicine will be known as the nation's leading community-focused, research driven, student-centered medical school, recognized for its:

- *Preeminence in the conduct of research and translation of discovery into community solutions and improved patient care that contributes to the elimination of health disparities;*
- *Model educational environment that nurtures and supports the achievement of academic excellence;*
- *Leadership in creating models and best practices of integrative, culturally competent and community empowered health and healthcare; and*
- *Significant contributions to the diversity of the healthcare and scientific workforce and the development of leadership committed to improving the health of vulnerable populations and the nation's healthcare system*

Areas of Focus:

Areas of strategic focus represent those major areas that decisively affect and influence the achievement of the vision. The related statements are expressions of the fundamental aims of the institution over the next five years.

- ***Academic Excellence:***
  Expanding educational programs and sustaining the highest standards of teaching excellence and professional competence

- ***Research Excellence:***
  Creating a culture of outstanding scholarship throughout all components of MSM and strengthening the competitive quality and national reputation of the research enterprise

- ***Health Services Excellence***:
  Broadening the patient base and assuring the highest quality of patient care and level of customer service

- ***Community Value:***
  Growing philanthropy and enhancing community engagement and value recognition

- ***Operational Excellence:***
  Fostering the highest standards of operational performance, fiscal discipline and service benefit

- ***Outstanding Workplace:***
  Creating a work environment that is personally and professionally rewarding and conducive to the highest levels of performance

Academic Excellence

Academic Excellence: *Expanding educational programs and sustaining the highest standards of teaching excellence and professional competence*	
Goal 1.1 Strengthen academic support services, placing emphasis on enhancing library services and increasing the number of qualified applicants to all degree programs, in particular Georgia residents and under-represented groups.	
Major Initiatives/Strategies:	**Performance Measures:**
1.1.1 Restructure the educational infrastructure to provide optimal support for all degree programs placing emphasis on strengthening graduate program management; increasing the number of master's level staff; and augmenting counseling and financial services resources.	For each program: • Number of qualified applicants o Total o Georgia o Under-represented minority • Library utilization rate (visits and digital library uses) • Library user satisfaction rating • Number of subscribed databases, full text books and full text journals
1.1.2 Expand and enhance the coordination of pipeline programs with Atlanta University Center institutions and other Georgia colleges and universities.	
1.1.3 Renovate instructional facilities to accommodate enlarged academic programs and expand the number of small group meeting spaces.	
1.1.4 Implement a library modernization plan that transforms it into the central focus for experiential learning, data exchange and analysis, and collaborative scholarly activity.	

Goal 1.2 Increase incrementally the entering class size of the MD program to 70 by 2013, while maintaining mission focus, enhancing the quality of the educational experience and consistently achieving first time-taker pass rates and mean scores on USMLE Steps I and II that exceed the national average.	
Major Initiatives/Strategies:	**Performance Measures:**
1.2.1 Increase the number of teaching faculty and the diversity of teaching expertise, especially in medical and surgical subspecialties and imaging.	• Entering class average MCAT/SciGPA • Number of students in entering class by program • Total students in the program • USMLE Step 1 & 2 exam mean scores as a percent of national average. • USMLE Step 1 & 2 first time-taker pass rates • Percentage of graduates selecting primary care specialties • Percentage of graduates practicing in underserved communities
1.2.2 Augment clerkship and residency experiences through new affiliation agreements with the VA Health System, at least one private hospital in the Atlanta metropolitan area, and a rural hospital within the state.	
1.2.3 By July 2010, establish a Georgia Rural Health Office to recruit students from rural underserved areas, increase rural experiences for students, and increase rural outreach.	
1.2.4 Continue to expand and enhance simulation resources and service-based learning experiences.	

Academic Excellence: *Expanding educational programs and sustaining the highest standards of teaching excellence and professional competence*	
Goal 1.3 Strengthen and expand biomedical science programs resulting in a doubling of the class size of PhD, Master of Science in Clinical Research (MSCR), and other Masters degree programs respectively by 2013, while sustaining the highest quality of instruction.	
Major Initiatives/Strategies:	**Performance Measures:**
1.3.1 Develop areas of biomedical research concentration that provide training beyond the core curriculum and align with MSM multidisciplinary focal research programs.	• Entering class average GPA/GRE • Number of students in entering class • Total students in the program
1.3.2 Implement Masters of Science degree and certificate programs in biomedical sciences that complement recruitment efforts for the MD and PhD programs**.**	
1.3.3 Assess the feasibility of dual degree programs in clinical and translational research (MD/MSCTR, MSCTR/PhD, and MPH/MSCTR) in accordance with the aims of the recently awarded NIH Clinical and Translational Science Award.	

Goal 1.4 Enhance the interdisciplinary focus and contemporary relevance of the MPH program resulting in an increase in the total student body to 75 by 2013.	
Major Initiatives/Strategies:	**Performance Measures:**
1.4.1 Establish post-baccalaureate and pre-matriculation programs for MPH students and re-establish joint degree programs with Atlanta University Center undergraduate liberal arts schools and Interdenominational Theological Center.	• Total students in the program
1.4.2 Continue to expand areas of curricular emphasis, especially in quantitative and analytic areas, and pursue other innovative curricular formats.	
1.4.3 Initiate a MSCR/MPH joint degree program by 2010 and explore the feasibility of offering an executive MPH program.	

Academic Excellence: *Expanding educational programs and sustaining the highest standards of teaching excellence and professional competence*	
Goal 1.5 Optimize the management of graduate medical education programs, augment the diversity of clinical experiences, and expand resident involvement in scholarly activity.	
Major Initiatives/Strategies:	**Performance Measures:**
1.5.1 Increase the number of private hospital setting experiences for Medicine, Surgery, and OB/GYN residents by 20% and expand residency training affiliation with the VA health system and rural hospitals.	• Percentage of students from LCME accredited schools entering MSM residency programs • First time taker pass rate on board examinations
1.5.2 Increase the depth of subspecialty faculty expertise to optimally support each residency program and expand the number of clinical faculty engaged in research activities.	
1.5.3 Collaborate with Emory University School of Medicine (EUSM) to assure that MSM residents at Grady treat ≥ 25% of the cases by type seen by all residents training at Grady Hospital, and expand collaborative training in residency required sub-specialties by December 2009.	
1.5.4 Pursue the initiation of a select number of fellowship programs that align with priority research programs.	

Research Excellence

Research Excellence: *Creating a culture of outstanding scholarship throughout all components of MSM and strengthening the competitive quality and national reputation of the research enterprise*

Goal 2.1 Strengthen research support systems and the cultivation of emerging ideas to enhance recruitment, retention and the productivity of a critical mass of nationally competitive investigators resulting in a 50% increase in both program project and individual investigator type awards.

Major Initiatives/Strategies:		**Performance Measures:**
2.1.1	By 2010, restructure the Office of Research Administration following a comprehensive assessment of all research administration functions to strengthen pre- and post- award management, support services, development of emerging and existing research programs and compliance with clinical and regulatory practices.	• Number R01/ R03 and other investigator-initiated grants funded • Number of other investigator-initiated grants funded • Number of industry/private sponsored studies • Total direct research grant awards exclusive of training and construction • Number K awards • Number Training slots • Number Minority supplement grants • Number NSRA fellowships • Percent of research faculty tenured • Ratio of publications (refereed journals) per laboratory research oriented faculty employed > 3 years • Ratio of publications (peer-reviewed) per clinical/population-based research oriented faculty employed >3years
2.1.2	Define and implement a tenure system that provides for a rigorous evaluation process for continued tenure status.	
2.1.3	Bolster technology transfer activities to maximize the commercial potential of all intellectual property; increase the visibility and marketing of MSM-generated discoveries; and facilitate submission of Small Business Innovation Research (SBIR) and Small Business Technology Transfer (STTR) applications.	
2.1.4	Create an improved mentorship program for research-oriented post-docs and junior faculty and implement a funded intramural pilot research program for promising laboratory and clinical scientists.	

Goal 2.2 Strengthen and fully develop a select number of high priority research programs (Cardio Metabolic Diseases, Cancer, HIV/AIDS, Reproductive Diseases and Neurological Disorders) that span basic, clinical, translational, population, and community participatory research, achieving national recognition for the discovery science and impact on minority health and health care.

Major Initiatives/Strategies:		**Performance Measures:**
2.2.1	Establish participant databases and clinical research data repositories that interface with MSM and community-based electronic health records by 2012.	• Number publications in refereed journals on focal research program areas • Number of multidisciplinary grants funded
2.2.2	Recruit and/or retain a "magnet" scientist to lead each high priority research program and target endowment funding towards the establishment of an optimal number of faculty positions and fellowships.	
2.2.3	Broaden the vaccine development capabilities and continue to expand and strategically focus global health initiatives to foster greater collaboration among infectious disease scientists.	
2.2.4	Develop advocacy groups for each focal research program and leverage long standing highly valued relationships with local communities to conduct evidence-based research.	

Research Excellence: *Creating a culture of outstanding scholarship throughout all components of MSM and strengthening the competitive quality and national reputation of the research enterprise*	
Goal 2.3 Establish a unique niche in disparities related community-based participatory research, increasing the number of funded health services, medical effectiveness and population-based studies, and health promotion and disease prevention projects by 50 percent.	
Major Initiatives/Strategies:	**Performance Measures:**
2.3.1 Expand and enhance collaborative activities with health departments, the Centers for Disease Control (CDC), community health centers, community organizations in Atlanta, and other urban and rural entities to cultivate opportunities for the conduct of studies in community-based settings.	• Number of MSM health promotion/prevention projects • Number of peer-reviewed publications on health services and rural health research
2.3.2 Expand faculty depth in the disciplines of healthcare economics and national survey data research; and strengthen core competencies in epidemiologic, behavioral and health services research.	
2.3.3 Secure funding for the establishment of an endowed chair in Community-Based Participatory Research (CBPR) and the establishment of health services and medical effectiveness research fellowships for PhD, post-docs and physicians.	
2.3.4 Develop an area surveillance system to monitor health indices at the local level and implement health promotion projects that address five health priorities in a defined community near the Westview campus and measure community-level outcomes.	

Health Services Excellence

Health Services Excellence: *Broadening the patient base and assuring the highest quality of patient care and level of customer service*

Goal 3.1 Significantly enhance the overall patient experience and achieve sustainable operational improvements in revenue cycle management that meet or exceed nationally recognized performance indicators.

Major Initiatives/Strategies:		**Performance Measures:**
3.1.1	Complete the restructuring of revenue cycle operations and implementation of upgrades to the IDX clinical information management system by December 2009.	• Patient quality of service satisfaction ratings • Average patient waiting times • Number of new patients compared to similar time periods in prior years • Net clinical revenue (FFS and capitation) • Net collection rate • Overhead as a percent of collections • Days in accounts receivable. • Charge lag days • Rejected or denial claims rate
3.1.2	Establish quality of service metrics and develop reporting processes that consistently support the evaluation of the quality of service provided.	
3.1.3	Redesign patient service processes to enhance flow-through, timeliness of services, and quality of the medical office experience.	
3.1.4	Implement a Web-based patient outreach and education initiative.	

Goal 3.2 Continue to strengthen compliance and quality management practices resulting in eligibility for accreditation by applicable accrediting organizations.

Major Initiatives/Strategies:		**Performance Measures:**
3.2.1	Integrate electronic medical record technologies with appropriate clinical decision support tools at all MMA medical offices and continue to enhance documentation and coding training programs.	• JCAHO survey readiness status • Documentation and coding accuracy rates • Patient quality of care ratings • Clinical risk management and patient safety scores
3.2.2	Restructure the clinical quality management program to include a rigorous quality improvement plan using accepted evidence based standards and benchmarks.	
3.2.3	Implement an advanced enterprise risk management and patient safety program.	
3.2.4	Implement a patient-centered Care Model for chronic diseases built on U.S. Department of Health and Human Services (HHS) and/or Veterans Administration models.	

Health Services Excellence: *Broadening the patient base and assuring the highest quality of patient care and level of customer service*

Goal 3.3 Expand the array of service offerings resulting in annual net revenue growth rates of greater than five percent.

Major Initiatives/Strategies:		**Performance Measures:**
3.3.1	Pursue plans for the establishment of an Atlanta University Center Consortium student health center and a new multi-specialty ambulatory practice facility with expanded procedure and diagnostic capabilities on MSM owned property adjacent to main campus (Park Street Development Project).	• Net revenue growth rate • Number of new patients and percent increase over prior period • Number of patient encounters and percent increase over prior period • Net revenue as percent of charges
3.3.2	Identify and develop new interdisciplinary clinical programs with a symptom, disease or population-related focus.	
3.3.3	Increase clinical faculty numbers in key medical and surgical sub-specialties and pursue the integration of a select group of local physician practices into the faculty practice plan to broaden service offerings, improve provider availability and enhance payor mix.	
3.3.4	Identify and pursue opportunities to expand service offerings and foster increased referrals for specialty care through partnerships with the Atlanta VA Medical Center, VA-CBOC facilities, Grady Health System, affiliated private hospitals and federally qualified health centers.	

Community Value

Community Value: *Growing philanthropy and enhancing community engagement and value recognition*

Goal 4.1 Implement a series of creative, coordinated fund raising strategies and advanced stewardship practices that significantly increase gift receipt levels in all categories, and promote public confidence required to launch a capital campaign no later than December 2012.

Major Initiatives/Strategies:		**Performance Measures:**
4.1.1	Launch a new comprehensive annual giving program that significantly improves the quality and consistency of direct response efforts; doubles the level of participation in the electronic giving program; improves outreach to and solicitation of lapsed donors; and strengthens the cultivation of a core group of potential major gift prospects.	• Annual unrestricted gift revenue increase over prior year • Number of annual fund donors • Average annual fund gift amount • Annual alumni donor participation rate; average alumni gift amount • Total value of planned gifts • Number of full tuition four-year merit scholarships • Number of two- year stipends for PhD students • Percent scholarship aid to total tuition and fee revenue • Value of endowed scholarships • Amount of annual endowed scholarships awarded • Amount of annual direct scholarships awarded • Number of major gifts secured (25k and over) • Date of capital campaign public announcement
4.1.2	Redesign internal processes regarding private gift proposal development/submission, program management and stewardship reporting to ensure optimal coordination between the offices of Institutional Advancement, Grants and Contracts and the various academic units.	
4.1.3	Complete a comprehensive analysis of scholarship, fellowship and trainee stipend needs for all educational programs utilizing the results to enhance fundraising solicitation material, and bolster existing scholarship fundraising efforts and special events.	
4.1.4	Develop a comprehensive set of educational materials for estate planning and deferred giving and create strategic partnerships with financial advisors to conduct a series of estate planning seminars to cultivate targeted groups of donors.	
4.1.5	Re-establish the Board of Advisors as a philanthropic support organization consisting of local, regional, and nationally recognized civic and corporate leaders and complete a capital campaign feasibility study and case statement by December 2010.	

Community Value: *Growing philanthropy and enhancing community engagement and value recognition*

Goal 4.2 Strengthen brand recognition of MSM and MMA, and promote greater public awareness of our academic, research, health services and community outreach programs.

Major Initiatives/Strategies:		**Performance Measures:**
4.2.1	Engage consultants to produce a brand identity program; restructure our Web site, enhancing appearance, navigation and functionality; and launch a cost-effective advertising and public awareness campaign by January2010.	• Annual community perception survey ratings for MSM • Annual community perception survey ratings for MMA • Number of page views to MSM website per quarter • Number of regional media placements per quarter (print and wire) • Number of national media placements per quarter (print and wire) • Total number of continuing medical education (CME) programs • Total number of continuing education (CE) offerings • Total number of continuing education offerings/average number of participants
4.2.2	Implement media training and create a speakers bureau to better prepare and position key faculty as health and biomedical science experts in local and national media coverage and special events.	
4.2.3	In partnership with the other AUCC institutions create a collaborative campus and community development master plan that supports economic development, creates distinctive gateways and traffic flows, advocates campus and community wide safety initiatives and promotes livable communities and healthier lifestyles.	
4.2.4	Enhance e-learning capacity of the MSM continuing education program and expand the number and diversity of course offerings to community physicians and other healthcare practitioners.	

Community Value: *Growing philanthropy and enhancing community engagement and value recognition*

Goal 4.3 Establish a distinctive niche for MSM as a national leader in the management and coordination of community health advocacy, education, leadership development and public policy programs.

Major Initiatives/Strategies:		Performance Measures:
4.3.1	Implement programs to become the training and resource center of choice for medical directors and other clinician-leaders in migrant, homeless, and rural or inner-city Community Health Centers.	• Number of requests for training activities and resources from community health centers • Number of MSM initiated training activities conducted • Number of participants in each training and community activity
4.3.2	Assess the benefits and feasibility of reorganizing the Department of Community Health & Preventive Medicine and the National Center for Primary Care (NCPC) into a single academic unit.	
4.3.3	Pursue acceptance of the NCPC as the central coordinating entity for the creation of a national umbrella organization of primary care clinicians serving the underserved, joining forces with the Association of Clinicians for the Underserved, Migrant Clinicians Network, and Healthcare for the Homeless Coalition.	

Goal 4.4 Maintain a robust and well coordinated local, state and federal government relations program that ensures appropriate levels of public funding support for continued advancement of academic and patient care programs.

Major Initiatives/Strategies:		Performance Measures:
4.4.1	Aggressively promote the reauthorization of and increased appropriations for the Title III Higher Education Act and the Title VII Public Health Services Act, seeking greater flexibility in the use of Title III and Title VII funds and ensuring the continuation of all diversity related health programs and funding levels no less than FY 2005.	• Amount of federal funding for priority capital projects • Amount of state funding • Amount of federal funding exclusive of investigator initiated research projects
4.4.2	Aggressively pursue an appropriate increase in the annual State Operating Grant (state appropriation) in support of class size expansion; and secure at least $15 million of federal appropriation funding in support of priority capital projects.	
4.4.3	Seek new funding (operational and endowment) for NCPC program expansion via the cooperative agreement administered by the Office of Minority Health., U.S. Department of Health & Human Services.	

Operational Excellence

Operational Excellence: *Fostering the highest standards of operational performance, fiscal discipline and service benefit*

Goal 5.1 Develop and implement an information technology strategy that significantly enhances the technology infrastructure to better support academic and administrative processes and the advancement of biomedical informatics and health information technology capabilities.

Major Initiatives/Strategies:		**Performance Measures:**
5.1.1	Transform the information technology organization (people, processes, and tools) to strengthen capabilities for the delivery of comprehensive services and solutions central to achieving institutional strategic goals and internal customer satisfaction.	• Internal customer service satisfaction ratings • Information system availability rating • Classroom AV availability rating • Mean time to restore services • Number of service problem related calls
5.1.2	Reengineer the information technology infrastructure to establish a more robust and scalable foundation that facilitates secure computing, information management, and exchange of information at institutional, community, and national levels.	
5.1.3	Upgrade clinical, research, academic, and administrative applications to provide enhanced functionality to faculty, students, and staff; build clinical, research, and administrative data warehouses for improved reporting, analysis and decision making capabilities; and develop operational databases for efficient transaction processing.	
5.1.4	Create a cross-functional institutional committee to provide oversight of Biomedical Informatics and Health IT activities and work in partnership with regional and national organizations to pursue the establishment of a National Clinical Data Repository and Health Information Exchange Network.	

Goal 5.2 Optimize the management of academic and administrative support services strengthening compliance, risk management, financial planning and budget management processes.

Major Initiatives/Strategies:		**Performance Measures:**
5.2.1	Restructure the financial/capital budgeting processes, implementing mission-based management practices and creating a standardized set of financial/operational reports and analyses that improve transparency and better meet the managerial needs of academic and administrative support units.	• Ratio of endowment to G & A expenditures • Endowment annual size/return • Composite financial index score • Debt service coverage ratio • Operating reserve as a percent of total expenditures • Capital reserve as a percent of depreciation • Annual internal customer service satisfaction ratings • Institutional support efficiency ratio
5.2.2	Engage consultants to conduct a business model analysis of MSM as compared to peer institutions, assessing and providing recommendations regarding academic and administrative support structure, sources of revenue, operating reserves, and capital structure.	
5.2.3	Complete a comprehensive review/revision of institution-wide compliance-related policies and procedures and implement a new multi-faceted compliance education and training program for all MSM/MMA employees by July 2010.	
5.2.4	Conduct a campus-wide analysis of procurement and supply chain management practices and implement best practice standards and strategies that create a comprehensive expense management program by December 2010.	

Outstanding Workplace

Outstanding Workplace: *Creating a work environment that is personally and professionally rewarding and conducive to the highest levels of performance*

Goal 6.1 Develop an institution-wide learning strategy approach that is aligned with strategic priorities and addresses related talent needs and employee development.

Major Initiatives/Strategies:		**Performance Measures:**
6.1.1	Design and implement a comprehensive training, development and succession planning program by July 2011 that promotes service excellence and supports professional advancement.	• Training investment per employee (staff/faculty) • Staff participation in staff development and training programs • Employee work environment/job satisfaction survey rating • Annual compensation market study • Percentile ranking of average faculty salaries as compared to AAMC annual study • Percentile ranking of staff salaries compared to NACUBO survey • Voluntary faculty turnover rate • Staff turnover rates (voluntary, involuntary)
6.1.2	Implement by 2010 a revised salary administration program and practices to continuously ensure the market competitiveness of faculty and staff salaries.	
6.1.3	Implement a revised recognition and rewards program by December 2010 to highlight, honor and celebrate employees who make distinguished contributions.	

Goal 6.2 Expand faculty development programs and opportunities to foster ongoing academic progress and continuous learning.

Major Initiatives/Strategies:		**Performance Measures:**
6.2.1	Continue to strengthen the MSM Teaching Academy to further educational excellence and scholarship and enhance the professional development of MSM educators.	• Junior/senior faculty ratio • Faculty satisfaction rating • Faculty participation in faculty development programs
6.2.2	Implement new policies and programs to bolster support of the educational, research and service needs of faculty, benchmarked on an annual cultural assessment.	
6.2.3	Cultivate a culture of innovation by developing intramural grant programs, assuring adequate start-up programs, disseminating RFAs regarding new ideas, and enhancing interaction with industry.	

Outstanding Workplace: *Creating a work environment that is personally and professionally rewarding and conducive to the highest levels of performance*

Goal 6.3 Develop and implement a comprehensive plan to ensure a safer and more secure work environment at all MSM work sites by 2011.

Major Initiatives/Strategies:		**Performance Measures:**
6.3.1	Improve on-campus lighting and complete implementation and integration of video surveillance, fire alarm, and electronic building access control systems by December 2010.	• Annual number of reportable security incidents • Customer service satisfaction survey rating
6.3.2	Upgrade in-service training, increasing specialized training for all security guards and increase the number of Peace Officer Standards and Training (POST) certified officers to a minimum of 40% of Public Safety staffing by 2011.	
6.3.3	Implement a new emergency preparedness plan, incorporating an electronic emergency response notification system, and develop a core team of highly trained emergency response personnel by December 2009.	

Goal 6.4 Promote the efficient use of facilities and create an environmentally friendly campus that meets the projected needs of academic and community service programs and support services.

Major Initiatives/Strategies:		**Performance Measures:**
6.4.1	Engage architectural and facilities planning consultants to create a comprehensive 10-year campus master plan by December 2009 encompassing current and future needs of all educational programs; the research enterprise; patient care expansion plans; and faculty, staff and student work/study/wellness requirements.	• Internal customer satisfaction ratings of administrative support services • Annual major facility component capital expenditures as a percent current replacement value • Utility costs/consumption (BTU)/per square foot • Average facilities management trouble call response time
6.4.2	Select a real estate development partner and create plans for the improvement of the Park Street property to include a mixed use development consisting of an AUCC student health center; medical offices; a biomedical research incubator center; senior assisted living and skilled nursing facilities; faculty, resident and student housing; and complementary retail space.	
6.4.3	Pursue plans for the creation of a Clinical Education facility in close proximity to Grady Hospital, housing the departments of Medicine, Pediatrics, Surgery, and Obstetrics/Gynecology and the Office of Graduate Medical Education.	
6.4.4	Significantly improve the skill level of campus operations staff, reorganizing functional units where appropriate, redefining skill requirements, and implementing skill development and certification programs.	

Appendix

Appendix 1
Performance Measures

Performance Measures

Academic Excellence: Expanding educational programs and sustaining the highest standards of teaching excellence and professional competence

#	Measures	Related Goal	Rpt Freq	Baseline	Target
1	Library utilization rate (visits and digital library use)	1.1	A	217380	300000
2	Library user satisfaction rating	1.1	A	80%	≥ 95%
3	Number of subscribed databases, full text books and full text journals	1.1	A	15/550/7500	20/1000/10,000
	MD program				
4	Total qualified applicants/GA applicants/percent underrepresented minority	1.1, 1.2	A	3623/442/50%	4000/500/50%
5	Entering class average MCAT/SciGPA	1.2	A	9.13/3.36	9.5/3.4
6	Number of students in entering class	1.2	A	57	70
7	Total students in program	1.2	A	216	280
8	USMLE Step 1 exam mean score as a percent of national average	1.2	A	95%	100%
9	USMLE Step 1 first time taker pass rate	1.2	A	100%	≥95%
10	USMLE Step 2 exam mean score as a percent of national average	1.2	A	*96%*	100%
11	USMLE Step 2 first time taker pass rate	1.2	A	94%	≥95%
12	Percentage of most recent graduates selecting primary care and core specialties	1.2	A	64%	65%
13	Percentage of graduates practicing in underserved communities	1.2	A	70%	70%
	PhD program				
14	Total qualified applicants/GA applicants/number of underrepresented minority	1.1, 1.3	A	19/8/17	50/30/30
17	Entering class average GPA/GRE	1.3	A	3.16/Q642/V424/ AW3.9	3.5/Q650/B550/ AW4.5
18	Number of students in entering class	1.3	A	6	10
19	Total students in program	1.3	A	31	50
	MSCR program				
20	Total students in program	1.3	A	8	30
	MPH program				
22	Total students in program	1.4	A	45	75
23	Percentage of students from LCME accredited schools entering MSM residency programs	1.5	A	65%	≥80%
	Residency programs				
24	Family Medicine first time taker pass rate on board examination	1.5	A	80%	≥90%
25	Preventive Medicine first time taker pass rate on board examination	1.5	A	50%	≥90%
26	Medicine first time taker pass rate on board examination	1.5	A	89%	≥90%
27	Ob/GYN first time taker pass rate on board examination	1.5	A	100%	≥90%
28	Surgery first time taker pass rate on board examination	1.5	A	67%	≥90%
29	Psychiatry first time taker pass rate on board examination	1.5	A	48%	≥90%
30	Pediatrics first time taker pass rate on board examination	1.5	A	50%	≥90%

Report Frequency: A = Annually, M = Monthly, Q = Quarterly, S = Semiannually

Performance Measures

Research Excellence: Creating a culture of outstanding scholarship throughout all components of MSM and strengthening the competitive quality and national reputation of the research enterprise

#	Measures	Related Goal	Rpt Freq	Baseline	Target
1	Number R01/ R03 grants funded	2.1	Q/A	12/10	18/20
2	Number of other investigator-initiated grants funded	2.1	Q/A	111	160
3	Number of industry/privately-sponsored studies	2.1	Q/A	52	62
4	Total direct research grant awards exclusive of training and construction	2.1	Q/A	$48.3m	140
5	Number K awards	2.1	Q/A	3	18
6	Number of Training slots	2.1	Q/A	15	25
7	Number Minority supplement grants	2.1	Q/A	3	6
8	Number NSRA fellowships	2.1	Q/A	2	6
9	Percent of research faculty tenured	2.1	A	0	TBD
10	Ratio of publications (refereed journals) per laboratory research oriented faculty employed > 3 years	2.1	A	TBD	≥3:1
11	Ratio of publications (peer-reviewed) per clinical/population-based research oriented faculty employed >3years	2.1	A	TBD	≥3:1
12	Number publications in refereed journals on focal research program areas	2.2	Q/A	100	≥150
13	Number of multidisciplinary grants funded	2.2	Q/A	4	≥8
14	Number of MSM health promotion/prevention projects	2.3	Q/A	5	8
16	Number of peer-reviewed publications on health services and rural health research	2.3	Q/A	37	50

Health Services Excellence Priority 3: Broadening the patient base and assuring the highest quality of patient care and level of customer service

#	Measures	Related Goal	Rpt Freq	Baseline	Target
1	Patient quality of service satisfaction ratings	3.1	Q	91%	≥95%
2	Average patient waiting times	3.1	A	TBD	TBD
3	Number of new patients compared to similar time periods in prior years	3.1	Q	1668	TBD
4	Net clinical revenue (FFS and capitation)	3.1	M/Q	$1.3m	$1.7m
5	Net collection rate	3.1	M/Q	29.6%	≥85%
6	Overhead as a percent of collections	3.1	M/Q	TBD	TBD
7	Days in accounts receivable.	3.1	M/Q	127.9	<50
8	Charge lag days	3.1	M/Q	15	<10
9	Rejected or denial claims rate	3.1	M/Q	TBD	TBD
10	JCAHO accreditation status.	3.2	A		2013
11	Documentation and coding accuracy rates	3.2	Q	69%	≥95%
12	Patient quality of care ratings	3.2	Q	TBD	TBD
13	Clinical risk management and patient safety scores	3.2	M/Q	TBD	TBD
14	Net revenue growth rate	3.3	Q/A	TBD	5%
15	Number of new patients/percent change over prior period	3.3	Q/A	/11%	TBD
16	Number of patient encounters and percent change over prior period	3.3	Q/A	10,000	TBD
17	Net revenue as percent of charges	3.3	Q/A	31.80%	≥50%

Report Frequency: A = Annually, M = Monthly, Q = Quarterly, S = Semiannually

Performance Measures

Community Value: Growing philanthropy and enhancing community engagement and value recognition

#	Measures	Related Goal	Rpt Freq	Baseline	Target
1	Annual unrestricted gift revenue increase over prior year	4.1	Q	$750,000	$1.3m
2	Number of annual fund donors	4.1	Q	465	800
3	Average annual fund gift amount	4.1	Q	1483	1600
4	Annual alumni donor participation rate; average alumni gift amount	4.1	Q	11%	35%
5	Total value of planned gifts	4.1	A	TBD	TBD
6	Number of full tuition four-year merit scholarships	4.1	A	2	10
7	Number of two- year stipends for PhD students	4.1	A	2	8
8	Percent scholarship aid to total tuition and fee revenue	4.1	A	TBD	TBD
9	Value of endowed scholarships	4.1	A	$11.1m	$40m
10	Amount of annual endowed scholarships awarded	4.1	A	$71,970	$500,000
11	Amount of annual direct scholarships awarded	4.1	A	$276,725	$500,000
12	Number of major gifts secured (25K and over)	4.1	Q	20	40%
13	Date of capital campaign public announcement	4.1	N/A	N/A	July 2012
14	Annual community perception survey ratings for MSM	4.2	A	TBD	TBD
15	Annual community perception survey ratings for MMA	4.2	A	TBD	TBD
16	Number of page views to MSM website per quarter	4.2	Q	TBD	TBD
17	Number of regional media placements per quarter (print and wire)	4.2	Q	312	450
18	Number of national media placements per quarter (print and wire)	4.2	Q	1198	1930
19	Total number of continuing medical education programs	4.2	A	27	≥40
20	Total number of continuing education offerings/average number of participants	4.2	A	TBD	TBD
21	Number of requests for training activities and resources from community health centers	4.3	A	TBD	TBD
22	Number of MSM initiated training activities conducted	4.3	A	TBD	TBD
23	Number of participants in each training and community activity	4.3	A	TBD	TBD
24	Amount of federal funding for priority capital projects	4.4	A	$2.7m	$15.0m
25	Amount of state funding	4.4	A	$11.90	$15.5m
26	Amount of federal funding exclusive of research and development projects	4.4	A	$32.2m	$40m

Report Frequency: A = Annually, M = Monthly, Q = Quarterly, S = Semiannually

Performance Measures

Operational Excellence: Fostering the highest standards of operational performance and service benefit

#	Measures	Related Goal	Rpt Freq	Baseline	Target
1	Internal customer service satisfaction ratings	5.1, 5.2	A	61%	≥90%
2	Information system availability rating	5.1	A	97%	≥98%
3	Classroom AV availability rating	5.1	Q	TBD	TBD
4	Mean time to restore services	5.1	Q	TBD	TBD
5	Number of service problem related calls	5.1	Q	TBD	TBD
6	Ratio of endowment to G & A expenditures	5.2	A	TBD	1.5:1
7	Endowment size/ annual return	5.2	A	$53.2m/-20.4%	$115m/8.5%
8	Composite financial index score	5.2	A	2.01	3.1
9	Debt service coverage ratio	5.2	A	1.45	1.1
10	Operating reserve as percent of total expenditures	5.2	A	4.20%	8.50%
11	Capital reserve as a percent of depreciation	5.2	A	0.00%	20%
12	Institutional support efficiency ratio	5.2	A	16.50%	18.50%

Outstanding Workplace: Creating a work environment that is personally and professionally rewarding and conducive to the highest levels of performance

#	Measures	Related Goal	Rpt Freq	Baseline	Target
1	Training investment per employee (staff/faculty)	6.1	A	TBD	TBD
2	Staff participation rate in staff development and training programs	6.1	A	TBD	TBD
3	Employee work environment/job satisfaction survey rating	6.1	A	TBD	>90%
4	Annual compensation market study	6.1	A	TBD	TBD
5	Percentile ranking of average faculty salaries as compared to AAMC annual study	6.1	A	TBD	40th percentile
6	Percentile ranking of staff salaries compared to NACUBO survey	6.1	A	TBD	40th percentile
7	Voluntary faculty turnover rate	6.1	A	12%	<10%
8	Staff turnover rate (voluntary/involuntary)	6.1	A	TBD	<8%/5%
9	Junior/senior faculty ratio	6.2	A	TBD	TBD
10	Faculty cultural assessment survey rating	6.2	A	TBD	TBD
11	Faculty participation rate in faculty development programs	6.2	A	TBD	TBD
12	Annual number of reportable security incidents	6.3	A	30	TBD
13	Internal customer satisfaction ratings of administrative support services	6.3, 6.4	A	TBD	≥90%
14	Annual major facility component capital expenditures as a percent current replacement value	6.4	A	TBD	TBD
15	Utility costs/consumption (BTU)/per square foot	6.4	A	$1.72/TBD	$1.55/170k BTU
16	Average facilities management trouble call response time	6.4	A	TBD	TBD

Report Frequency: A = Annually, M = Monthly, Q = Quarterly, S = Semiannually

Appendix 2
Environmental Analysis

Environmental Analysis

External Analysis Summary	
Industry Trends	
Growing national concern over the increasing cost of healthcare and the increasing number of uninsured individuals	Economic conditions focus attention on the need for comprehensive health care reform designed to constrain costs, expand access and improve quality
Trend toward stronger linkage between government funding and demonstrated outcomes	Increased emphasis on the use of medical informatics to drive healthcare quality
Accreditation standards focused more on outcomes and defined measures of institutional effectiveness (SACS)	Health disparities based on race, gender, ethnicity and socioeconomic status continue to exist
More cross disciplinary teaching	Increased customer service demands
Demands for greater research relevance and applicability will continue	The current economic and reimbursement environment is causing some hospitals to close
Novel and expanded relationships with industry are occurring	Greater trend toward provider payments being tied to health outcomes
Increased scholarly requirements for residents	Greater emphasis on interdisciplinary, collaborative and translational research initiatives
	Disappearance of the "triple threat" in academic medicine and need for greater recognition of the importance of teaching

Opportunities	Threats
Research, research infrastructure, biomedical informatics, health IT and community development funding opportunities as the result of the American Recovery and Reinvestment Act	Financial challenges facing Metropolitan Atlanta hospitals, in particular, Grady Health System and South Fulton Hospital
Increased public awareness and state and federal government recognition of the health professions workforce shortages, continued maldistribution of health professionals and the need for greater diversity	Funding and reauthorization challenges to the Title VII Health Professions Training Act programs
Changing gender demographics in health professions student population	Declining pool of medical school faculty and research personnel
Growing Hispanic population in GA	Increased competition for charitable giving
Health promotion and disease prevention continues to increase in importance	Federal reductions in Medicare and Medicaid funding for graduate medical education
Continued public awareness and concern regarding ethnic based health disparities	Continued changes in health services reimbursement structure and deterioration of clinical margins
AIDS will continue as a health crisis and drug abuse will remain a major health and societal problem	Flattening of funding from National Institutes of Health (NIH), creating a more competitive environment for biomedical research
Diseases of the elderly and the management of chronic diseases will remain in the forefront	Federal budget elimination of NIH-NCRR research facilities construction grant program
NIH initiatives (NIH Roadmap) which emphasize new pathways to discovery, interdisciplinary research teams and novel partnerships; and a re-engineering of the clinical research enterprise, placing greater emphasis on translational research	Capital demands and increased operating costs related to new biomedical research technologies and medical informatics
Continued strong support from the NIH National Center for Research Resources (NCRR) and National Center for Minority Health and Health Disparities (NCMHD) grant programs	Emergence of new competitive medical education programs in Atlanta Metropolitan area and elsewhere within the state
Strong U. S. government support of federally qualified community health centers	Managed care changes to GA Medicaid program and growing numbers of uninsured and underinsured citizens
Historically strong relationships with key elected and appointed leadership at federal, state, and local government levels	Significant costs and operating risks associated with federally mandated regulatory compliance programs

Internal Analysis Summary	
Educational	
Strengths	**Weaknesses**
Faculty and staff dedicated to a distinctive mission, history of success in producing primary care practitioners	Insufficient number of core faculty positions to meet demands of increasing class sizes and curriculum changes
Accredited educational programs with national reputation for quality and success in producing primary care providers dedicated to underserved communities	Limited access to Veterans Affairs facilities and private hospitals for training purposes
Reputation as having a very nurturing academic environment and highly supportive faculty and staff	Small size of MPH and PhD programs limits effectiveness, efficiencies and quality of student experiences s
The existence of a clinical skills assessment facility	Heavy reliance on public funding
The existence of Ph.D. and masters degree programs, and residencies that provide opportunities for training and recruitment of faculty	Limited number of Ph.D. training grants and associated stipends for PhD trainees
Excellent relations with Atlanta University Center schools and strong minority recruiting pipeline programs in math and science enrichment and biomedicine	Insufficient number of need based scholarships and four-year merit scholarships for MD students
Long established affiliation with a network of Area Health Education Centers	Disproportionate reliance on Grady Healthcare System for clinical training
Small class size and effective student support services and programs	Small number of subspecialty faculty and of medical subspecialty fellowship
Excellent MD student performance on nationally standardized licensure examinations	Library in need of modernization
Good relationship with Emory University Medical School	Vacant chair and faculty positions

Clinical	
Strengths	**Weaknesses**
Community physicians expressing greater interest in joining or becoming affiliated with the faculty practice plan (MMA)	Unfavorable payor mix with high index of Medicaid and uninsured patients at Grady Healthcare system facilities and MMA community sites
Affiliation agreement with Grady Healthcare System, providing funding support for clinical faculty and residents	Primary care mission focus limits service mix and higher margin subspecialties
Experience, expertise, and interest in delivering culturally sensitive health services	Insufficient size of clinical programs to attract collaborative relationships with hospitals and other strategic partners
Existence of a state government appropriation (operating grant) and federal matching funds (DSH)	MMA offices viewed as market non-competitive from a quality of service and facility perspective
Good relationship with public health department officials, community health centers, and local safety net providers	Inefficiencies in clinical management and high administrative leadership turnover in MMA
Access to and interest in serving a diverse patient population	Outdated clinical management information systems (Grady Hospital & MMA) and limited deployment of electronic medical record system
Strong reputation in primary care and community service	Limited access to capital for strategic investments

Research	
Strengths	**Weaknesses**
Several vibrant research programs with track record attracting stellar scientist and extramural funding	Need to evaluate and revise processes for investing in research investigators and programs
Collaborative research environment has led to development of research centers that address important health issues	Turnover of successful faculty following significant investment in their development
National reputation of the various research centers and institutes and the National Center for Primary Care	Limited data management and bio-statistical support resources
Existence of a relatively good complement of core laboratories and research resource units	Limited biomedical informatics resources
Trusted relationship in minority communities, especially in the southeastern U.S.	Limited technology transfer resources and expertise
A growing number of patent applications	The need to strengthen faculty development programs and ensure protected time for research
	Limited reinvestment of indirect costs revenue back into the research infrastructure

General Administrative	
Strengths	**Weaknesses**
Connection to Morehouse College and its reputation as a leading academic institution in the country	Lack of a comprehensive faculty and employee reward and recognition program
Institutional leadership commitment to strategic planning, outcomes management and the implementation of mission based budgeting	Disproportionate dependence on state and federal government funding support, with an excessive reliance on soft money for core educational programs
Experiences of established senior management team - knows the staff and environment	The non-faculty job classification structure lacks clearly defined job families and an overarching classification methodology
Atlanta location is an excellent recruiting element for attracting outstanding faculty and staff	Inadequate in-service training/staff development programs and lack of a consistent commitment to market-based equitable compensation
Relatively new facilities and major equipment infrastructure (HVAC systems, parking garages, building roofs, elevators, campus lighting, etc.)	Need for an improved, more comprehensive marketing and communication plan that better informs all constituencies and increases the visibility of outstanding faculty and staff
Undeveloped land for growth of existing academic and patient care programs and development of new revenue producing venues	The need to improve the quality of service and responsiveness of administrative support functions
Mission focus with emphasis on primary care and elimination of health disparities provides leverage for governmental support and private fund raising	Inadequate information technology infrastructure; lack of an overall bioinformatics and health IT strategy; and the existence of an outdated administrative software and application portfolio that is built on disparate systems without a common database
A legacy of institutional leadership of national stature in government, health policy and public health	Needed investments in facility infrastructure to overcome recent period of deferred maintenance
Relatively new executive leadership in the offices of the President and Dean	Need for greater transparency and understanding of financial and capital planning/budgeting
Small, but relatively strong alumni association	Inadequate institutional planning and resource allocation process
History of financial stability and good audit findings	Inefficient internal business processes and inadequate management reporting and analysis tools
Strong history of accomplishments for a young medical school	Limited fundraising infrastructure and no visible private fundraising strategy
	Small endowment
	Less than optimal operating and capital reserves