

# Transforming the University of Wisconsin School of Medicine and Public Health

January 2008

## A Compelling Case for Transformation

Throughout most of the modern era of medicine there has been a lack of integration and, at times, a schism between public health and medicine. Public health focuses on health promotion and disease prevention at the level of populations, while medicine focuses on individual care, with an emphasis on the diagnosis and treatment of disease. Ideally these approaches should be seamlessly integrated in practice, education, and research. The Institute of Medicine has emphasized that “The healthcare system of the 21<sup>st</sup> century should maximize the health and functioning of both individual patients and communities. To accomplish this goal, the system should balance and integrate needs for personal healthcare with broader community-wide initiatives that target the entire population”.

In 2005, the University of Wisconsin Medical School sought and received approval from the UW Board of Regents to change its name to the University of Wisconsin School of Medicine and Public Health. The goal of the name change and the transformation that is being launched is clear: to bridge the disciplines of biomedical and population health sciences and to integrate public health into the School’s core missions. By doing this, we will develop a revolutionary new model which unites traditional medicine and public health. The overarching vision is extremely important, and admittedly ambitious: ***We will build a new and better infrastructure for the promotion of health and the prevention, diagnosis, and treatment of disease for the people of Wisconsin, which will then serve the nation as the leading model for improving the health of the public.***

The engine of transformation will be fueled by the School’s available resources, including the Wisconsin Partnership Program, the endowment that was created following the conversion of the Blue Cross/Blue Shield United for Wisconsin to a publicly held corporation. The initial five-year plan that has guided the application of the endowment funds identifies the transformation of the school as one of the major goals. We are most fortunate to be embedded in an outstanding public university with comprehensive programs, innovative and productive faculty and staff, and relationships which extend throughout the state. We have defined in general terms where we want to go and we have a vehicle that should provide considerable support for the journey. What we now need is a specific description of our destination, a clear roadmap identifying the routes that we will take to expedite our arrival, and several distinct mileposts that will mark our progress.

This document summarizes the vision embodied in the transformation and guiding principles that will shape our approach to the transformational process. Next, the document summarizes the goals and strategies in each of our three missions. Finally, it describes the next steps in the transformational process.

### ***The Vision***

*The University of Wisconsin School of Medicine and Public Health will create a superior educational and research enterprise that integrates biomedical sciences, care of individual patients, and population health. This new integrated approach will be applied to address the evolving health and healthcare needs of Wisconsin, and in doing so, will serve as a national model.*

### ***Guiding Principles***

The 1988 Institute of Medicine report *The Future of Public Health* defined public health as “what we as a society do collectively to assure the conditions in which people can be healthy”. Many approaches and disciplines are covered by this broad and thoughtful definition, and in fact schools of public health vary considerably in their focus and areas of emphasis. It would be impractical to incorporate all of the provinces of public health into the School of Medicine and Public Health (SMPH). We will focus on those elements of public health that are most relevant to our new model of integrating population health and the care of individual patients, in pursuit of improving the health of the public.

Our transformation process will be guided by principles which will shape a manageable process for achieving our goals.

- We do not desire to establish an independent, free-standing school of public health, and then attempt to build bridges between it and our school. This conventional approach has had limited success in integrating the missions of each school at other universities. We do not plan to seek formal accreditation for our school from the official public health accrediting bodies at this time, since this would require that we accept all of the conventional requirements of traditional free standing independent schools (although we do plan to achieve accreditation for our individual graduate programs).
- We will dismiss preconceived notions of the domains of public health and medical care and will seek approaches that dissolve these boundaries in pursuit of functional, cost-effective solutions to our most pressing health issues.
- Our transformation will involve increasing levels of mutual interaction with communities, local and state government agencies, and other organizations across the state, as well as other components of our university.
- As we build new areas of focus and emphasis, we will continue to advance the core aspects of our current strengths. We will, for example, continue to support and develop pure basic science research, since this traditional strength of our school can serve as the basis for the development of new approaches to population-based interventions. All will be invited to participate in the new opportunities afforded by the transformation. At the same time, we will continue to build and respect the many kinds of valuable work already in place that provide the foundations for our future.
- Resources will never be adequate to address all of the potential areas for further development, and thus a thoughtful process for setting priorities must be established.
- The transformational planning process will be dynamic. We will assess our progress and direction on a regular basis, and modify our plans based on those assessments, as well as new opportunities and needs.

## ***Criteria for Selecting our Priorities, Goals, and Strategies***

A process of broad engagement of our faculty, staff and constituencies resulted in a rich array of potential ideas for our transformation. As expected, the opportunities and needs are far greater than our resources will enable us to deliver. We also asked these groups to help develop criteria to use in identifying our priorities, goals and strategies. They are:

### **Greatest need/greatest opportunity to make a difference:**

What are Wisconsin's greatest needs, as defined by disease burden/health impact, geography, and other criteria?

### **Pre-existing strengths (internal and external) and participants:**

What is our ability to address those needs, taking into account the expertise and focus of our faculty, the interests and commitment of potential external partners, and the availability of resources? We will leverage our strengths and seek opportunities to collaborate with other UW campus units and other organizations throughout the state.

### **Gaps in existing programs:**

We will avoid duplicating successful efforts of others, and will focus primarily on areas and issues that are underserved.

## ***Our Strategic Priorities***

- 1. Transforming our Service Mission: Engagement**
- 2. Transforming our Educational Programs**
- 3. Transforming our Research Mission**

# *Advancing Our Strategic Priorities*

## **Transforming our Service Mission: Engagement**

As a school embedded within a leading *public* university, we recognize the very special role that service plays in our institution's purpose, as articulated in "the Wisconsin Idea". The traditional terminology of "service" may potentially be misleading as we move forward in our transformation, since it may be misinterpreted to suggest a relationship that is primarily unidirectional. We prefer to use the term "engagement" to describe the bilateral relationships we intend to foster.

Our transformation affords the opportunity to dramatically expand the scope of our engagement with communities and organizations throughout the state. We already enjoy important partnerships with many institutions, from central city locations in Milwaukee to rural sites throughout the state. Historically, most of these engagements have focused on clinical services and related academic activities. We now must push forward with broader population and public health components, which seek input and direction from community and state organizations. Our Wisconsin Partnership Program's Community Partnership Program has already moved us towards this direction.

## **GOALS**

- Our engagement activities will have an important impact on the most pressing issues affecting the health of Wisconsin.
- Strong connections and partnerships between our school and state, county, and local organizations will focus on and elevate the health of the public.
- We will address the unacceptable disparities in health determinants and health outcomes that exist in Wisconsin (and beyond).
- We will play a leadership role in advancing informed, evidence based health care policy.
- We will be recognized for our creation of new community based practice models, designed to advance the health of the public. Ultimately, we will have succeeded in our transformational efforts only when we can demonstrate that the patients and populations for which we are responsible have achieved a higher level of health.
- All significant clinical endeavors undertaken by the SMPH or its clinical partners will be considered for their public health implications and the potential for incorporation of public health elements.
- Population health ethics will shape our engagement activities.

## **STRATEGIES**

- The "Healthiest State" project will help guide our engagement activities. We will identify the greatest health burdens, the available external partners, and the gaps in what others are already addressing in selecting specific areas of emphasis.
- We will create a new senior leadership position in the school which will direct our evolving partnerships across the state, and coordinate our engagement activities with our academic

missions. We will also create an external advisory committee to guide our engagement priorities.

- We will create training programs which tackle the challenge of an inadequate healthcare workforce in disadvantaged central city and rural populations.
- We will develop creative models for increasing the number of under-represented minorities in our medical student and other training programs.
- We will create mechanisms for bringing together broad and deep expertise in health and health care policy, and will offer evidence-based input to legislators, policy makers, and governmental agencies, which includes consideration of population health ethics.
- We will develop, test, and disseminate new practice models which integrate principles of preventive medicine into everyday practice. Our clinical practice must echo the principles and values that we teach our students. The SMPH faculty, students, trainees, and allied health care professionals are deeply involved in health promotion, disease prevention, and diagnosis and treatment of illness. These activities create natural “laboratories” and teaching venues in which the interplay between public health and medical care can be examined, taught, and improved.
- We will build on our traditional strength in medical and biomedical ethics in developing an expanding emphasis on population health ethics, including the issues and questions related to the goals of health systems, the distribution of health-related resources, and the distribution of overall resources between health, healthcare, and other important services.

## **Transforming our Educational Programs**

### **GOALS**

- Our health sciences students and trainees will become knowledgeable in each of the three pillars of basic biomedical sciences, clinical sciences, and population health sciences.
- Cross-disciplinary education and “team teaching and team learning” will be developed.
- Our medical students will learn to apply biomedical science and population health science in their clinical practice.
- Our medical students and other clinical trainees will receive training in diverse and underserved settings. They will develop a clear understanding of the role of behavior and social environment in affecting health and disease states.
- Our biomedical graduate students will receive public health and clinical perspectives in their studies.
- Our public health graduate students will have the capacity to integrate clinical and biomedical perspectives into their work.
- We will offer comprehensive and easily accessible training in global health.
- A disproportionately large share of our graduates will become leaders in academic medicine and in public service, especially in the interface between public health and medicine.

## STRATEGIES

- The leadership for each of our curricula will be given the charge to develop the new integrated models.
- We will pursue opportunities for interdisciplinary education and training with the other health affairs schools and other interested departments and programs.
- We will create the cadre of faculty to teach the new integrated curricula.
  - We will seek all opportunities to partner with skilled faculty in other units of our university, and in other agencies throughout the state.
  - We will develop training opportunities for current faculty in the basic or clinical sciences who wish to obtain additional training in public health areas.
  - The school will develop and support a “Strategic Hire Program”, in which new faculty in high priority and under-represented areas will be recruited.
- We will develop joint degree programs that integrate basic, clinical and public health research and practice.
- A university wide seminar series will be developed which emphasizes the integration of biomedical, clinical, and population health issues and perspectives.
- Clinical training sites which focus on the interwoven clinical and public health needs of the underserved will be identified, and training programs that highlight the complex social and economic determinants of health will be developed and expanded.
  - The newly launched Wisconsin Academy for Rural Medicine (WARM) will be expanded, and we will continuously search for ways in which population based and preventive medicine approaches can be incorporated into its activities.
  - A similar program focusing on the underserved central city population in Milwaukee will be developed (the Academy for Central-city Medical Education, or ACME).
  - We will partner with undergraduate colleges with the aim of developing pipeline programs for WARM and ACME, and in an effort to increase the diversity in our medical student classes.

## Transforming our Research Mission

### GOALS

- Our research portfolio will move knowledge from the bench to the bedside, from the bedside to the community, and from the community to the bench and bedside.

*We will significantly expand our current research portfolio, making it strong and vibrant in all areas, with a seamless continuum which spans basic science through Type I translational research, clinical investigations, Type II translational research, and population and community based studies. We will sustain and enhance the strength of each individual aspect along the continuum. In addition, we will push towards integration and synthesis across these areas, with bi-directional communication.*
- Our research will be focused on thoughtfully selected high priority areas, and the allocation of new resources will be linked to this process.

- A cadre of interdisciplinary faculty- developed from within the current university faculty and/or recruited from outside- will connect basic, clinical, and population health science.
- Faculty will have the opportunity to organize around areas of common interest spanning the boundaries of basic, clinical, and public health research, bringing together scientists from multiple disciplines to address topics with public health impact.
- Community-based research will be targeted as an area of emphasis. Whenever possible, community-based public health studies will be linked to basic and clinical science.
- Training opportunities in public health research, with an emphasis on the interface with clinical and basic sciences, will be developed.

## **STRATEGIES**

- We will inventory the public health and health related basic and clinical science research interests of all faculty throughout the campus (and when feasible, at other partnering sites), and make that information widely available.
- A Research Advisory Committee, with broad representation from the full spectrum of basic, clinical, and population sciences, will advise the Dean on the selection of priority areas which should be developed into comprehensive and integrated foci of research.
- A “Strategic Hire Program” will be launched to support the recruitment of researchers in areas that have been identified as “high priority”.
- Joint and secondary faculty appointments will be utilized to promote collaboration, cross-fertilization, and interdisciplinary research agenda.
- The Wisconsin Partnership Program will develop new programs designed to support collaborations between public health and clinical and/or basic scientists.
- New and/or expanded research training programs will focus on the interface between clinical research and public health research.
- The community based programs sponsored by the Wisconsin Partnership’s Oversight and Advisory Committee will develop more robust connections between communities and public health researchers.
- The school will work with the university to address the current environmental and administrative processes which impede multidisciplinary research. This might include: facilitating the opportunity for graduate students and post-doctoral fellows to move between laboratories that are involved in basic, clinical, and public health research; the establishment of new multidisciplinary programs; greater use of faculty co-appointments in both basic, clinical, and population health departments; and modifications in promotion evaluation processes.

## **Launching Our Transformation**

2008 will be a pivotal year, as we begin our school's second century and launch the transformation. Several specific tasks will be accomplished.

- A Transformation Executive Operations Committee will be charged with developing a specific timeline for each of the initial goals and strategies, and will create mechanisms for monitoring our progress, and for periodic review of the goals and strategies.
- A Transformation External Advisory Board will be created to provide objective review and guidance, and to facilitate external relations and resource development.
- The position of Associate Dean for Public Health will be created, and the search process initiated.
- The Research Advisory Committee will be formed and will begin the process of scanning the environment in preparation for its report on research priorities.

## **Summary**

Our school has embarked on a bold and visionary transformation. We have the opportunity to create a new model of integrated medicine and public health, which in turn can dramatically increase our capacity to serve the health and health care needs of our state, and serve as a model for the rest of the country. The careful ongoing creation, application, and review of our goals, strategies, and outcomes, as outlined in this document, will serve as our roadmap in this journey.

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## **Acknowledgements**

This report represents the thoughtful input and hard work of many colleagues and partners who contributed to an ongoing, extensive, and inclusive planning process. More than a year ago, a faculty planning committee set the stage for a day long strategic planning retreat, held in April 2007. Over 70 faculty, staff, partners and visiting colleagues from across the nation participated in this retreat. Four work groups, comprised of faculty, administrative leaders, and colleagues from several key affiliated organizations, tackled specific issues and challenges that are pivotal to our transformation. The "white papers" from each of those workgroups were combined into an initial draft of this document, which was widely circulated to our faculty and staff and to other interested groups and individuals throughout the state. Over the course of the summer, several "town hall meetings" were held, at which the ideas contained within that first draft were critiqued, discussed, and debated. Drafts were sent to all faculty and staff for comment, as we solicited and received written and electronic input from individuals and groups throughout our SMPH community and beyond. In the fall, a group of distinguished external consultants convened in Madison to provide further critique and input.

Over the course of the next decade, our school will evolve as the leading national model for the integration of medicine and public health. The engagement of our valued colleagues and partners has helped us in shaping and creating our future success and destiny.