

**The University of Alabama  
College of Community Health Sciences**

**University of Alabama School of Medicine • Tuscaloosa Regional Campus**

*Strategic Plan 2013 – 2014*

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Progress Report  
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## Table of Contents

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### **Strategic Plan**

1. Introduction	Page 3
2. Mission Statement, Core Values	Page 4
3. Strategic Planning Process	Page 5
4. Strategic Priorities	Page 6
Strategic Priority R - Residency	Page 7
Strategic Priority M - Medical Student Education	Page 8
Strategic Priority C - Clinical Enterprise	Page 9
Strategic Priority S- Scholarship	Page 10
5. Core Values and their Expression	Page 11
6. Implementation	Page 12

### **Progress Report**

7. Strategic Action Team (StAT) Work Completed, July 2014	
Residency StAT	Page 13
Medical Student StAT	Page 16
Clinical Enterprise StAT	Page 21
Scholarship StAT	Page 25
8. Going Forward	Page 30

### **Appendix**

Contributors to the Strategic Planning Process	Page 31
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The College of Community Health Sciences was founded in 1972 to address a need – to train family doctors, particularly for the small towns of rural Alabama. That was our original charge, and that we have done.

Since CCHS's origins, some 400+ family physicians have completed our residency program, with 90 percent of them practicing across the South, 85 percent in the Southeast, and 50 percent in Alabama. Furthermore, half of all our graduates are in rural practice. Our medical student program steers graduates into primary care disciplines at a rate well over twice the current national average, into Family Medicine residencies at a rate that, were we an independent medical school, places us in the top tier of achievement. Our award winning rural pipeline program has placed nearly 50 doctors into rural practice. And tens of thousands of individuals have been the beneficiaries of the compassion, care and concern of the trainees who have launched forward from our halls. CCHS has indeed provided “the physicians and expertise needed for accessible, high-quality and compassionate health care for the citizens of Alabama ... with a special emphasis on rural areas.”

So, why a new mission statement? Why a new strategic plan?

Health care is changing, and we must be leaders in that change. The focus on reactive and illness care must shift to address the too-often missed opportunities in prevention. Communities must engage with physician leaders to address the underlying determinants that place our state in the lowest quartile of health rankings. The anecdotal, non-evidence-based style of practice must develop uniformity and incorporate a systems approach.

Our charge at CCHS is no longer just producing doctors. Rather, that fundamental educational activity becomes one essential tactic that moves us toward our new mission: *improving the health of the population*. The traditional tri-fold arms of academic medicine – *scholarship, provision of clinical service, and medical education* – are still at the foundation of the mission, but now coupled with community engagement and social accountability.

This strategic plan is a beginning road map into that future. It will help us avoid the pitfall reputedly attributed to the great American “philosopher” Yogi Berra that “If you don't know where you are going, you will wind up somewhere else.”

In this document, in addition to the plan itself, you will find our new mission statement and core values, and a summary of the extensive strategic planning process during 2012-13, with the expert assistance of our consultants at CFAR, and in which many stakeholders participated. We also describe the steps that have started as we move into implementation of the strategic plan and into “living” our new mission.

Thank you for your interest in our plan, and in our future. I hope that you, as an interested stakeholder, are as proud of our College as I am.



Rick Streiffer, MD  
Dean, College of Community Health Sciences

## College of Community Health Sciences Mission Statement

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We are dedicated to improving and promoting the health of individuals and communities in Alabama and the region through leadership in medical education and primary care; the provision of high quality, accessible health care services; and scholarship.

We accomplish this mission by:

- Shaping globally capable, locally relevant, and culturally competent physicians through learner-centered, community-based medical education and mentoring.
- Addressing the physician workforce needs of Alabama and the region with a focus on comprehensive Family Medicine residency training.
- Engaging communities as partners, particularly in rural and underserved areas, in efforts that improve the health of Alabama's citizens.
- Providing high quality, patient-centered, efficient clinical services.
- Fostering scholarship in relevant and innovative community-oriented research to influence population health and support community providers.

Our core values are:

- Integrity
- Social accountability
- Learning
- Innovation
- Patient-centeredness
- Transparency
- Interprofessional collaboration

## **Introduction**

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### **The Strategic Planning Process**

The College of Community Health Sciences of The University of Alabama (CCHS) began a strategic planning process in the fall of 2012. The goal was to develop a five-year plan that builds on the College's deep roots in primary care and family medicine education while responding to the changing health-care needs of the communities of Alabama. This plan was developed through an intensive nine-month long process led by a Core Team and focused by a Steering Committee comprised of faculty, administrators, and clinical staff (names of members of both groups can be found on page 28).

Dean Streiffer and the Core Team began the process by re-examining CCHS's existing mission statement in order to focus the strategic planning effort. The Core Team drafted a new statement and consulted with the Steering Committee, as well as strategic planning retreat participants, to gather feedback and ensure that the voices of all relevant stakeholders were present in the mission statement. Throughout the process, the mission work and the strategy work informed and reinforced each other, creating a strategy and mission unified in their vision for what CCHS is and what it aims to be.

The strategic planning effort continued with 29 individual interviews of internal and external stakeholders. Based on the information and insights provided by the interviewees, the Steering Committee developed a survey that was administered to all faculty and staff of CCHS, select faculty of The University of Alabama and the University of Alabama School of Medicine, residents, medical students, alumni, and community members. The survey enabled the Steering Committee to test assumptions held about CCHS and to explore the organizational perception about a few distinct strategic options. More than 350 respondents completed the survey, including 100 percent of CCHS faculty members. The results of the survey, coupled with an in-depth analysis of the current state of CCHS, informed the development of two exploratory future scenarios. The Steering Committee then used those scenarios, representing very different futures for CCHS, as the centerpiece of a strategic planning retreat. The 100 plus attendees at the retreat advised the Steering Committee on CCHS's opportunities and challenges as represented in the scenarios. The Steering Committee and Dean Streiffer channeled this feedback into the crafting of the resulting strategic plan.

### **Strategic Plan Structure**

The strategic plan has three main elements: Strategic Priorities, the Initiatives under each Priority, and Core Value Expressions that cut across the organization. Each of these elements is briefly introduced below.

## Strategic Priorities

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There are four overarching Strategic Priorities in the 2013 Plan. These Priorities function as the high-level visioning statements for how CCHS will pursue its mission. The Strategic Priorities are:

- Build on the Strong Foundation of the Tuscaloosa Family Medicine Residency
- Provide an Innovative and Community-Oriented Undergraduate Medical Education Experience
- Transform the Clinical Enterprise to Deliver Exceptional Patient-Centered Clinical Care Enabled by a Culture of Continuous Learning at All Levels
- Foster an Interest in and Passion for Scholarly Pursuit in Line with Our Mission

For each Strategic Priority, the plan outlines a Goal and a number of Initiatives that will guide the College's day-to-day tactics to achieve the Priorities. The Initiatives are presented in three phases, intended to suggest the likely sequence of initiation. While Phase One initiatives have been started, to be followed by Phase Two then Phase Three initiatives, the plan is flexible and recognizes the need to adapt and change during implementation.

Lastly, the plan outlines a set of Core Value Expressions. These are activities that translate the College's core values into more concrete action. They cut across the Strategic Priorities, reinforcing them by providing a strong organizational foundation upon which to launch mission-related work.

The four Strategic Priorities, goals and supporting initiatives follow:

## **Strategic Priority R: Build on the Strong Foundation of the Tuscaloosa Family Medicine Residency**

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### **Goal**

Enhance the quality of the Tuscaloosa Family Medicine Residency through expanded community-based practice and experience, with continued emphasis on rural communities, to prepare primary care physicians who will be equipped to meet the challenges of an ever-changing health care environment.

### **Initiatives**

#### ***Phase One:***

*R1: Conduct a thorough needs assessment and environmental scan to determine the current state, educational priorities, and community-based opportunities for the residency program; and then, transform the curricular structure of the residency to address the growth of the program and the evolution of Family Medicine training standards.*

*R2: Expand the Family Medicine faculty to meet the needs of a growing and high-quality residency, by recruitment of additional full-time faculty, with specialty interest in obstetrics, procedures, emergency medicine, and population health, among others, as well as selecting and integrating community-based faculty.*

#### ***Phase Two:***

*R3: Diversify clinical experiences by opening new continuity clinic sites to further serve rural, University, and other populations.*

*R4: Provide more comprehensive training, including in population health, management skills, and faculty development, for all preceptors.*

#### ***Phase Three:***

*R5: Transform Family Medicine clinics to be exceptional learning labs, which are regarded as the cornerstone of training; develop and integrate practice management, team-oriented practice, and clinical quality throughout the residency experience; incorporate technology, e.g. social media and telemedicine.*

*R6: Create a marketing plan to improve residency recruiting.*

## Strategic Priority M: Provide an Innovative and Community-Oriented Undergraduate Medical Education Experience

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### Goal

Strengthen and focus medical student education at CCHS, the Tuscaloosa Regional Campus of the University of Alabama Medical School, through adoption of innovative, community-oriented learning models, enhanced by primary care and population-focused learning opportunities.

### Initiatives

#### *Phase One*

*M1: Design and initiate plans for **preclinical** year strategies that encourage the pursuit of primary care and prepare all students for future practice.*

*M2: Assess the resources, processes, accreditation, and other requirements needed to designate the Tuscaloosa Regional Campus as a separate medical education track, and initiate a planning process.*

#### *Phase Two*

*M3: Design and initiate plans for **clinical** year strategies that encourage the pursuit of primary care and prepare all students for future practice.*

*M4: Design and initiate an expanded and enhanced longitudinal integrated curriculum (LIC) into the medical education experience at CCHS.*

#### *Phase Three*

*M5: Design and initiate plans for **pre-medical** year strategies that encourage the pursuit of primary care and prepare all students for future practice.*

*M6: Create new and strengthen existing service learning opportunities for premedical and medical students to reinforce medicine as a service profession.*

*M7: Assess and expand opportunities and resources for interprofessional education throughout the continuum.*

## **Strategic Priority C: Transform the Clinical Enterprise to Deliver Exceptional Patient-centered Clinical Care Enabled by a Culture of Continuous Learning at all Levels**

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### **Goal**

Organize clinical quality teams and tools to lead the process of transformation of the clinical practice to improve outcomes through better quality, safety, and standardization at lower cost.

### **Initiatives**

#### ***Phase One***

*C1: Identify and develop physician leadership for the clinical transformation.*

*C2: Invest in infrastructure, information technology, and informatics<sup>1</sup>, as well as the accompanying faculty and employee training that will enable clinical quality improvement.*

#### ***Phase Two***

*C3: Build and prepare teams to integrate clinical quality practices across the clinical enterprise.*

*C4: Advance a patient-centered medical home (PCMH) model by obtaining certification from a national accreditation organization, for example, National Committee for Quality Assurance, thereby embracing an evidence-based care model.*

#### ***Phase Three***

*C5: Remain continually sensitive to the needs assessments with the patient communities we serve and attempt to more effectively match our care with their most pressing health issues.*

*C6: Initiate expanded and enhanced clinical services to the University population, including expanding services offered by the CCHS pharmacy.*

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<sup>1</sup> We define informatics as the appropriate collection, classification, storage, retrieval, and dissemination of recorded knowledge

## **Strategic Priority S: Foster an Interest in and Passion for Scholarly Pursuit in Line with Our Mission**

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### **Goal**

Create the infrastructure and support systems that enable rigorous and relevant scholarship – with a focus on advancing knowledge and research regarding population health and medical education.

### **Initiatives**

#### ***Phase One***

*S1: Align scholarship incentives, for example, promotion and tenure expectations, scholarly activity funding, and clarified research priorities, in order to support and encourage faculty to do scholarship and research.*

*S2: Designate, and increase where needed, human resource capacity to support faculty, residents, and students in scholarly activity.*

#### ***Phase Two***

*S3: Develop a strategy to capitalize on the data, particularly clinical and educational data, available to CCHS faculty.*

*S4: Promote scholarly development plans for individuals and interdisciplinary teams.*

#### ***Phase Three***

*S5: Foster and support dissemination of scholarly results and activities.*

*S6: Create a centralized repository for research and scholarship.*

## Core Values and their Expressions

The Strategic Priorities and resulting Initiatives are a powerful manifestation of the multi-faceted mission of the College.

In addition to the Strategic Priorities and Initiatives, the Steering Committee identified a set of additional enablers that will help CCHS demonstrate its core values through tangible actions. These expressions are listed below, mapped against the Core Value(s) it most directly impacts. These actions will support and reinforce the activities described in the Strategic Plan by providing a foundation of organizational excellence upon which the rest of the mission-related work will rely.

	Core Value	Core Value Expression	
<b>Social Accountability</b>	<b>Transparency</b>	<i>Measurability</i> The initiatives associated with the strategic plan will have clear and straightforward metrics that allow the impact of each to be evaluated and improved. Particularly, CCHS will focus on tracking educational effectiveness and clinical quality.	<b>Integrity</b>
		<i>Faculty and staff engagement</i> CCHS will continue to develop forums for faculty and staff to provide input on the implementation of the strategic plan as well as college-wide activities.	
		<i>Public awareness/Brand</i> The Communications Department will work with faculty and staff across the College, as well as external stakeholders, to improve public image and awareness of CCHS's work.	
	<b>Inter-professional collaboration</b>	<i>Strategic partnership management</i> CCHS will develop recommendations related to specific ways to build on our relationship with DCH, UA, UASOM, and our partnered providers.	
		<i>Interdisciplinary and interprofessional collaboration</i> CCHS will strengthen its collaboration across health care professions in the clinical/educational setting.	
	<b>Innovation</b>	<i>Innovative use of technology</i> CCHS will innovatively use technology to further each aspect of the mission.	
		<i>Organizational structure and processes</i> CCHS will strive to align the formal organizational dimensions (decision rights, incentives, information, and structure) with the informal (norms, passions, assumptions, and networks).	
	<b>Learning</b>	<i>Culture of inquisitiveness</i> Instill a culture of inquisitiveness and rigor at CCHS.	
	<b>Patient-centeredness</b>	<i>Community engagement</i> Through the initiatives of all the mission areas (education, clinical, and scholarship), CCHS will continue to build strong and dynamic relationships so that it is able to be responsive to the needs of the communities it serves.	

## Implementation

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CCHS has formed four **Strategic Action Teams** (or StATs), one for each Strategic Priority, charged with moving the implementation of each Priority forward. Ultimately, the teams will transition the work of Strategic Planning into the work of Implementation.

Each StAT has two faculty co-captains: one from the Strategic Planning Core Team (in part, to be a liaison to the overall process through the Core Team); and one from outside the Core Team. Each StAT also has a primary Administrative Support person and a Dean's Office representative.

### Individual StAT Leadership:

- **Residency StAT:** Scott Arnold (Core); Richard Friend (non-Core); Lori Upton (Administrative Support); and Allison Arendale (Dean's Office).
- **Medical Student StAT:** Thad Ulzen (Core); Harriet Myers (non-Core); Brook Hubner (Administrative Support); and Andrew Richardson (Dean's Office).
- **Clinical StAT:** Chelley Alexander (Core); Karen Burgess (non-Core); Candice Biby (Administrative Support); and David Nichols (Dean's Office).
- **Scholarship StAT:** John Higginbotham (Core); Dan Avery (non-Core); Barbara Wright (Administrative Support); and Leslie Zganjar (Dean's Office).

Each of the StATs solicited and identified interested faculty, staff, residents, and medical students to participate as StAT members. Steps were taken to ensure that the StATs are inclusive and represent the various College stakeholder groups.

During implementation of the College's Strategic Plan, the StATS will also: propose metrics and timelines; clarify the decision-making process; and report regularly to the Core Team about ambiguity, barriers, and progress in implementing the Strategic Plan.

The Core Team, meanwhile, will: provide oversight of the Strategic Plan implementation; receive reports from StATs; direct, track, and measure progress; and communicate with stakeholders about that progress.

The **Core Team** includes Allison Arendale, Chelley Alexander, David Nichols, John Higginbotham, Leslie Zganjar, Margaret Garner, Richard Streiffer, Scott Arnold, and Thad Ulzen.

The StAT Leadership, comprised of the leadership of the four StATS and the Core Team, meets quarterly to review and oversee the ongoing work of the four StATS, compare notes, and address any collective concerns. The StAT Leadership is also important to keep the momentum of the Strategic Plan implementation moving forward.

The four StATS are meeting regularly, some have divided into active working subgroups, and they are continuing work to implement the Strategic Initiatives outlined earlier in this report. Their efforts are documented on the following pages.

## StAT Work Completed – Progress Report, July 2014

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### Residency StAT

#### Initiatives

##### *Phase One*

*R1: Conduct a thorough needs assessment and environmental scan to determine the current state, educational priorities, and community-based opportunities for the residency program; and then, transform the curricular structure of the residency to address the growth of the program and the evolution of Family Medicine training standards.*

Measurable Target: Annual State of the Residency Report.

A needs assessment was conducted. Data has been collected and is being analyzed. A revised Recruitment Committee and a new Curriculum Committee have been established to meet some of the needs identified in the assessment, and changes are being made to the curriculum. A Residency Mission Statement is being worked on that will guide the future direction of the Residency.

*R2: Expand the Family Medicine faculty to meet the needs of a growing and high-quality residency, by recruitment of additional full-time faculty, with specialty interest in obstetrics, procedures, emergency medicine, and population health, among others, as well as selecting and integrating community-based faculty.*

Measurable Target: An increase in the number of Family Medicine faculty.

Since the start of the Strategic Planning process, the College has added additional faculty in the Department of Family Medicine. Richard Friend, MD, who has a special interest in emergency medicine, joined CCHS as residency director and vice chair of the department and is now serving as interim chair of the department. Drake Lavender, MD, was hired as a part-time faculty member. He has a special interest in endoscopies and will train residents to perform this procedure. Jennifer Clem, MD, has joined the family medicine faculty, along with Catherine Scarbrough, MD, and Harriet Myers, PhD, who also has an appointment in the Department of Psychiatry and Behavioral Medicine. Karen Moore, MD, was hired as a preceptor. Additional faculty members are being recruited to address such specific needs as research, obstetrics, and other procedures.

##### *Phase Two*

*R3: Diversify clinical experiences by opening new continuity clinic sites to further serve rural, University, and other populations.*

Measurable Target: Offer more rotation options.

To provide additional training in emergency medicine, a new clinical rotation was added at Northport Medical Center, which is part of the Tuscaloosa-based DCH Health System. At least two of the College's residents have completed the rotation, which is an elective. In addition, resident physicians have training opportunities at Tuscaloosa Surgery Center and at the Good Samaritan Clinic.

Efforts are also underway to explore re-implementation of an Emergency Medicine Fellowship for Primary Care Physicians. There is a critical nationwide need for more physicians experienced in Emergency Medicine. Emergency medicine training is particularly important for Family Medicine physicians practicing in rural areas because rural hospitals are traditionally staffed by Family Medicine and Internal Medicine physicians who often cover the emergency room as part of having privileges at hospitals. The Emergency Medicine rotation and proposed fellowship will provide Family Medicine physicians with trauma and critical care procedures they may not get in a typical Family Medicine residency.

Work is ongoing to revise or add Community Medicine, Dermatology, and Practice Management experiences for residents. More ambulatory experience will be addressed as proposals to increase the College's current space footprint are approved.

*R4: Provide more comprehensive training, including in population health, management skills, and faculty development, for all preceptors.*

Measurable Target: Send more faculty to workshops and conferences.

Faculty members are being encouraged to participate in fellowships and workshops and several have completed or have started such programs. Jared Ellis, MD, completed a faculty fellowship at Duke University and Catherine Scarbrough, MD, is beginning one there. The cost of the fellowships and the time away from CCHS needed to complete the fellowship are proving to be barriers.

### ***Phase Three***

*R5: Transform Family Medicine clinics to be exceptional learning labs, which are regarded as the cornerstone of training; develop and integrate practice management, team-oriented practice, and clinical quality throughout the residency experience, incorporate technology, e.g. social media and telemedicine.*

Measurable Target: Annual State of the Residency Report.

Teams have been established within the Department of Family Medicine and the Family Medicine Clinic, and the team-based concept in regard to physician practice and patient care is being integrated. Plans call for the teaching of additional procedures and to add equipment to facilitate these efforts. Drake Lavender, MD, is training residents in performing colonoscopies. A treadmill has been purchased for EKGs.

In addition, the Family Medicine teaching area has been renovated to provide for a better learning and teaching environment.

*R6: Create a marketing plan to improve residency recruiting.*

Measurable Target: Increase in quality applicants.

To boost recruitment efforts, residency brochures, exhibit banners, and displays were produced and have been used at residency recruitment events in Southeastern states. The residency website was redesigned and launched, providing a more contemporary look, additional information about the residency, and easier navigation. Social media has been incorporated into recruitment efforts, and the residency's Facebook page and Twitter account have been enhanced and are continuously updated. The chief residents have created a residency blog where peer-reviewed and published

journal articles are posted and opportunities for discussion and dialog are subsequently created. Procedures videos are being filmed and posted to YouTube, providing additional educational opportunities for CCHS Family Medicine residents as well as opportunities for prospective residents to see the work of the residency. In the past year, the Residency has reported that the number of resident interviews has doubled and the number of U.S. applicants has increased. Meanwhile, work has begun on a recruitment video and a Residency Recruitment Committee has been formed.

Residents have also conducted numerous health-related outreach efforts on The University of Alabama campus and in Tuscaloosa and surrounding communities, giving the University and communities an opportunity to see the College's residency up close. The outreach efforts of the College, which have involved residents and faculty, have included: providing flu shots at various campus locations for faculty, staff, and students; health screenings at a K-12 school in one of Alabama's impoverished Black Belt communities; and health screenings by the Family Medicine Interest Group at a Tuscaloosa shopping center's fall festival.

Finally, the name of the residency has been changed to enhance branding and marketing efforts. The old name, The Tuscaloosa College of Community Health Sciences Program, is now The University of Alabama Family Medicine Residency • Tuscaloosa.

**Members of the Residency StAT:**

<b>Name</b>	<b>Administrative Title</b>	<b>Faculty</b>
<b>Allison Adams</b>	Administrative Secretary	
<b>Allison Arendale</b>	Director, Financial Affairs	
<b>Scott Arnold, MD</b>	Chair, Internal Medicine	Associate Professor, Internal Medicine
<b>Amelia de los Reyes</b>	Coordinator, Telemedicine	
<b>Richard Friend, MD</b>	Director, Residency	Associate Professor, Family Medicine
<b>Dwight Hooper, MD</b>		Professor, OB/GYN
<b>Ratonya Hughes</b>	QI Specialist	
<b>Brett Jaillet</b>	Communications Specialist	
<b>Kim McMillan, LPN</b>	Primary Care Patient Advocate	
<b>Andrew Richardson</b>	Director, Advancement	
<b>Linda Rowland, LPN</b>	Nurse	
<b>Melanie Tucker, PhD</b>	Director, Clinical Investigations	Assistant Professor, Community and Rural Medicine
<b>Lori Upton</b>	Administrative Specialist	
<b>John Wheat, MD</b>	Director of Rural Programs	Professor, Community and Rural Medicine

## Medical Student StAT

Initial meetings of the Medical Student StAT were spent orienting members to the StAT's Strategic Initiatives and introducing them to the concepts needed to adopt an innovative, community-oriented learning model. To provide a focused approach toward each of the Strategic Initiatives, the Medical Student StAT was divided into four working groups:

- Preclinical Year Strategies
- Clinical Year/Parallel Curriculum
- Pre-medical Year Strategies
- Service Learning/Interprofessional Initiatives

The working groups have identified goals and objectives that they would like to accomplish and the guiding principles that will influence the desired outcomes.

### Initiatives

#### *Phase One*

*M1: Design and initiate plans for **preclinical** year strategies that encourage the pursuit of primary care and prepare all students for future practice.*

Measurable Target: Increase the number of Tuscaloosa students entering primary care.

The Preclinical Year Strategies Working Group recognizes that outreach to medical students in the pre-clinical years is integral to attracting students to a parallel curriculum pilot program and engaging all Tuscaloosa Regional Campus-bound students in the culture and mission of the campus. The group has worked to identify places where Tuscaloosa faculty can participate in the preclinical curriculum and to increase points of contact and foster a sense of community among first- and second-year students and those on the Tuscaloosa campus.

The current focus is to develop opportunities to orient students to primary care and population health, and the following proposals have been developed: a pre-matriculation, community-based primary care and population health summer experience (three to four weeks in length); a community-based program between the MS1 and MS2 years; online certificate courses in population health and global health; and an expansion of the College's Primary Care Scholars Program. The need for both funding and a Birmingham-based coordinator are proving to be barriers.

In an effort to enrich the existing MS1 and MS2 curriculum with primary care opportunities, conversations have been held to determine how to establish regular meetings to coordinate with William Curry, MD, a Professor of Medicine, Associate Dean for Rural Programs, and Director of the Center for Population Health at the University of Alabama School of Medicine (UASOM) in Birmingham, and Michael Harrington, MD, Chair of the Department of Family and Community Medicine at UASOM, and to designate a CCHS faculty member who will have an ongoing relationship with the Academy of Clinical Scholars in Birmingham.

Proposals have been developed to create a mechanism for CCHS faculty to participate in the MS1 and MS2 modules, although funding is proving to be a barrier. These proposals include: a funded FTE position divided among CCHS faculty to participate in the MS1 and MS2 curriculum in Birmingham; a greater role for CCHS Family Medicine Department in MS1 and MS2 pre-matriculation, mentorship, and special topics; short-term housing (one to four weeks) on the UA

campus or in Tuscaloosa to support these enrichments; and using the Columbia/Bassetville, NY, model as a guide.

Finally, ideas are being considered to increase opportunities for interaction between MS1 and MS2 and CCHS faculty, including: creation of a task force to explore the implementation of a CCHS Admissions Track for students; identification of models for teaching MS1 and MS2 curriculum from the “mother ship” in a four-year campus model; an annual review of CCHS’s engagement efforts with pre-clinical students and incorporation of their feedback of the previous year’s efforts; and creation of a “ropes” course for CCHS faculty and MS1 students to reinforce the College’s involvement in the learning communities (vertical integration between learners and faculty).

*M2: Assess the resources, processes, accreditation, and other requirements needed to designate the Tuscaloosa Regional Campus as a separate medical education track, and initiate a planning process.*

Measurable Target: Initiate a comprehensive plan to create Tuscaloosa as a separate medical education track.

A proposal needs to be written about how to designate the Tuscaloosa Regional Campus as a separate medical school track with MS1 and MS2 students. In addition, a needs assessment will need to be conducted to identify resources and options for delivering the MS1 and MS2 curriculum on the Tuscaloosa campus.

Meanwhile, ongoing informal discussions have been held in an effort to establish communication between the senior leadership at UASOM, UA, and the UA system about MS1 and MS2 options. Political will is expected to be the barrier here.

### ***Phase Two***

*M3: Design and initiate plans for **clinical** year strategies that encourage the pursuit of primary care and prepare all students for future practice.*

Measurable Target:

In progress

*M4: Design and initiate an expanded and enhanced longitudinal integrated curriculum (LIC) into the medical education experience at CCHS.*

Measurable Target: A permanent and robust LIC on the Tuscaloosa Regional Campus.

Members of the Medical Education StAT received an informational and explanatory presentation about longitudinal integrated curriculums (LICs) provided by fellow member Lea Yerby, PhD. Dr. Yerby is an assistant professor in the College’s Department of Community and Rural Medicine and Institute for Rural Health Research, and has been a participant for the last two years in the annual meeting of the Consortium of Longitudinal Integrated Clerkships (CLIC). StAT members identified a national LIC expert, Katherine Brooks, MD, of the University of Minnesota, which has had a rural LIC in place for 40 years, and invited her to Tuscaloosa in April to share her knowledge and expertise about implementing and expanding a LIC on the Tuscaloosa Regional Campus. In August

2014, David Hirsch, MD, of Harvard University, will spend several days at CCHS to share his knowledge and expertise about implementing an urban LIC.

The Clinical Year/Parallel Curriculum Working Group has focused on implementing a pilot longitudinal integrated clerkship for up to six students while maintaining the long-range goal of expanding the program for a larger group of students. CCHS Dean Richard Streiffer, MD, and Thad Ulzen, MD, the College's associate dean for Academic Affairs and co-chair of the Medical Education StAT, presented the proposed pilot program to the Medical Education Committee in Birmingham in January 2014. The pilot program – Tuscaloosa Longitudinal Community Curriculum – was approved and started on the Tuscaloosa Regional Campus in May 2014 with two students and funding support from the Alabama Rural Health Association. The two students are currently completing clinical coursework and will be placed, one in an urban practice in Tuscaloosa and the other in a rural practice in Pickens County, in August 2014. Dean of the School of Medicine, Dr. Selwyn Vickers, has expressed his support of the concept of the parallel curriculum and the initial scheme for implementation. In addition, a poster outlining the establishment of the TLC2 program is being prepared for possible presentation at the AAMC annual meeting in November 2014, and brochures and other informational and marketing materials are being created.

### *Phase Three*

*M5: Design and initiate plans for **pre-medical** year strategies that encourage the pursuit of primary care and prepare all students for future practice.*

Measurable Target: Increase the number of students intentionally choosing CCHS programs.

In an effort to increase undergraduate student interested in CCHS educational programs, particularly medical student education and the Rural Medical Scholars Program, additional information has been added to the redesigned CCHS website, and more information and resources will continue to be added. The working groups have also begun to discuss ways to: create a presence at UA freshmen undergraduate events, such as BAMA Bound; send a faculty or staff member to AED meetings each semester; identify and attend relevant UA meetings; improve and enhance the way that CCHS is presented on printed and online UA informational materials; hold an open house or other general interest event at CCHS.

Work is ongoing to increase awareness by UA faculty and staff of CCHS educational programs so that they, in turn, can talk about and recommend CCHS programs on the College's behalf. The UA director of Pre-Health Advising is part of the Medical Student StAT. The StAT would also like for CCHS faculty to participate in the UA Faculty Senate and UA committees and find ways to interact with UA faculty and staff, particularly those in sciences and honors, but time constraints have proved a barrier for CCHS faculty.

*M6: Create new and strengthen existing service learning opportunities for premedical and medical students to reinforce medicine as a service profession.*

Measurable Target: Offer community-oriented activities throughout the year.

The working groups provided an initial inventory of existing community-oriented, service learning education within the medical curriculum and identified existing resources within the College, as well as opportunities to expand undergraduate outreach. Working from the list, discussion has centered

on providing four opportunities annually for community outreach outside of student clerkship activities. Ideas for community-oriented and service learning opportunities include Primary Care Week, the Shriners Health Fair, National HIV Testing Day, Saving Lives, Heart Walk, and the UA Flu Blast. A barrier is student time constraints. The Medical Student StAT would also like for medical students and residents to meet quarterly about community activities in an effort to collaborate on these activities. Student and resident time constraints are likely to be barriers.

*M7: Assess and expand opportunities and resources for interprofessional education throughout the continuum.*

Measurable Target: Developing

The working groups provided an initial inventory of existing interprofessional education within the medical curriculum and identified existing resources within the College, as well as opportunities to expand externally. Lea Yerby, PhD, an assistant professor in the Department of Community and Rural Medicine and the Institute for Rural Health Research at CCHS, developed an interprofessional co-enrollment course for the spring 2014 semester and eight students enrolled. In addition, CCHS and the Capstone College of Nursing (CCN) are exploring the possibility of creating and offering an interprofessional co-learning course. Scott Arnold, MD, an associate professor and chair of the Department of Internal Medicine at CCHS, has participated, along with representatives from the School of Social Work and CCN, in two national interprofessional education workshops, as well as in a symposium on patient simulation at UASOM.

**Members of the Medical Student StAT:**

<b>Name</b>	<b>Administrative Title</b>	<b>Faculty</b>
<b>Brittney Anderson</b>	Medical Student	
<b>Julia Boothe, MD</b>	Director, Pre-doctoral Education	
<b>John Brandon, MD</b>	Medical Director, Rural Programs	
<b>Ashley Broughton</b>	Administrative Secretary	
<b>Shawn Cecil</b>	Medical Student	
<b>Jennifer Clem, MD</b>		Assistant Professor, Family Medicine
<b>Suhua Fan</b>	Technical Services/System Librarian	
<b>Kristie Graettinger, MD</b>		Assistant Professor, OB/GYN
<b>Cathy Gresham, MD</b>	Director, Medical Student Affairs	Professor, Internal Medicine
<b>Susan Guin, MSN, CRNP</b>		Assistant Professor, Community and Rural Medicine
<b>J.R. Hartig</b>	Resource	
<b>Irma Higginbotham, MD</b>	Physician	
<b>Brook Hubner</b>	Administrative Specialist	
<b>James Jackson</b>	Resource	
<b>Cynthia Moore</b>	Assistant Director, Rural Scholars Program	
<b>Pat Murphy</b>	Registrar	
<b>Harriet Myers, PhD</b>		Associate Professor, Family Medicine and Psychiatry and Behavioral Medicine
<b>Andrew Richardson</b>	Director, Advancement	
<b>Amy Saxby</b>	Program Assistant	
<b>Richard Streiffer, MD</b>	Dean	Professor, Family Medicine
<b>Heather Taylor, MD</b>	Assistant Director, Medical Student Affairs	Assistant Professor, Pediatrics
<b>Thad Ulzen, MD</b>	Associate Dean, Academic Affairs	Professor, Psychiatry and Behavioral Medicine
<b>Justine Vines</b>	Medical Student	
<b>Lea Yerby</b>		Assistant Professor, Community and Rural Medicine

## **Clinical StAT**

Much of the work of the Clinical StAT has centered on advancing a patient-centered medical home (PCMH) model of care within the College's clinical enterprise, starting with the Family Medicine Clinic. Members of the Clinical StAT have divided into two subgroups. One of the subgroups is charged with learning more about and ultimately implementing a PCMH model of care within University Medical Center (UMC). The other subgroup is conducting a needs assessment to ensure that the College's clinical enterprise, which includes UMC and its clinics – Family Medicine, Internal Medicine, Pediatrics, OB/GYN, Psychiatry and Behavioral Medicine, Sports Medicine, and the Faculty-Staff Clinic – are meeting patients' most pressing health issues.

### Initiatives

#### ***Phase One***

*C1: Identify and develop physician leadership for the clinical transformation.*

Measurable Target: Addition of a Chief Medical Officer to CCHS.

Recruitment is underway for a Chief Medical Officer, which should conclude in 2014. The CMO search committee has been actively recruiting candidates and is close to choosing a CMO, which will be critical to move the clinical transformation initiatives forward more quickly.

Leaders have been identified in each pertinent department for participation in the PCMH NCQA certification. A core team is also being put together and will be responsible for completing the paperwork needed for NCQA certification. The Clinical StAT will be asking for support from the Capstone Health Services Foundation to protect a portion of these people's time.

*C2: Invest in infrastructure, information technology, and informatics, as well as the accompanying faculty and employee training that will enable clinical quality improvement.*

Measurable Target: Developing

The CCHS Dean's Office is working to invest in the College's IT support staff to make training of employees possible. This will also hopefully expand the ability to measure and report Quality Indicators.

The telephone process in Family Medicine and OB/GYN has been revamped to meet the high demands of patients calling in to schedule appointments, and the reception staff has been trained on how to handle incoming patient requests.

A small Quality project, involving development of clinical standards in three specific areas, began in 2013, led by Grier Stewart, MD, Cathy Scarbrough, MD, and Lisa Brashier, CRNP. Work is continuing in 2014.

#### ***Phase Two***

*C3: Build and prepare teams to integrate clinical quality practices across the clinical enterprise.*

Measurable Target: Developing

Several building-wide Clinical Quality Teams have been formed and continue to develop recommendations. Four quality teams have been created in the Family Medicine Clinic with the help of new data reporting from the College's IT office. These teams are interdisciplinary and are focused on improving quality measures, including patient safety, patient satisfaction, and productivity. Members of these teams include: CCHS faculty, residents, and administrative staff; UMC nurses and receptionists; and faculty and staff from the University of Alabama Culverhouse College of Commerce and Business Administration and its Department of Management and Information Systems. Once these teams move forward, the same process will begin with faculty and staff of other UMC departments/clinics.

*CA: Advance a patient-centered medical home (PCMH) model by obtaining certification from a national accreditation organization, for example, National Committee for Quality Assurance, thereby embracing an evidence-based care model.*

Measurable Target: Obtain NCQA PCMH certification.

An initial needs assessment was completed, electronically, of all the pertinent UMC departments/clinics with regard to where each stands in preparation for PCMH NCQA certification. The four clinical StAT leaders then met and picked priorities to work on College-wide. Hopefully, this will be a major focus of the new CMO. The barrier at this point is time for employees to commit to making the certification happen – writing policies and documenting what is done, but there is a plan to address this (noted above).

Prior to conduction of the needs assessment, the subgroup working to advance the PCMH model at UMC discussed barriers to such a model within UMC and its patient population, as well as ideas to increase accessibility:

- Accountability
- Identify problem areas and resources needed
- Empathy for patients
- Address professionalism issues with staff
- Buy-in from staff
- Additional hours
- Additional staff training
- See every patient
  - Volume study
  - Additional clinic hours – early mornings and/or later evening hours and is that feasible?
  - Patient survey – should UMC provide free Wi-Fi for patients?
- Building teams
  - By utilizing the electronic medical record
  - Creating a Family Medicine group
  - Relationship with provider is important
  - Have walk-in clinics
  - Team approach – three physicians, one nurse practitioner on a treatment team

- Open access scheduling
- Flexible scheduling for same-day appointments
- Treat patients with dignity and respect
- Shift in attitude – it is not all about the provider’s schedule
- Competing with urgent care – expand hours and change attitude to “Yes, we can see you.”
- Huddling pre-appointments – entire team takes ownership
- Medications
  - Seamless
  - Providers refill in the room
  - Nurses reconcile medications
- Using recall lists in the electronic medical record – map the flow
- Optimal use of Patient Portal
- Timely ordering and tasking by providers
- Test electronic medical record pharmacy link
  - Talk with local pharmacies about protocols

The PCMH model is also becoming part of the College’s curriculum. Faculty are teaching medical students and residents how to study their care of populations of patients – to look at their panel of patients and identify strong and weak areas, and by identifying best practices help each other put processes in place to make quality improvement continuous.

Finally, members of the Clinical StAT have had key roles in planning a PCMH conference for the College and the community that will be held July 25-26 on The University of Alabama campus. The conference, *Building the Patient-Centered Medical Home: Inspiration and Tools to Help Transform Your Practice*, features plenary speakers Paul Grundy, MD, MPH, director of Global Healthcare Transformation for IBM and the “godfather” of the patient-centered medical home; Beverly Johnson, president and CEO of the Institute for Patient and Family-Centered Care in Bethesda, Maryland; Melly Goodell, MD, chair of the Department of Family Medicine at MedStar Franklin Square in Baltimore, Maryland, who oversaw the achievement by MedStar’s Family Health Center of Level III NCQA Patient-Centered Medical Home Status; and Michael Canfield, MD, a family physician and associate chief of staff of Ambulatory Care for the Central Alabama Veterans Health Care System in Montgomery, Alabama.

### ***Phase Three***

*C5: Remain continually sensitive to the needs assessments with the patient communities we serve and attempt to more effectively match our care with their most pressing health issues.*

Measurable Target: Developing

Work has not yet begun on this initiative. A needs assessment must first be conducted. There are members of the Clinical StAT who are not yet fully engaged with this strategic planning effort. The Clinical StAT leadership will work to identify someone to help with this initiative.

*C6: Initiate expanded and enhanced clinical services to the University population, including expanding services offered by the CCHS pharmacy.*

Measurable Target: Developing

The plan to create a CCHS pharmacy is currently on hold. In addition, efforts to expand the Faculty-Staff Clinic have run into a barrier – the inability to get meaningful data. Additional space, physicians, nurse practitioners, and nurses will be needed to expand this ever-growing, busy clinic. The next step is to get the appropriate data to determine what additional support staff, physician, and nurse practitioner staff is needed. Expanded hours will most likely be the next step, as a physical expansion of the space does not seem to be immediately forthcoming.

**Members of the Clinical StAT:**

<b>Name</b>	<b>Administrative Title</b>	<b>Faculty</b>
<b>Chelley Alexander, MD</b>	Chair, Department of Family Medicine	Associate Professor, Family Medicine
<b>Candice Biby</b>	Program Coordinator	
<b>John Brandon, MD</b>	Medical Director, Rural Medical Scholars Program	
<b>Lisa Brashier, CRNP</b>	Nurse	
<b>Karen Burgess, MD</b>	Chair, Department of Pediatrics	Associate Professor, Pediatrics
<b>Jennifer Croft, LPN</b>	Nurse	
<b>Amelia de los Reyes</b>	Coordinator, Telemedicine	
<b>Pamela Payne-Foster, MD</b>	Deputy Director, Institute for Rural Health Research	Associate Professor, Community and Rural Medicine
<b>Margaret Garner, RD, LD</b>	Interim Director, Student Health Center	Associate Professor, Family Medicine
<b>Tiffany Hall</b>	NextGen Systems Specialist	
<b>Michelle Hawthorne</b>	Credentialing and Reporting	
<b>Dawn Hodo</b>	Program Assistant	
<b>Jordan Johnson</b>	Accountant II	
<b>Carolyn King</b>	NextGen Systems Specialist	
<b>Denise Morrison</b>	Purchasing Coordinator	
<b>David Nichols, MBA</b>	Chief Operating Officer	
<b>Stephen Roberts, DO</b>	Physician, Student Health Center	
<b>Nancy Rubin, PsyD</b>		Professor, Psychiatry and Behavioral Medicine
<b>Catherine Scarbrough, MD</b>	Assistant Director, Residency	Assistant Professor
<b>Grier Stewart, MD</b>		Associate Professor, Internal Medicine
<b>Trina Whitaker</b>	Health IT Support Specialist	
<b>Lloyda Williamson, MD</b>		Associate Professor, Psychiatry and Behavioral Medicine
<b>Angela Yarbrough, LPN</b>	Nurse	

## Scholarship StAT:

The Scholarship StAT has written a Vision Statement and a Mission Statement designed to create a culture of scholarship at the College. StAT members have determined the tasks that will need to be completed to meet the initiatives outlined in the College's Strategic Plan.

*Vision Statement: To become a model of education, research, and service for multi-faceted regional medical school campuses and Family Medicine residencies by creating a culture of scholarly activity and research regarding primary care and rural outreach.*

*Mission Statement: The mission of research and scholarly activity at the College of Community Health Sciences is to advance knowledge in medical education, medical science, clinical care, and population health and to translate such findings to improve the health of individuals and communities.*

### Initiatives

#### **Phase One**

*S1: Align scholarship incentives, for example, promotion and tenure expectations, scholarly activity funding, and clarified research priorities, in order to support and encourage faculty to do scholarship and research.*

### Measurable Targets:

- Has there been a change in the College's Advancement, Promotion, and Tenure policies to support and encourage research?
- Has there been a change in compensation mechanisms so that clinicians do not lose money for reducing clinical time to do research?
- Has the number and rate of presentations and publications increased from the baseline?
- Has the number of promotions increased from the baseline?

To become familiar with promotion and tenure and scholarship incentives, members of the Scholarship StAT reviewed Auburn University's Harrison School of Pharmacy's (HSOP) Scholarship Incentive Plan. According to the document, the purpose of the plan is to "recognize and reward recipients of external funds that enhance research, scholarship, service, and creativity; promote best practices in teaching and learning; and implement other program improvements that advance the missions of HSOP. This program is the mechanism by which HSOP may provide financial incentives to faculty who are effective in securing extramural funding – grants, endowments, and administrative." In addition, StAT members received an update on possible changes the College's Advancement, Promotion, and Tenure (APT) Task Force is considering. Among the changes are creating four "buckets" for promotion and tenure consideration: scholarly activity and research, teaching, clinical activities, and administration. The APT Task Force has revised the College's promotion and tenure policies – creating stronger requirements, greater specificity, and outlining guidelines for faculty to advance – and is now awaiting review and recommendations from the UA Provost. In addition, a database has been created that shows faculty status in terms of clinical-track, tenured/tenure-track, research-track, rank, and years in rank.

The Scholarship StAT has proposed the creation of a \$1.5 million research endowment to support CCHS faculty in their scholarship endeavors, and a mechanism to recoup financial loss for dedicated research time. The CCHS Research Council is considering periodic deadlines for scholarly activity funding requests and a mechanism for reviewing larger requests.

To support and encourage faculty to conduct scholarship and research:

1. A Scholarship Lecture series began in February 2014 that features CCHS, UA, and external faculty presenting their scholarship and research.
2. The Scholarship StAT is working to create and maintain a database of CCHS faculty publications and presentations.
3. CCHS is participating in a Research Breakfast Program at UA that also includes the Capstone College of Nursing, the School of Social Work, the Department of Health Sciences in the College of Human Environmental Sciences, the Department of Psychology in the College of Arts and Sciences, the College of Engineering, and the School of Music. The goal is to share ongoing CCHS research with other researchers at UA, as well as to find ways to collaborate and to increase interprofessional collaboration.
4. A Scholarship Calendar has been posted on the College's Intranet showing scheduled presentations of research projects and other scholarship efforts of the College's faculty, residents, and medical students, as well as dates for upcoming funding opportunities and grant preparation and manuscript writing seminars and workshops.
5. A database of ongoing scholarly activity of CCHS and UA faculty has been posted on the College's Intranet, providing faculty, residents, and medical students with information about potential collaborative opportunities.
6. A Summer Scientific Writing Workshop for CCHS faculty that include between eight and 10 sessions is currently ongoing.
7. StAT members are looking at similar regional medical campuses similar to CCHS and exploring the possibility of bringing some of their research faculty to speak to faculty at CCHS about how they conduct research and scholarship.

*S2: Designate, and increase where needed, human resource capacity to support faculty, residents, and students in scholarly activity.*

#### Measurable Targets:

- How many of the requested personnel have been hired?
- Has the number of support activities performed increased (i.e., IRB assistance, data collection/management/analysis assistance, research design assistance)?

Efforts are underway to hire a grant writer/scientific editor. Job information has been posted to the UA Jobs website

Under consideration are ideas to: create a tracking mechanism for research and scholarship support services provided to CCHS faculty; hire an Office Associate 2 for research and scholarship database management, video management, scheduling, and form work; and hiring an individual to serve as the Coordinator of the College's Rural Primary Care Research Network.

Discussions are ongoing to determine if there is sufficient support to hire Graduate Research Assistants for each CCHS department.

#### ***Phase Two***

*S3: Develop a strategy to capitalize on the data, particularly clinical and educational data, available to CCHS faculty.*

Measurable Target: Has the number of clinical and educational data-driven presentations and publications increased from the baseline for faculty, fellows, residents, and medical students?

Work is underway to create “How To” workshops on using data for scholarly activities. Currently, a related speaker is being sought for the College’s monthly Scholarship lecture. Work is also underway to create policies and procedures for accessing clinical and educational datasets and meetings have been held with Practice Snapshot.

Under consideration is the creation of a list of clinical and educational data available to CCHS faculty for use in scholarly activities, creation of a measurement manual for each clinical and educational dataset, and the provision of support with regard to clinical and educational data. Also being considered is the creation of interdisciplinary faculty research teams to focus on clinical data topics and teams to focus on educational data topics.

*S4: Promote scholarly development plans for individuals and interdisciplinary teams.*

Measurable Targets:

- What is the percentage of faculty members who have individual scholarly development plans?
- Have interdisciplinary scholarly development teams been formed?
- What progress has been made by faculty members who have individual scholarly development plans?

Work will begin to assist in developing scholarly development plans for CCHS faculty. This follows encouragement this year of department chairs to include scholarly activity goals in their faculty annual reviews.

The StAT will determine the College’s research priorities in order to create interdisciplinary research teams for those priorities.

Under consideration are initiatives to: create and maintain interactive communication among UA faculty and external partners; create “how to” workshops on research methods and activities; create “nuggets” or informational-type quick tips and references; create and maintain journal club-type forums focused on priority research areas; regular rotation for residents through the College’s Division of Clinical Investigations and their possible observation of or involvement in clinical trials; create and maintain a primary care research network; enhance community collaboration; create and maintain a video library of specific scholarly activity, such as research design, IRB, writing, and presentation templates (iTunesU-ish); and case reports of physicians’ initiation into research.

### *Phase Three*

*S5: Foster and support dissemination of scholarly results and activities.*

Measurable Target: Quantify on an annual basis the number of and types of research dissemination activities.

The CCHS Communications Department has created for the College’s redesigned website a page that highlights and explains ongoing research and scholarly activity in the College. A CCHS research and scholarship annual report is currently in development.

Other ideas to disseminate the College's scholarly activity and research include: increase participation in CCHS Research Day by College faculty, residents, and medical students; increase opportunities for research presentations; utilize social media for dissemination of research and scholarly activity; increase the number of faculty publications in peer-reviewed journals; increase the number of presentations at national meetings; provide research and scholarship updates for research participants, communities, and providers; provide updates about current and upcoming research and clinical trials at the College's quarterly staff forums; increase travel funds available to faculty for presentations at national and international meetings.

*S6: Create a centralized repository for research and scholarship.*

Measurable Targets:

- Has a centralized repository for research and scholarship been created?
- Have policies and procedures been established to maintain the repository?
- Has a data manual been created for the repository?

Work has begun on the creation of a central repository for research and scholarship. Grant funding information has been collected for 2013 and shows that CCHS faculty were awarded \$1.4 million in funding during the year and were involved with other UA faculty in grants totaling \$2.7 million. In addition, the College had five articles, with nine faculty authors, published in peer-reviewed and other journals in 2013, including: *Journal of Family Medicine Obstetrics; Noise and Health; Social Work and Christianity, an International Journal; Medical Education; and Community Health Journal*. The repository will also include information about presentations by CCHS faculty, as well as interdisciplinary research and scholarship efforts.

**Members of the Scholarship StAT:**

<b>Name</b>	<b>Administrative Title</b>	<b>Faculty</b>
<b>Dan Avery, MD</b>	Chair, Department of OB/GYN	Professor, OB/GYN
<b>Caroline Boxmeyer, PhD</b>		Associate Professor, Psychiatry and Behavioral Medicine
<b>Glenn Davis, RPT</b>	Director, EMS	
<b>Marisa Giggie, MD</b>	Fellowship Director, Rural Psychiatry and Behavioral Health	Assistant Professor, Psychiatry and Behavioral Medicine
<b>John C. Higginbotham, PhD</b>	Associate Dean for Research and Health Policy; Chair, Department of Community and Rural Medicine; Director, Institute for Rural Health Research	Professor, Community and Rural Medicine
<b>Paul Jarnagin</b>	Health Informatics Systems Specialist	
<b>James Leeper, PhD</b>		Professor, Community and Rural Medicine
<b>John McDonald, MD</b>		Associate Professor, OB/GYN
<b>Nathan Pinner, PharmD</b>		Clinical Pharmacist
<b>Amy Sherwood</b>	Director of Health Informatics; Director of Nursing and Quality Improvement	
<b>Bret Summerlin, LPN</b>	Clinical Investigations Research Coordinator	
<b>Delynne Wilcox, PhD</b>	Assistant Director, Health Planning and Prevention	
<b>Nelle Williams, MSLS</b>	Director, Health Sciences Library	
<b>Barbara Wright</b>	Program Assistant, Institute for Rural Health Research	
<b>Leslie Zganjar, MPA</b>	Director, Communications	

## Going Forward

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The Strategic Plan outlines CCHS's Strategic Priorities and Initiatives as of the fall of 2013. As CCHS learns and adapts through the implementation process, the initiatives will change as they are either completed or updated.

As Dean Streiffer regularly reminded the Steering Committee, the Strategic Plan is intended to be a *living, breathing document* that guides the work of the College. The Strategic Plan, and the Initiatives that comprise it, will ultimately be integrated into the everyday work of the College, and the College will measure its success with the Strategic Plan as its standard.

## Appendix A: Contributors to the Strategic Planning Process

### Steering Committee and Core Team Membership

Name	Administration Title	Faculty
<b>Chelley Alexander, MD*</b>	Chair, Family Medicine; Assistant Dean for GME	Associate Professor, Family Medicine
<b>Allison Arendale*</b>	Director, Financial Affairs	
<b>Scott Arnold, MD*</b>	Chair, Internal Medicine	Associate Professor, Internal Medicine
<b>Dan Avery, MD</b>	Chair, Obstetrics and Gynecology	Professor, Obstetrics and Gynecology
<b>Karen Burgess, MD</b>	Chair, Pediatrics	Associate Professor, Pediatrics
<b>Kaye Champion</b>	Patient Care Coordinator	
<b>Elizabeth Cockrum, MD</b>	Associate Dean, Clinical Affairs	Professor, Pediatrics
<b>Lynette Coker</b>	CRNP, Student Health Center	
<b>Jennifer Croft, LPN</b>	Charge Nurse, Family Medicine	
<b>Frank Dozier, MD</b>	Chair, Board of Visitors; Practicing FP, Thomasville, AL	Adjunct Assistant Professor, Family Medicine
<b>Ricky Friend, MD</b>	Residency Director; Vice Chair, Family Medicine	Associate Professor, Family Medicine
<b>Margaret Garner, MS, RD, LD</b>	Assistant Dean, Health Education & Outreach; Director, Dept. of Health Promotion & Wellness (SHC)	Associate Professor, Family Medicine
<b>Kristine Graettinger, MD</b>		Asst. Professor, Obstetrics and Gynecology
<b>John Higginbotham, PhD, MPH*</b>	Director, Institute for Rural Health Research; Chair, Community and Rural Medicine; Associate Dean, Research and Health Policy	Professor, Community and Rural Medicine
<b>Jordan Johnson</b>	Accountant II	
<b>Jim Leeper, PhD</b>	Director Evaluation, Rural Programs	Professor, Community and Rural Medicine
<b>Jerry McKnight, MD</b>		Professor, Family Medicine
<b>David Nichols*</b>	Chief Operations Officer	
<b>Amy Sherwood</b>	Director, Nursing and QI	
<b>Richard Streiffer, MD*</b>	Dean	Professor, Family Medicine
<b>Heather Taylor, MD</b>	Assistant Director of Medical Student Affairs; Clerkship Director, Pediatrics	Asst. Professor, Pediatrics
<b>Thad Ulzen, MD*</b>	Associate Dean, Academic Affairs; Chair, Psychiatry and Behavioral Medicine	Professor, Psychiatry
<b>Lori Upton</b>	Administrative Specialist	
<b>John Wheat, MD</b>	Director of Rural Programs	Professor, Community and Rural Medicine
<b>Lloyda Williamson, MD</b>	Clerkship Director, Psychiatry	Associate Professor, Psychiatry and Behavioral Medicine
<b>Leslie Zganjar*</b>	Director, Communications	

\* Indicates member of Core Team

### **Groups Represented in Strategic Options Survey**

- CCHS Faculty
- CCHS Staff (including academic and University Medical Center)
- Student Health Center Staff
- Current Medical Students at CCHS
- Current Residents of Tuscaloosa Family Medicine Residency Program
- Select University of Alabama Faculty and Administration
- Select University of Alabama School of Medicine Faculty
- DCH Administration
- CCHS Alumni
- Board of Visitors
- Community Physicians
- Affiliate Faculty
- Capstone Health Foundation
- Alabama Academic Family Medicine Council
- Rural Alabama Health Alliance
- Western Alabama Rural Medical Care Alliance

### **Groups Represented at Strategic Planning Retreat**

- CCHS Faculty
- CCHS Staff (including academic and University Medical Center)
- Student Health Center Staff
- Current Medical Students at CCHS
- Current Residents of Tuscaloosa Family Medicine Residency Program
- Select University of Alabama Faculty and Administration
- Select University of Alabama School of Medicine Faculty
- DCH Administration
- CCHS Alumni
- Board of Visitors
- Community Physicians
- Affiliate Faculty
- Capstone Health Foundation
- Health sciences partners