The Academic Clinical Practice work group conducted a SWOT exercise and considered the following questions in its deliberations on how the UVA SOM can differentiate itself in the clinical mission:

1. How do we define *academic* clinical practice?
2. What is the future of the physician-scientist?
3. How can we use our academic structures and resources to differentiate our clinical practice?
4. How do we help clinicians interested in research balance across missions?
5. How do we articulate the value of a research and education institution to our patients?

The following recommendations provide a framework to advance the enterprise-wide clinical mission while enabling the academic clinician to more fully contribute to the research and education missions of the SOM. The recommendations are designed to 1) improve the value proposition of the academic health center, specifically how education and research add value to the clinical missions, 2) realize the leadership roles of the academic health center in the clinical arena, and 3) facilitate academic career development of busy clinical faculty. The committee was particularly committed to facilitating, rewarding and celebrating ALL contributions that are valued by the University of Virginia.

**Strategy #1: Promote and facilitate the development of innovative and distinctive clinical programs and models of care that emphasize improved health outcomes, management of resources and multidisciplinary care.**

1. Develop a mechanism to facilitate and adequately resource the piloting of new and distinctive clinical services or models.
A. Consider implementing an internal grant program for innovative clinical programs. This program could be analogous to the Buchanan program, but will look for returns on investment that add value not necessarily measurable in dollars (e.g. improved clinical outcomes, improved population health, improved employee engagement, improved translational research). Potential areas of focus could be: 1) Models of care: population-based, hospital-at-home, and home delivery models; 2) Programs: safety improvements; outcomes improvement; standardization of care; best practices; and clinical pathway development.

B. The resourcing of projects should/could include clinical, financial and/or administrative support to model and evaluate projects. Would expect continuing support for successful projects that are ready for roll-out or further expansion.

2. Allow Departments, Centers and Programs with positive margins to invest in their future strength by encouraging and enabling them to support the development and/or implementation of new innovative clinical services.

3. Improve and strengthen existing innovative or niche clinical programs by providing additional resources to further develop them.

A. Scale up the Center for TeleHealth, as other healthcare institutions are moving quickly into this specialty service field. Provide additional administrative support (as justified) so that clinical faculty do not shoulder the bulk of program development.

B. Substantially increase marketing efforts that promote unique or innovative clinical programs. Development of innovative clinical programs is a differentiator for UVA compared with community hospitals and competing academic health centers.
4. Promote and celebrate innovative clinical programs and models of care to 1) motivate clinicians to contribute in this arena, 2) share knowledge widely among faculty and 3) foster buy-in and stimulate internal referrals.

   A. Provide SOM-wide and inter-departmental networking events to encourage personal interactions and spur dialogue amongst faculty.

   B. Broadcast emails from leadership to celebrate not just research accomplishments, but also accomplishments in clinical innovation (and excellence?), as well as education innovation. Faculty need to know that contributions to all the missions of the academic health center are equally valued.

   C. Ensure that the Promotion and Tenure process is fully aligned to incentivize and reward all contributions that are valued by the academic health center, including clinical innovation.

**Strategy #2: Support greater collaboration of and integration of clinical care teams across the continuum of care.**

1. Promote physician-led team-based care that includes advanced practice clinicians, nurses, therapists, social workers, and other clinical support staff. Employ microsystems approaches that encourage improved team performance and skill development throughout the team.

   A. Invest in the development of state-of-the-art and innovative clinical skills and areas of (super-)specialization for clinical staff and retain them by creating incentive programs or commitment packages. Assure that we are differentiated in terms of sophistication and excellence from community hospitals and competitive with other academic health centers.
B. Create an environment that respects and empowers decision-making at the local level by faculty and staff, and that promotes accountability amongst the team.

C. Assure all team members are working at the top of their license and that all jobs are done by appropriately trained individuals. Where possible, implement team-based learning in the work environment.

D. Incentivize teaching excellence in all clinical arenas.

2. Develop the capacity to support multidisciplinary teams by providing coordinated care, i.e. shared clinic space, coordinated same-day appointments, to patients with complex, rare, and/or multi-system diseases. Caring for such patients differentiates us.

3. Develop financial incentives to create alignment and shared outcomes between faculty members from different departments.

4. Strengthen existing and develop new partnerships with community providers where we are recognized as the academic partner. Reach out to community providers to hear what they need from an academic partner (not just assume).

5. Create creative opportunities and venues for innovative clinicians to share ideas and best practices, employing the same principles that drive innovation and cross-fertilization of research programs and ideas.

Strategy #3: Maximize the opportunities to conduct clinical research and facilitate the integration of biomedical research to clinical care by improving the infrastructure that enables academic clinicians to efficiently conduct clinical research.

1. Invest the resources necessary to develop the ability to automatically extract data from Epic to the clinical data repository.
2. Promote alternative staffing support models for investigators who require only part-time or periodic administrative and clinical support staff.

3. Create a universal consent form for the collection of biosamples.

4. Streamline the IRB approval and renewal processes.

5. Promote the benefits of participating in clinical trials to encourage patients and visitors to consider participation. Publicize open clinical trials amongst clinical faculty and staff to drive referrals and burnish the brand.

6. Facilitate the ability to conduct clinical research at any clinical site.

**Strategy #4: Enhance infrastructures and environments to support academic clinicians achieve success.**

1. Highlight high performing teams and create mechanisms for teams to share best practices across the organization so that lessons need only be learned once. For example, initiate regular meetings of clinic administrators and leaders across the organization and encourage them to share experiences from their local units.

2. Recognize the administrative burden clinical faculty assume as medical directors, project directors and even clinical researchers by acknowledging the time and effort required and providing appropriate financial support.

3. Ensure that everyone is aligned with the same goals and objectives by aligning the incentives from leadership to faculty and staff to make quality, productivity and financial measures a shared responsibility. This includes making inpatient and outpatient financial information (profit and loss statements) transparent to clinicians.

4. Provide clinicians access to profit and loss statements in their units, and align financial performance between the medical center and the UPG.
5. Commit resources as necessary to achieve Magnet status.

6. Improve clinic efficiency so that academic clinicians will have maximum time available to contribute to the academic missions, not wasting their clinic time on inefficient processes.

**Strategy #5. Leverage the institutional commitment to quality to create value across all missions.**

1. Consider a center or institute that will facilitate research in QPI. Center should have outstanding resources in project development and proposal creation, data analysis and handling, preparation of manuscripts and grant applications. Ideally, center would include outstanding faculty with distinguished careers in this area to serve as mentors and advisors for faculty wishing to pursue this research area.

2. Hold workshops and training opportunities for clinicians to obtain skills as researchers in QPI. Recognize that many UVA clinicians are expected to contribute scholarship but do not have the tools or mentorship to do so, but would be ideally positioned to contribute scholarship in the QPI arena.