

CU ANSCHUTZ MEDICAL CAMPUS STRATEGIC PRIORITIES AND INITIATIVES

FULL REPORT OF RECOMMENDATIONS
MAY 2021



Table of **CONTENTS**

2	About the University of Colorado Anschutz Medical Campus
5	About the Office of Strategic Initiatives
6	Mission and Vision
7	The Design Innovation Process
14	Working Group Reports
23	Differentiators and Driving Influences of The CU Anschutz Medical Campus
27	Synthesis of Recommendations
29	Aligning with CU Denver and the CU System
30	Implementation Timeline and Next Steps
30	Conclusion
31	References
32	Appendices
	Appendix A: Stakeholder Feedback
	Appendix B: Sample of Virtual Collaborative Platform
	Appendix C: Prototypes from Working Groups



**INNOVATE
DIFFERENTIATE
INSPIRE**

About

The University of Colorado Anschutz Medical Campus

The largest academic health center in the Rocky Mountain region, the University of Colorado (CU) Anschutz Medical Campus, in Aurora, Colorado, serves over 4,500 students in more than 40 highly ranked degree programs. The campus includes the School of Medicine, College of Nursing, Skaggs School of Pharmacy and Pharmaceutical Sciences, School of Dental Medicine, Colorado School of Public Health, and Graduate School. It is also the site of two nationally ranked hospitals, UHealth University of Colorado Hospital and Children's Hospital Colorado, that together serve nearly 2 million patients a year. Supported by nearly \$600 million in research awards, the economic impact the campus generates to the state of Colorado is an estimated \$5.8 billion, roughly on par with the state's ski industry.

History



CU Anschutz's roots trace back to the founding of the School of Medicine at the University of Colorado in Boulder in 1883, which was soon followed by the establishment of the College of Nursing in 1898 and the Skaggs School of Pharmacy in 1913. By the 1920s, rapid expansion prompted a move from Boulder to Ninth Avenue and Colorado Boulevard in Denver to better serve students and the community.

Renamed the University of Colorado Health Sciences Center, it was soon joined by the Colorado General Hospital and became home to the university's health sciences programs. Over the next several decades, CU health programs continued to break new ground, launching the first nurse practitioner program in the country in 1965 and opening the School of Dentistry in 1973. Other transformative health discoveries included significant research to improve child welfare, open heart surgeries, advancements in public health and policy, and the first ever liver transplant.



By the late 1990s, space limitations led campus leaders to seek new opportunities for growth and the ability to provide additional transformative health discoveries. The site of the Fitzsimons Army Medical Center in Aurora, then slated for decommission, was a potential opportunity. Dedicated December 3, 1941, four days before the attack on Pearl Harbor, Fitzsimons boasted an illustrious history as one of the largest, most modern hospitals in the country. Its employees served sick and wounded soldiers throughout the second World War and beyond, even providing care to President Dwight D. Eisenhower after he suffered a heart attack while on a family vacation to Denver.

Meanwhile, the decision was made to consolidate the health sciences campus with the CU Denver campus downtown to create a single multi-campus university. This allowed the two campuses to benefit from consolidated services in facilities management, financial services, human resources, information technology, and university police. Both campuses could also capitalize on mutually beneficial collaborations in research and academic programming. On July 1, 2004, the University of Colorado at Denver officially joined with the University of Colorado Health Sciences Center to create a new university that would be jointly accredited by the Higher Learning Commission.

In 2006, the Fitzsimons campus was declared the new home for the Health Sciences Center and was renamed the CU Anschutz Medical Campus in recognition of more than \$90 million in donations from The Anschutz Foundation. Two years later, the academic and research operations of the health sciences schools and colleges relocated there, along with the state's newly formed Colorado School of Public Health - a collaboration between the University of Colorado, Colorado State University, and the University of Northern Colorado. Joined by UC Health University of Colorado Hospital and Children's Hospital of Colorado, the campus represented an innovative, interprofessional venture that would provide new opportunities for integrating education, patient care, and research across the health sciences. Additional partners like the Rocky Mountain VA Center, Denver Health, and the Fitzsimons Innovation Community helped expand the campus's impact across the city, state, and region.



Strategic Plan 2008-2020 &

Envisioning the Future of CU Anschutz within the CU System

The Strategic Plan 2008-2020, approved by the University of Colorado Board of Regents, was the result of a joint effort between the CU Denver and CU Anschutz after their consolidation. The vision of that plan was to be a leading public university, with a global reputation for excellence in learning, research and creativity, community engagement, and clinical care. Over the twelve year period of the plan, great strides were made in its seven strategic priorities:

1. **Maximize the opportunities of our consolidated university to achieve our vision**
2. **Deliver an outstanding and innovative educational experience**
3. **Conduct outstanding research and creative work for the public good**
4. **Enhance the university's world-class health care programs to achieve recognition as one of the best academic health centers in the nation**
5. **Enhance diversity university-wide and foster a culture of inclusion**
6. **Grow strong, mutually beneficial partnerships that engage our local, national, and global communities**
7. **Secure the resources to achieve our vision while being responsible stewards of those resources**

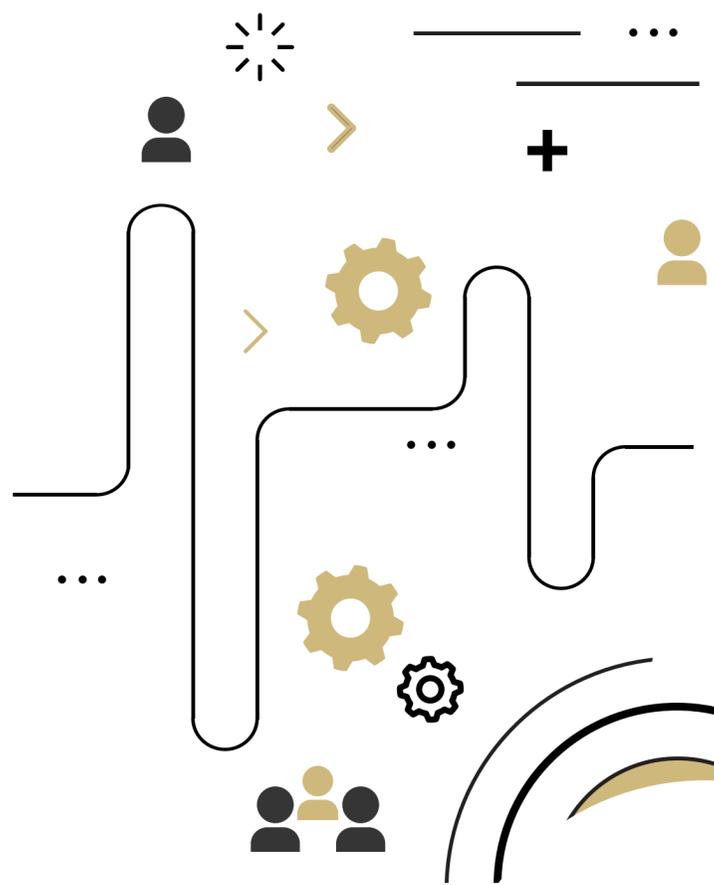
Following the consolidation and development of that strategic plan, the campuses have capitalized on many opportunities for integration and optimization. Each campus has also identified key areas with unique opportunities. The CU Anschutz Medical Campus has become a world-class medical destination at the forefront of transformative education, science, and healthcare.

In 2019, the CU System embarked on a strategic planning process to focus the strategic priorities for all four campuses in four strategic pillars:

1. **affordability and student success**
2. **discovery and impact**
3. **fiscal strength**
4. **diversity, inclusion, equity and access**

The goal of the process is to have a strategic plan and metrics for the Board of Regents to consider at its summer 2021 retreat. With this strategic process ongoing at a time when the CU Anschutz and CU Denver strategic plan was ending, it was decided that developing campus-specific strategic plans would best serve the university as a whole. This would also allow schools, colleges, and units to review their strategic plans for alignment and focus on the priorities of the campus-specific plans.

To capitalize on shared resources at CU Anschutz and CU Denver, the two campuses employed parallel strategic planning processes in spring 2021. Campus stakeholders were able to address the diverse and unique aspects of each campus, and the processes included reciprocal representation on steering committees and working groups. The following information describes the development of and recommendations for strategic priorities and initiatives at the CU Anschutz Medical Campus 2021-2026.



About

The Office of Strategic Initiatives at CU Anschutz

Created by Chancellor Elliman in Fall 2020, the Office of Strategic Initiatives (OSI) at the CU Anschutz Medical Campus is working with faculty, staff, students, and the senior leadership team to design a strategic vision and develop key campus-level initiatives.

The office is facilitating an inclusive process with stakeholder groups to design a strategic framework with priorities that will guide efforts at CU Anschutz for the next five years. OSI also provides direction for our campus-wide digital education activities and supports partnerships and collaborations that strengthen each of our mission areas. Our website provides additional information about the office:

<https://www.cuanschutz.edu/offices/strategic-initiatives>

The University of Colorado Anschutz Medical Campus

Mission and Vision

After an extensive 90-day listening tour, OSI collaborated with senior leadership and other stakeholders to craft a mission and vision capable of capturing the impressive scope, impact, and potential of the ongoing work at CU Anschutz.

Over 50 individual perspectives were gathered from an array of diverse constituents, including members of the Chancellor's Cabinet, deans, faculty at each school and college, and leaders at CU Anschutz's major research centers and partner hospitals. OSI also initiated ongoing dialogues with over 20 critical stakeholder groups, ranging from CU Innovations to Faculty Assembly and Staff Council and the Diversity, Equity, and Inclusion and Community Engagement team. In total, these conversations led to the development of the mission and vision that will guide the campus's activities for the next five years.



MISSION: With innovation, agility, and excellence, we improve humanity by preventing illness, saving lives, educating health professionals and scientists, advancing science, and serving our communities.

VISION: To provide the finest team-based healthcare, science, and education in the world by being collaborative architects that respond quickly to the changing needs of society and engage and honor the community around us through lenses of diversity, equity, and inclusivity.



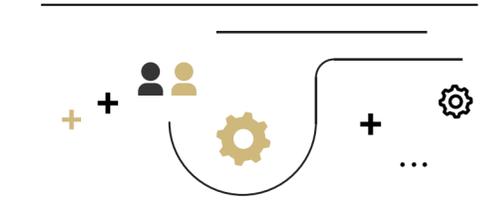
The Design Innovation Process

In his introductory comments to those participating in the strategic planning at CU Anschutz, Chancellor Elliman encouraged them to *innovate, differentiate, and inspire*. One way to achieve that goal was to engage in a strategic process that embodied those characteristics. A Design Innovation (DI) approach was used to facilitate the strategic process at CU Anschutz.

Methodology

OSI and the Inworks Innovation Initiative team, working as collaborative partners, tailored, adapted, and advanced a proven DI approach for application to strategic planning in higher education and medical campuses. This approach was also aligned with the needs and culture of CU Anschutz.

DI focuses on five core elements: people, process, methods, principles and mindsets (Figs. 1-3).¹⁻⁸ These elements are based on the integration of design science research and applied design practice through design thinking, business model innovation, design engineering, and systems thinking (Figs. 4-5).⁹⁻¹¹



Inworks is a cross-campus innovation initiative (created by the Chancellor) administered by the College of Engineering, Design and Computing. A home for creators, thinkers, designers, makers, and those with any innovation aspirations, Inworks focuses on co-creating and implementing design innovation, such as idea-to-prototype, across our campuses, with the community, municipalities, businesses, and public organizations.

Interdisciplinary to its core, Inworks strives to generate and co-create unique solutions to real-world challenges while in the process imparting the skills and mind sets to enable faculty, clinicians, researchers, students, and external partners to do the same. inworks.cuanschutz.edu

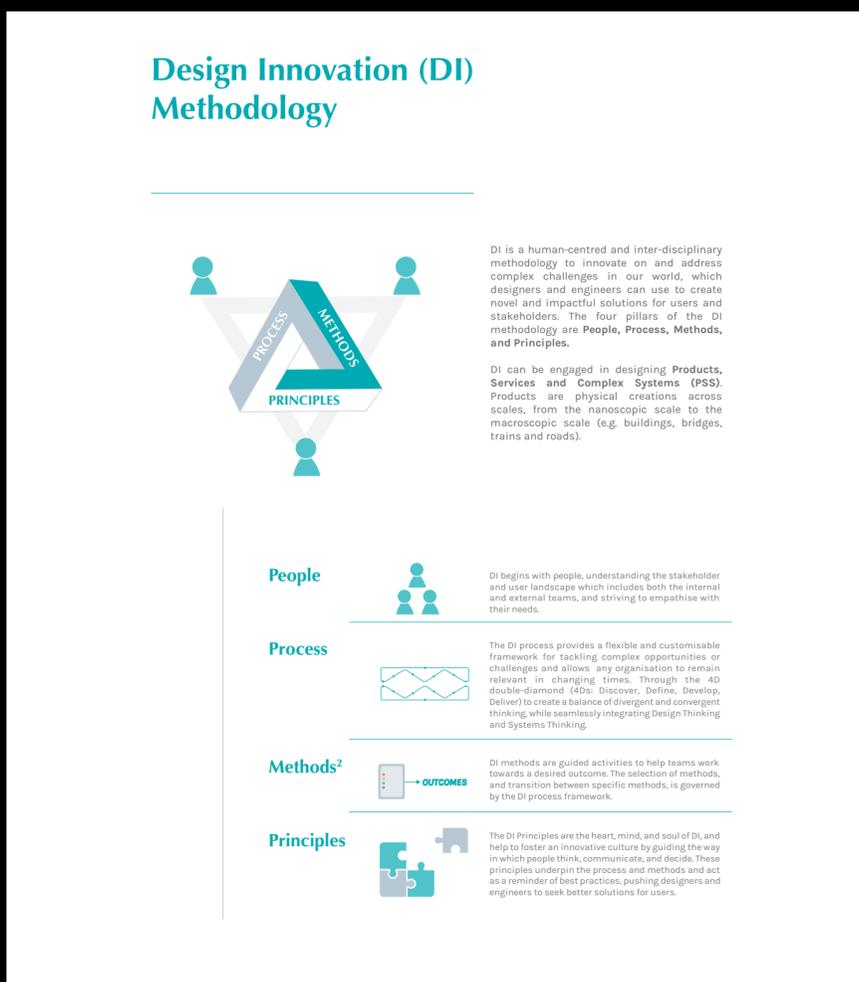


Fig. 1. Overview of the DI Approach.

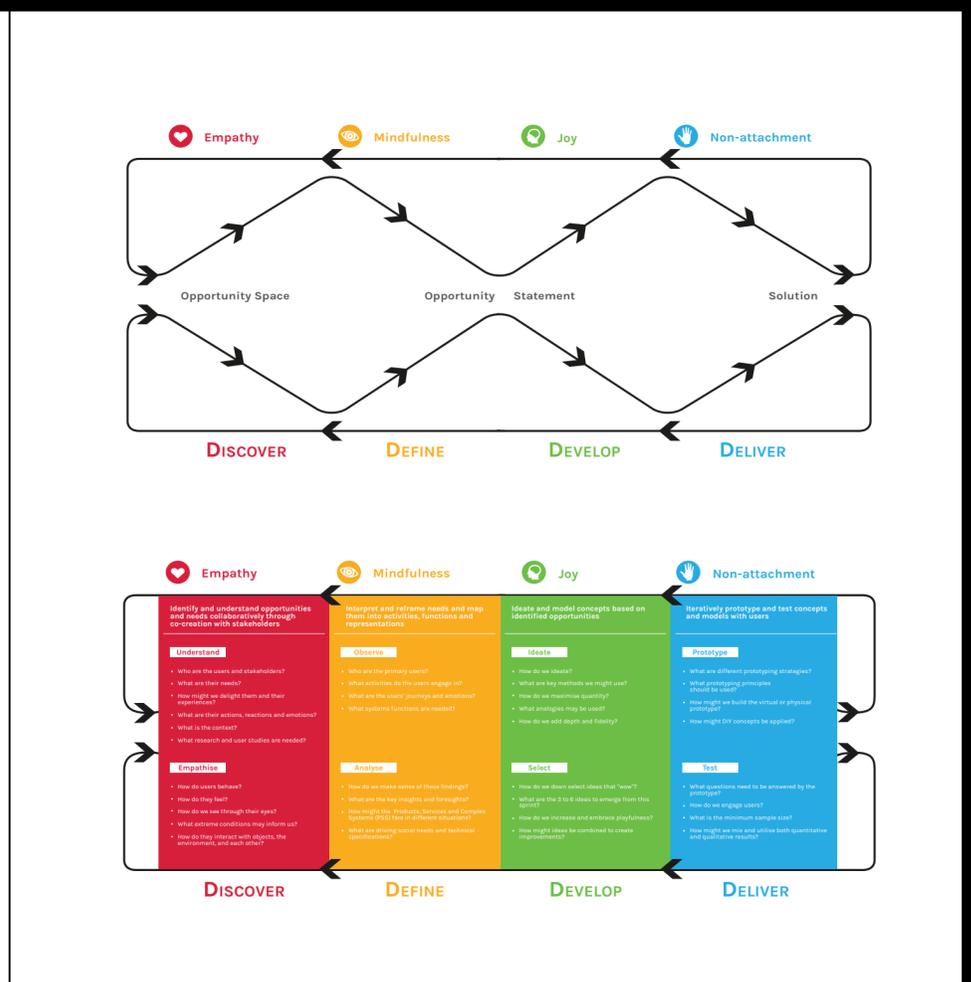


Fig. 2. DI Elements and Process.

Fig. 2 shows the overall framework of the DI approach adapted for the CU Anschutz strategic planning process. This framework includes the 4D phases of Discover, Define, Develop, and Deliver, with the associated mindsets of Empathy, Mindfulness, Joy (or Playfulness), and Non-Attachment.¹⁻³ One or more sprints through the 4Ds provides organizations with a systematic methodology to seek desirability and user testing across stakeholder groups. This enables groups to quickly develop tens to hundreds of creative and feasible concepts, continually assess viability and resource allocation, and push the boundaries of sustainability and inclusivity.

Design Thinking

These 12 principles provide a mental compass to guide the DI process and execution of DI methods throughout the DI process.

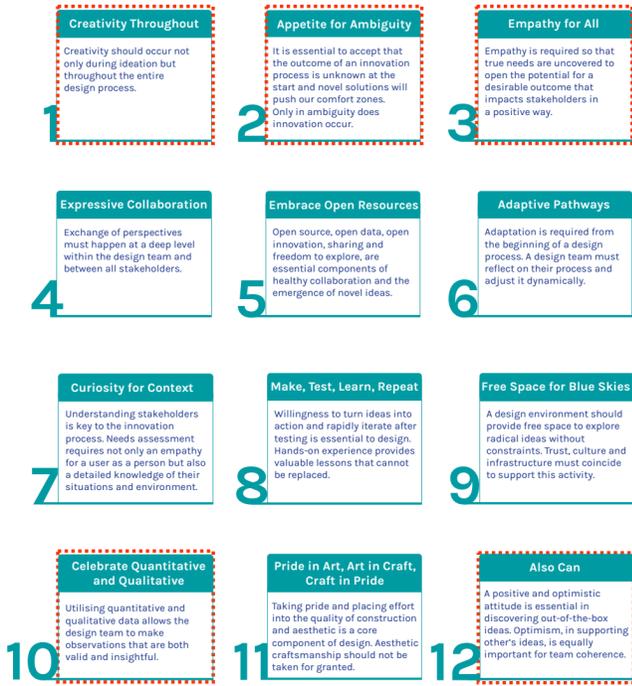


Fig. 3. DI Principles.

DESIGN INNOVATION:

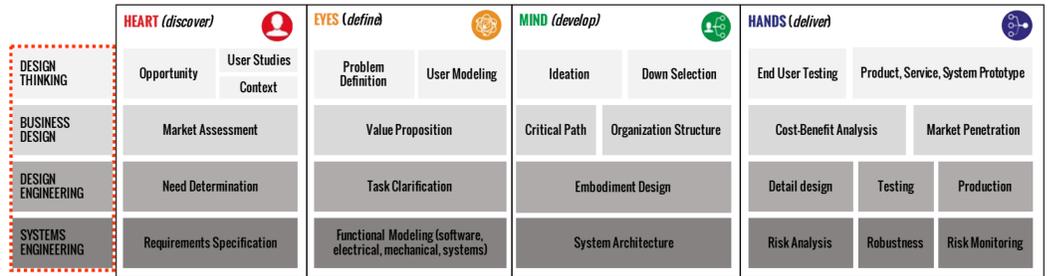


Fig. 4. DI Distinctive Foundation.

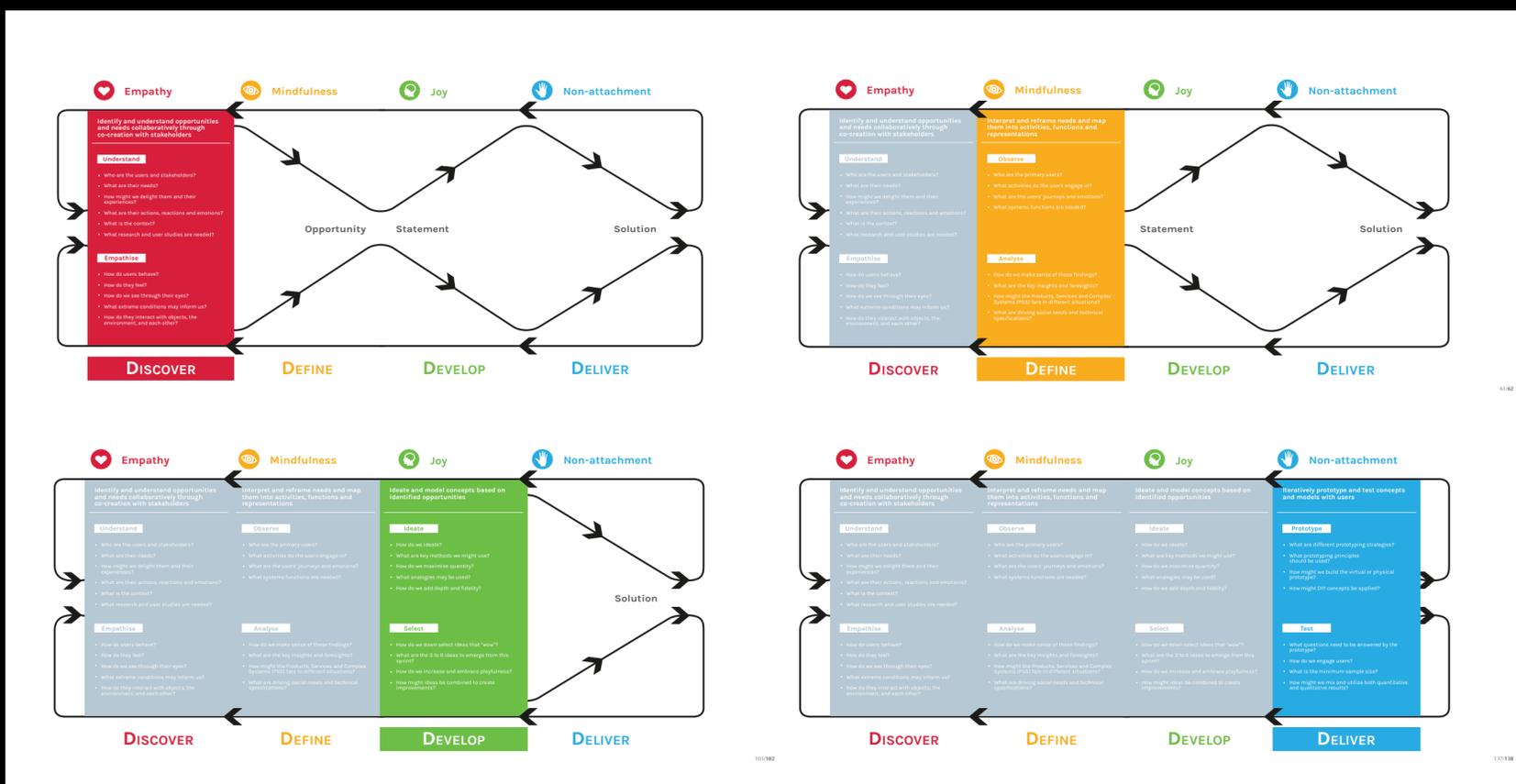


Fig. 5. DI Refined Process.

Figure 5, at the next level of detail, shows how the 4Ds play out and may be applied as a set of key questions for addressing opportunity statements of an organization. The actual implementation of this more refined approach may be aligned and catered to the particular needs of the organization, its talents, and its timeline for producing and implementing innovative outcomes. In the context of the CU Anschutz strategic planning processes, the focus was on engagement both within and external to CU Anschutz, and outcomes in the form of priorities and initiatives with near-term and long-term implementation for transformative impact.



Why Design Innovation (DI)?

Innovativeness, user-centeredness, and a bias toward action drive the core elements of the DI 4D approach. These characteristics align with the goals of the CU Anschutz strategic planning process and provide a foundation for rapid innovation across the diverse user groups and organizational structures.

As an academic medical campus, advancing the wellbeing of individuals, families, and communities is at the heart of all we do. The tenets of diversity, equity, and inclusion are woven into the fabric of each of our mission areas. As a result, the inclusive, human-centered philosophy of DI was a natural fit for CU Anschutz’s strategic process. Rather than generating a top-down vision for the campus, the DI methodology allowed all campus stakeholders – from employees and students to patients and neighbors in the community – to have a voice in the future of the organization.

DI has been implemented within hundreds of organizations worldwide and with tens of thousands of participants within these organizations.^{1-6, 8-9,13-19} Testing of adapted DI approaches shows shortened cycle times to develop and implement innovations, increased morale and confidence of participants in the process, a higher-level of co-creation amongst stakeholder groups, and increased financial, social, and cultural outcomes.

Based on such evidence, an adapted form of DI was a logical and human-centered choice for the CU Anschutz strategic planning process. Such an adapted approach had to be carefully constructed to meet the needs of the leaders, users and stakeholders on the ground at CU Anschutz and within the surrounding community and region. It also had to be flexible and continually evolve based on the particular characteristics of the CU Anschutz culture, feedback from participants, the desired rapid pace of the process, and critical external factors such as the worldwide COVID-19 pandemic.

Input from the campus community was collected, synthesized, and integrated into recommendations throughout every phase of the process. Although not every idea made it into the final report of recommendations, those suggestions will be communicated to relevant units, departments, and divisions to help inform future action. In fact, many of the participants reflected that the process itself was of considerable value in terms of relationship building, knowledge sharing, and charting pathways for future collaborations.

The Design Innovation (DI) Process in Action

Starting in 2021, the Office of Strategic Initiatives partnered with Inworks to facilitate this iterative, evidenced-based design innovation process to recommend campus priorities with initiatives to the Chancellor. To accomplish this process, OSI convened a steering committee and four working groups centered on each of the key mission areas of education, research, patient care, and community engagement as illustrated in the initial strategic framework (Fig. 6).

Working group members were selected to promote representation from each school or college at CU Anschutz and key units within each mission area. Each working group also included dedicated members to represent five other critical areas:

1. mental health and holistic wellness
2. innovation
3. diversity, equity, and inclusion
4. budget and finance
5. information technology

Woven throughout the strategic framework are the two themes of (1) mental health and holistic wellness and (2) diversity, equity, and inclusion.

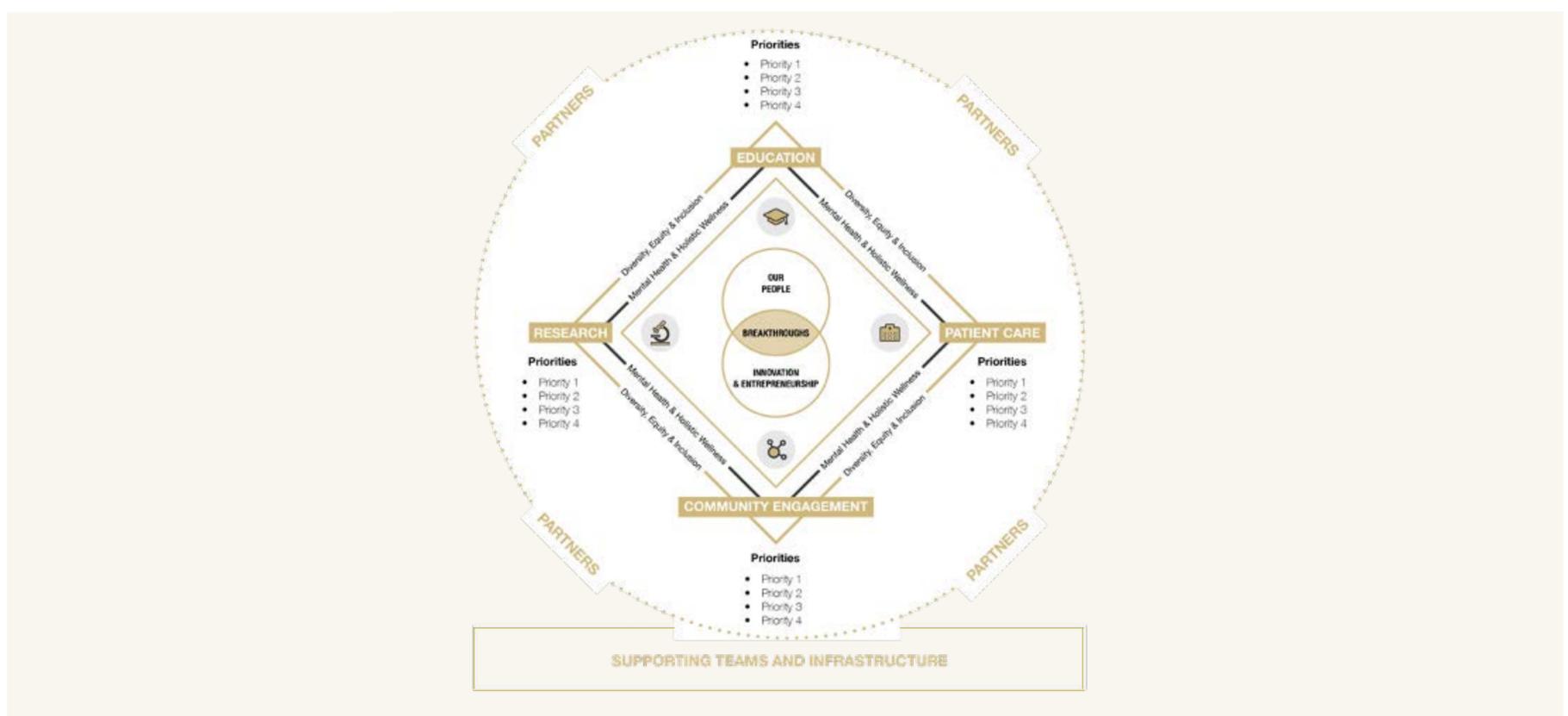


Fig. 6. Initial Strategic Framework

WORKING GROUP MEMBERS WERE ASKED TO:

- **Recommend 3-5 priorities of the CU Anschutz Medical Campus for the next five years.**
- **Based on those priorities, develop and recommend 1-4 initiatives.**
- **Consider the broader campus community in the context of representation to create an important impact on the future of our campus and our stakeholders.**

Trained facilitators from Inworks facilitated a six-session design innovation process with these working groups to generate, test, and prototype ideas within and across working groups using the 4D process (Fig. 7).

At three critical touchpoints, the School and College deans - along with a steering committee comprised of senior-level leadership at CU Anschutz and its affiliate partners - reviewed the emerging recommendations from each working group and provided feedback.

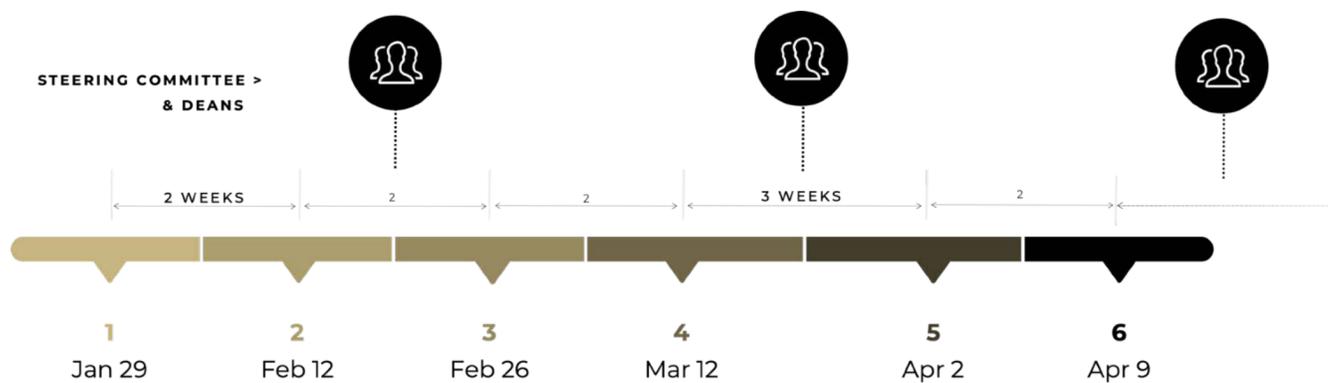


Fig. 7. Timeline for Working Groups and Steering Committee

The working group members engaged in activities throughout six sessions including creating opportunity statements, ideating and selecting potential winning concepts, prototyping selected concepts, gathering user feedback, and refining priorities and initiatives using stakeholder feedback (Fig. 8).

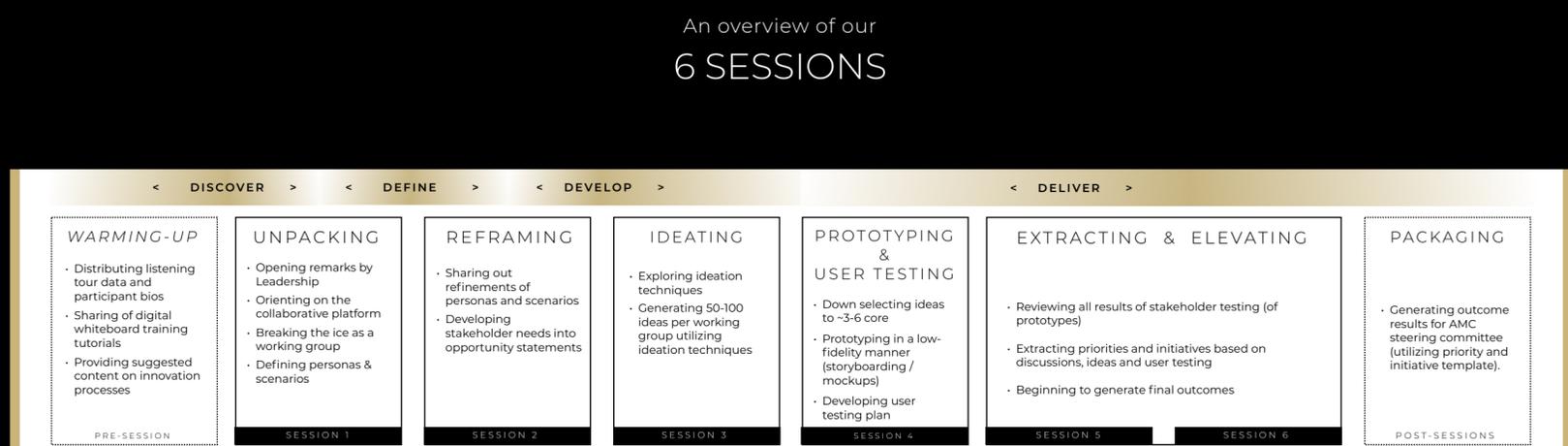


Fig. 8. DI Process Developed and Adapted for CU Anschutz Strategic Planning Process

Alongside these working group sessions, hundreds of stakeholders participated in four town hall sessions. The feedback gained from these sessions further informed the process and catalyzed iterative advancement of strategic concepts. (Fig. 9)

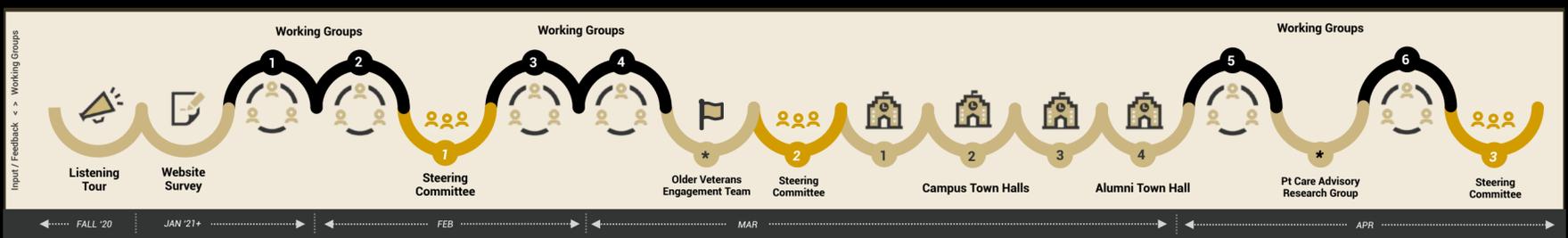


Fig. 9. Integrated Timeline of Stakeholder Engagement

Due to the COVID-19 pandemic, this work was done remotely and online. OSI and Inworks worked collaboratively to design the online environment, itineraries, content, and workflows. Distinctive online elements included digital project management tools materials -- advanced DI method cards, multimodal (video, graphical, pictorial, and animated) presentation content, and a fully developed DI Methodology handbook; digital prototyping kits; an advanced set of Miro virtual whiteboard DI templates and activities (Fig. 10 a&b; Appendix B); online shared documents; coordinated Zoom content, breakout rooms, and sharing sessions; and facilitation by a talented set of Inworks lead facilitators and student co-facilitators. Working group sessions, held in this virtual environment, were designed with fun and thought-provoking icebreakers, active learning of methods and principles, and participant-centered activities (the majority of the time allocation) through built relationships with facilitators.

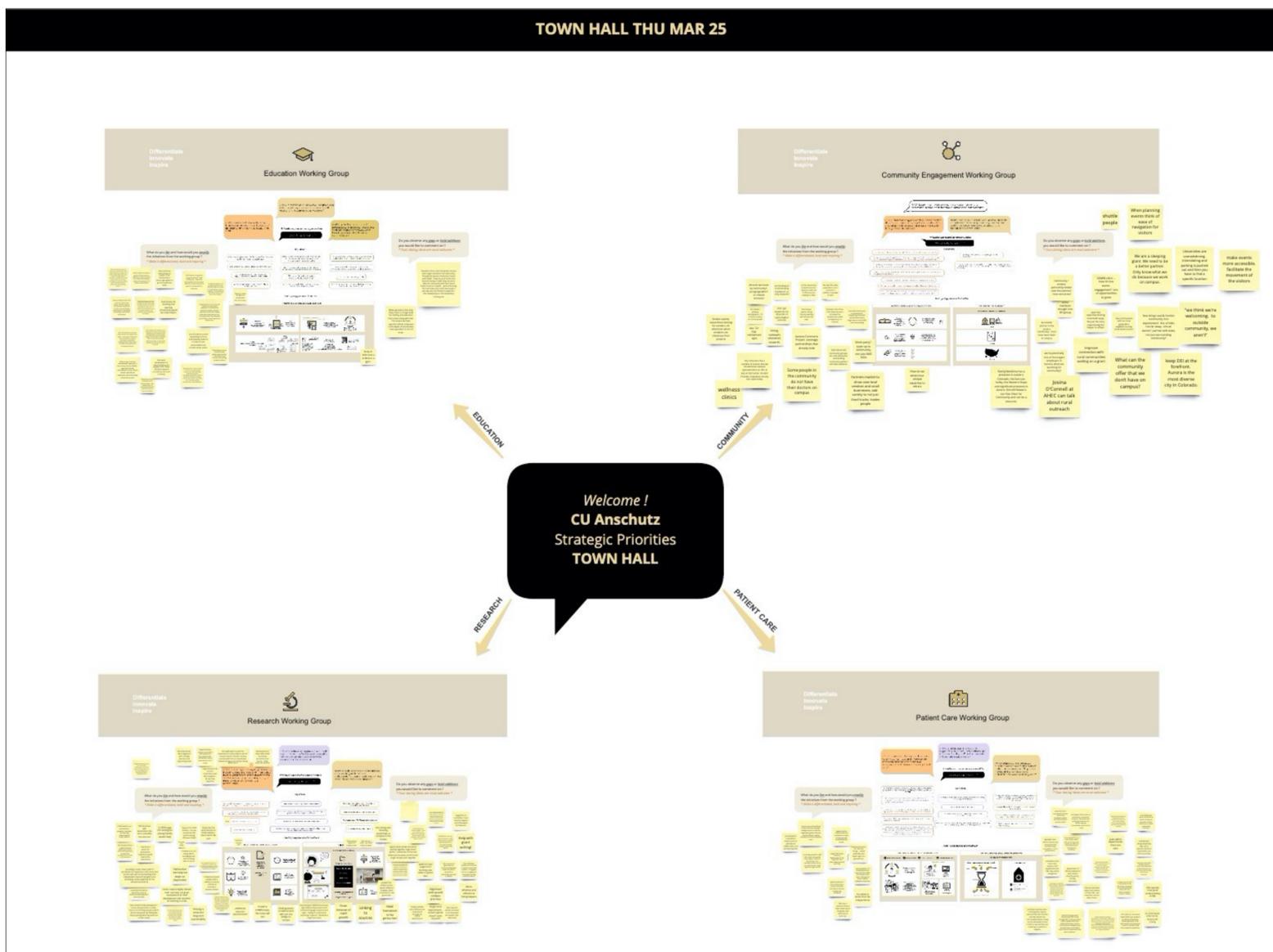


Figure 10a. DI Process Online: Exemplar Virtual White Board Templates Using Miro.



Figure 10b. DI Process Online: Exemplar Virtual White Board Templates Using Miro.

Feedback from working-group, town-hall, and steering-committee participants showed highly positive responses to the relevance, delivery, and outcomes of the DI process and its virtual online implementation.

Observations from OSI and the Inworks leadership team included:

- extensive levels of community and stakeholder engagement,
- high quantity and quality of novel concept generation with significant potential for transformative impact (well beyond what would be expected from ad hoc committees),
- rapid responsiveness and development of priorities and initiatives, and
- iterations with leadership, user and stakeholder group feedback at impressive rates toward the continued advancement of strategic ideas.

What follows is an outline of the recommended priorities and initiatives generated by the DI process that will be presented for the Chancellor for review and selection.



Working Group Reports

Working groups were charged with recommending 3-5 strategies priorities and 1-4 initiatives for each of those priorities. With input from the steering committee, deans, and hundreds of other stakeholders, the following reports from the working groups outline those key priorities and initiatives.

Education



The facilitation of learning opportunities and academic programming designed for the next generation of healthcare professionals, scientists, and the current workforce.

Patient Care



The provision of patient-focused care and treatment to ensure the well-being of patients. The emphasis will be on those patient care activities that emanate from the CU Anschutz Medical Campus.

Research



The exploration of the most critical questions in healthcare with the facilities to support the entire spectrum of research, from the lab to patient applications, in a unique, collaborative environment.

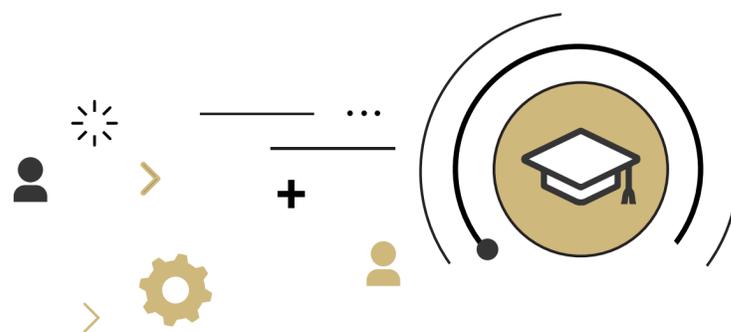
Community Engagement



Partnership and collaboration in alliance with communities for positive impact. Efforts should support, unite, and drive pathway initiatives that positively impact the health and wellbeing of communities in mission-focused areas of education, research, clinical care, and community outreach and engagement utilizing shared decision-making and social values.

Strategic Priorities Education Working Group

May 2021



Our Charge:

- Recommend 3-5 priorities of the CU Anschutz Medical Campus for the next five years.
- Based on those priorities, develop and recommend 1-4 initiatives.
- Consider the broader campus community in the context of representation to create an important impact on the future of our campus and our stakeholders.

School / Unit Representation	Members
College of Nursing	Peggy Jenkins, Tammy Spencer
Colorado School of Public Health	Dani Brittain
Graduate School	Shawna Cox
School of Dental Medicine	Tracy De Peralta
School of Medicine	David Port, Shanta Zimmer
Skaggs School of Pharmacy	Heather Anderson
DEI	Rita Lee
Mental Health and Holistic Wellness	Bob Davies, Craig Wimmer
Innovation	Clint Carlson, Sheana Bull
Budget and Finance	Ryan Davis
OIT	Crystal Gasell
Interprofessional Education	Suzanne Brandenburg
Strauss Health Sciences Library	Melissa DeSantis
Student Affairs	Carl Johnson
Student Senate Representative	Duncan Davis-Hall
Health Data Science and Artificial Intelligence	Sean Davis
UHealth – Faculty Engagement and Well-Being	Liz Harry
International Students and Scholars	Amy Bello

Priority 1 / Create a Welcoming Community: Create inclusive, welcoming, effective learning environments and a sense of belonging for all learners, faculty, and staff.

Initiatives:

1. Engage stakeholders to refresh, clarify, and unify our mission and values in a way that centers DEI in all we do.
2. Invest in data science to measure impact and outcomes and to ensure we meet diversity, equity, and inclusion goals (for example, through a climate survey).
3. Create expectations for an inclusive, welcoming, and helpful culture by centralizing and redesigning onboarding (for new students, faculty, and staff), routine trainings / “re-orientations” for existing employees, and opportunities for human connection.

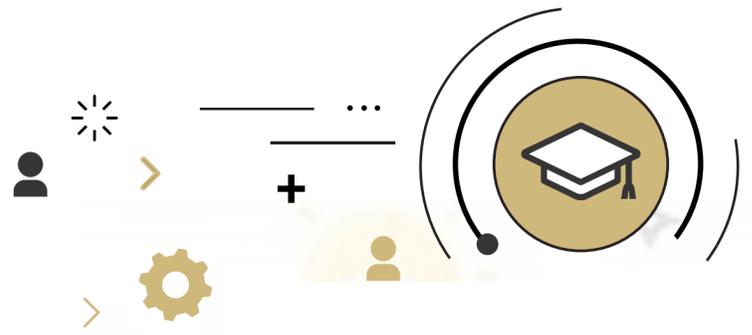
Integration: community engagement.

Priority 2 / Co-design Flexible Curricula & Learning Pathways: Create collaborative learning and intentionally co-design flexible learning experiences centered around equity, diversity, inclusivity, and innovation.

Initiatives:

1. Increase innovative, integrated, and flexible learning opportunities by removing barriers and increasing offerings. Specific strategies might include offering more flexible and cross-listed electives; providing flexible programs with increased online or hybrid course delivery; eliminating logistical barriers to interprofessional experiences; and evaluating school calendars, learner orientation, and access to cutting-edge technology.
2. Infuse all curricula with a health equity lens, auditing curricular materials to identify and remove stereotypes, updating materials to reflect diverse populations, incorporating health equity content, and making all course content more accessible.
3. Align and design an integrated curriculum by investing in educational infrastructure, such as centralized instructional design capabilities, cross-disciplinary educational teams that can co-develop curriculum, and repositories of resources that stem from and enhance this work.
4. Continue to advance the evidence-based practice of competency-based education, in which assessment of each learner’s mastery of a content area or a particular skill allows them to progress along their learning path.

Strategic Priorities Education Working Group (-continued)



Priority 3 / Deliver Tailored & Proactive Learner and Educator Support: Redesign and optimize our learner and educator support systems and processes, making them equitable and easily navigable, opening access to resources, and providing tailored and proactive support throughout each learner's journey.

Initiatives:

1. Enhance, expand, and develop support services to support the whole person – both online and in person. Redesign support services with resources that are robust, easy to discover, and widely accessible (including career services, childcare/eldercare, professional development, and student services).
2. Create a Center for Academic Empowerment (CAE) that will aggregate resources, provide a front door to the campus, and clarify an access point to the enhanced services described above. **Integration: community engagement.**
3. Establish a Center for Mentoring Excellence and develop mentoring networks that support all learners, and educators, and staff while unifying and leveraging existing mentorship programs. CU Anschutz's comprehensive mentorship program should leverage best practices and develop opportunities for mentorship across different disciplines and hierarchies.

Context for consideration:

The working group viewed the siloed organizational structure as a challenge, as it leads to a culture of competition rather than collaboration. Although there are some examples of interprofessional collaboration, they are too often the exception rather than the rule.

The group recommended partnering closely with OIRE and with the central Office of Diversity, Equity, Inclusion, and Community Engagement (DEI&CE), especially on Priority 1. The group also suggested working closely with the student representatives, instructional designers, the Registrar, and Financial Aid on projects linked to academic programming (for example, cross-listed electives).

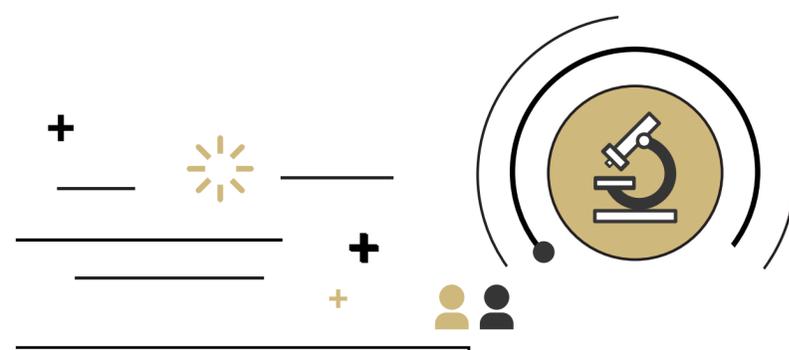
Several recommended priorities and initiatives could build on existing initiatives. For example, the Library has a "Diversify Your Syllabus" program, which links to initiative 2 under Priority 2. The group also suggested recommending holistic, standardized admissions processes to increase diversity, equity, and access across all Schools and Colleges, but this concept is already being addressed by the DEI&CE office (via the Chancellor's Council on DEI&CE). Group members noted that the campus should seek to build on existing mentoring programs and structures, and that dedicated FTE and compensation should be directed toward faculty mentors. They also cited existing services that could be expanded to provide better support, for example: the Fitzsimons Early Learning Center, CARE.com, mental health services, the Depression Center, and Mental Health First Aid training.

Other recommendations:

- **Build human connection:** Provide a mix of meaningful shared experiences (like Welcome Wednesday and Block Party) and opportunities to connect.
- **Expand digital learning:** Expand the number of academic programs offered in online and hybrid formats and further develop faculty expertise in online pedagogies and digital education tools.
- **Develop a health sciences pedagogy innovation hub**
- **Free up faculty time:** Conduct an assessment of faculty time and administrative processes related to instruction to promote excellence in teaching and efficiency.
- **Modify promotion and tenure** to better recognize the contributions of instructional faculty.

Strategic Priorities Research Working Group

May 2021



Our Charge:

- Recommend 3-5 priorities of the CU Anschutz Medical Campus for the next five years.
- Based on those priorities, develop and recommend 1-4 initiatives.
- Consider the broader campus community in the context of representation to create an important impact on the future of our campus and our stakeholders.

School / Unit Representation	Members
College of Nursing	Teri Hernandez
Colorado School of Public Health	Dana Dabelea
Graduate School	Inge Wefes
School of Dental Medicine	Jeff Stansbury
School of Medicine	Peter Buttrick
Skaggs School of Pharmacy	Dave Ross
DEI	Fernando Holguin
Mental Health and Holistic Wellness	Kent Hutchinson
Innovation	Casey Greene, Steve VanNurden
Budget and Finance	Amy Gannon
OIT	Bob Schell
COMBAT Research, Strategy and Growth	Vik Beberta
CHCO – Developmental Therapeutics	Lia Gore
Structural Biology and Biophysics Core	Jeff Kieft
Clinical Research	Tom Campbell
CHCO – Research Operations	Jenae Neiman
Laboratory Animal Resources	Jori Leszczynski
Inclusive Design and Engineering	Cathy Bodine
Basic Science Research and Diabetes	Lori Susse
Regulatory Compliance	Alison Lakin
Translational PK/PG	Jennifer Kiser
Bioinformatics and Personalized Medicine	Kathleen Barnes

Priority 1 / Cutting Edge Research: Encourage cutting-edge research by building affinity groups across disciplines.

Initiatives:

1. Support the development of programs and mechanisms to stimulate cross-disciplinary creativity.
2. Build affinity groups for cross-cutting opportunities that our campus is particularly well-positioned to address and can drive research in new directions, such as life course research and data science/advanced analytics.
3. Discover and integrate research databases and datasets and align these with biobanking initiatives, information, and practices.
4. Build programs to steward and support cross-disciplinary program projects and U-series awards from conception through the award phase to sustain innovative and high-priority research.
5. Catalyze the development of innovative collaborative research by providing seed resources, a centralized research support structure, and a data strategy that facilitates such interactions.

Priority 2 / Innovative and Agile Infrastructure: Create an ecosystem in which all can thrive with a flexible and innovative infrastructure that is responsive to current and future needs.

Initiatives:

1. Create infrastructure to promote research advances and new technologies to potential partners in innovation, commercialization, and philanthropy.
2. Improve infrastructure for easier navigation and a deeper connection to people (PROTOTYPE – Genius Bar).
3. Integrate operational and business databases with the goal of continuous quality improvement and quality assurance ultimately increasing researcher time to do research.
4. Develop and implement governance and access structures for cores, data resources, and operational units, which should be aligned wherever possible.
5. Develop new ways of engaging with the community & sharing the impact (of their contribution) to our research. **Integration: community engagement**
6. Support the development and maintenance of longitudinal cohorts such as those that serve as a vehicle for life course research.

Strategic Priorities Research Working Group (-continued)



Priority 3 / Facilitating Inclusive Collaboration: Promote and incent connections between people to grow basic and clinical research pathways.

Initiatives:

1. Create and support a low-friction knowledge base with information about faculty and lab capabilities that serves multiple stakeholder needs.
2. Evaluate and restructure promotion & tenure criteria and processes to incorporate innovation, entrepreneurialism, team science. Also, develop consistent review criteria to aid reviewers.
3. Create clear promotion and professional development pathways for staff.
4. Create bi-directional (senior/junior) peer mentorship opportunities. Integration: education
5. Create campus events that facilitate connections and bolster cross-cutting opportunities.

Context for consideration:

It is important to consider how these priorities and initiatives interact and coordinate with other working groups and initiatives on campus. Some examples include improved use of and skills with data science (analytics and informatics) to drive institutional change and improve patient care. The learning health system was of particular interest to the patient care group and has an opportunity to be developed in our ecosystem.

The research infrastructure is undergoing changes that could be leveraged for these priorities and initiatives. There was interest from the working group to centralize common functions, integrate databases, and facilitate collaborations – all of which should be done in partnership with the research enterprise and the Office of Information Technology if selected.

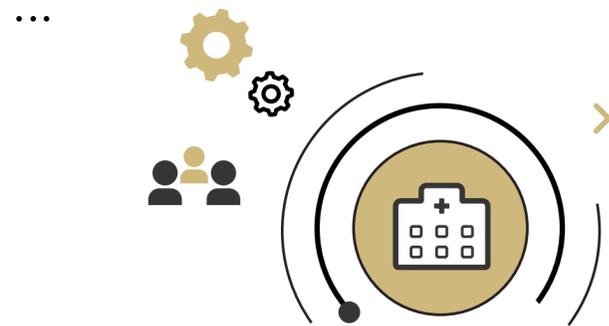
In the discussions about faculty promotion and tenure, there was deep interest in establishing criteria and processes to incent collaboration, diversity, innovation, and entrepreneurship. Additionally, mentorship for faculty and career pathways for staff were discussed. Ongoing efforts in the Office of Diversity, Equity, Inclusion, and Community Engagement for promotion and tenure, mentorship, and staff career development could be integrated into this initiative.

Other recommendations:

- Proactively measure the extent to which baseline IT and operational needs for researchers are met.
- Celebrate innovations widely.
- Suggestion for ongoing innovation committee to keep up with changing landscape to ensure adjustments are made over next five years.
- Possible future areas of emphasis should include those discussed in early meetings of the strategic planning group including: Informatics, Precision Medicine, Drug Discovery and Development, Biomolecular Structure, Biotechnology and Bioengineering, Mental Health and Holistic Wellness.

Strategic Priorities

Patient Care Working Group



May 2021

Our Charge:

- Recommend 3-5 priorities of the CU Anschutz Medical Campus for the next five years.
- Based on those priorities, develop and recommend 1-4 initiatives.
- Consider the broader campus community in the context of representation to create an important impact on the future of our campus and our stakeholders.

School / Unit Representation	Members
College of Nursing	Rosario Medina
School of Dental Medicine	Lonnie Johnson
School of Medicine	Anne Fuhlbrigge, David Kao
Skaggs School of Pharmacy	Joe Saseen, Eric Gillam
School of Public Health	Cathy Battaglia
DEI	Brian Bacak, Channing Tate
Mental Health and Holistic Wellness	Rachael Anderson, Rachel Davis, Jay Shore
Innovation	Robin Deterding, Clay Smith, Richard Zane
Budget and Finance	Terri Carrothers
OIT	Bethany Nieman

Priority 1 / Enhance the quality of patient-centered and individualized, interprofessional care experience through collaboration.

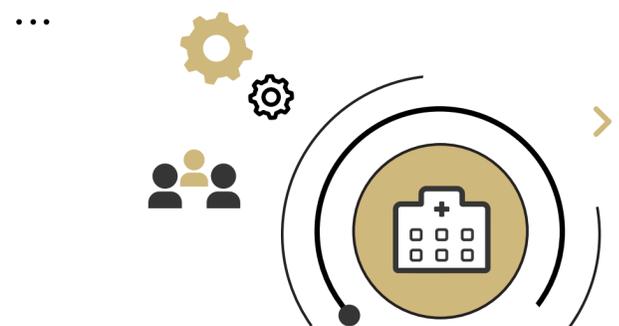
Initiatives:

1. Improve the patient care experience by a) increasing innovation and collaboration across disciplines, b) improving physical access to clinical care, and c) establishing patient and financial navigators for navigation through the health system. **Integration: community engagement.**
2. Increase utilization of remote patient monitoring and telehealth by 20% over the next five years with an emphasis in chronic care and interprofessional collaboration.
3. Increase the number of interprofessional and multidisciplinary clinics, especially for patients that require complex care (e.g., Aerodigestive Clinic at CHCO, ACE unit at UCH, AF Williams Family Medicine Clinic, Diabetes Clinic at UCH). **Integration: education.**
4. Design an interprofessional value-based care model to incent quality of care and leverage additional opportunities in wellness and prevention (e.g., CPC+ program).

Priority 2 / Transform use of data information to create patient-centered and interprofessional solutions for delivery of care.

Initiatives:

1. Utilize data analytics to create solutions and drive institutional change for delivery of patient care.
2. Construct reimbursement models that support prevention and wellness (not just illness). **Integration: community engagement.**



Strategic Priorities Patient Care Working Group (-continued)

Priority 3 / Utilize the learning health system to expand innovation and improve excellence in patient care.

Initiatives:

1. Use data science (including analytics and informatics) and AI to assist in developing novel ideas to achieve innovation, transformation, and excellence in patient care. *Integration: research.*
2. Enhance communications with community stakeholder groups to discuss campus priorities, work collaboratively, and solicit feedback on processes to address patient care experiences. *Integration: community engagement*

Context for consideration:

It is important to consider how these priorities and initiatives interact and coordinate with other working groups and initiatives on campus. One example included transforming the use of data (to create patient-centered and interprofessional solutions while other groups also wanted to use data to drive institutional change, educate our learners, enhance our research, and improve patient care.

One could argue that the most impactful aspects of the design innovation process were opportunities to perform stakeholder interviews and gain their feedback. Throughout that part of the process, community members expressed a deep desire for our campus to strengthen our connection with them. They highly supported, with more support for this compared to any other initiative, the development of a peer patient navigator role. This person would not need to have health profession training, but would have expertise in things like navigating scheduling, assisting with transportation logistics, and interpreting financial statements. They highly supported the concept of patient navigators being members of the community to support workforce development.

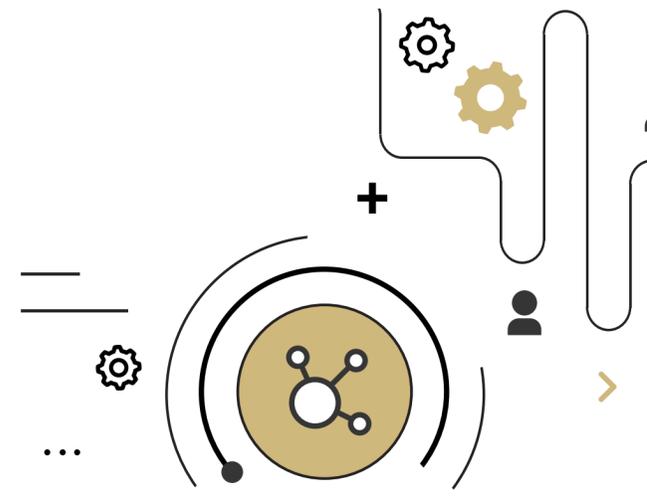
The education working group prioritized integrated learning with courses across schools and more flexible elective time. The persistent theme of interprofessional education from this group and the education group reinforces the need to continue integrated learning opportunities into the patient care environment. Furthermore, if barriers to interprofessional care models can be reduced, it would increase opportunities for educating and training health professions in innovative interprofessional care models.

Other recommendations:

- Leverage and better coordinate IPE students across campus to assist in patient care delivery.
- Perform continuous assessment (system and statewide) of activities and outcomes related to improving mental health outcomes. Will need baseline measures of prevention, screening, and evidence-based treatment.
- Ensure mental health and wellness for healthcare providers.
- Support mental health education and training for all learners and providers.
- Expand the total volume of cross-campus research initiatives that use the full cycle of learning health system practices to: (a) identify gaps in scientific knowledge that offer high potential to improve health and healthcare, (b) generate new scientific knowledge to rapidly fill these gaps, and (c) integrate this knowledge into routine clinical and public health practices using advances in data science, artificial intelligence, and other innovative approaches (from proposed deliverable for CU System Strategic Initiative - Healthcare Pillar - Spring 2020)
- Develop a “think tank” to encourage more innovation in patient care without barriers.

Strategic Priorities

Community Engagement Working Group



May 2021

Our Charge:

- Recommend 3-5 priorities of the CU Anschutz Medical Campus for the next five years.
- Based on those priorities, develop and recommend 1-4 initiatives.
- Consider the broader campus community in the context of representation to create an important impact on the future of our campus and our stakeholders.

School / Unit Representation	Members
College of Nursing	Scott Harpin
Colorado School of Public Health	Cerise Hunt
Graduate School	Bruce Mandt
School of Dental Medicine	Tamara Tobey
School of Medicine	Kari Mader, Montelle Tamez
Skaggs School of Pharmacy	Sarah Scoular, Megan Thompson
DEI	Dominic Martinez
Mental Health and Holistic Wellness	Jenny Reese, Ayelet Talmi
Innovation	Ryan Nisogi, Matt Vogl
Budget and Finance	Ryan Davis
OIT	Sheard Goodwin
Director of Black Student Services, CU Denver Active Community Member in the city of Aurora	Omar Montgomery
Centers for American Indian and Alaska Native Health	Jenn Russell
Community Engagement	Tessa Carlson, Gabriela Jacobo, Neil Krauss, Janet Meredith
DEI	Jameel Mallory

Priority 1 / Create an ongoing ecology of connection that fosters trustworthy, equitable relationships and ongoing bi-directional engagement which will serve as a model for all campus interactions with the community.

Initiatives:

1. **Support community wealth building and workforce development** by creating mechanisms to intentionally engage local vendors in university procurement and by developing recruitment, training, and skill-building programs aimed at hiring a set percentage of community residents into campus positions.
2. **Make the campus, as well as its programs and services, more accessible to the community.** Revamp wayfinding, parking, and facilities to improve accessibility and navigability, increasing community utilization of campus-based wellness and educational programs. Enhance and expand partnerships with community organizations to co-design solutions to needs they have identified, inviting them to use campus spaces while simultaneously meeting them in theirs.
3. Starting with Aurora Public Schools, **enhance and expand pipeline programs** to provide under-resourced K-12 districts/schools access and exposure to health sciences education.

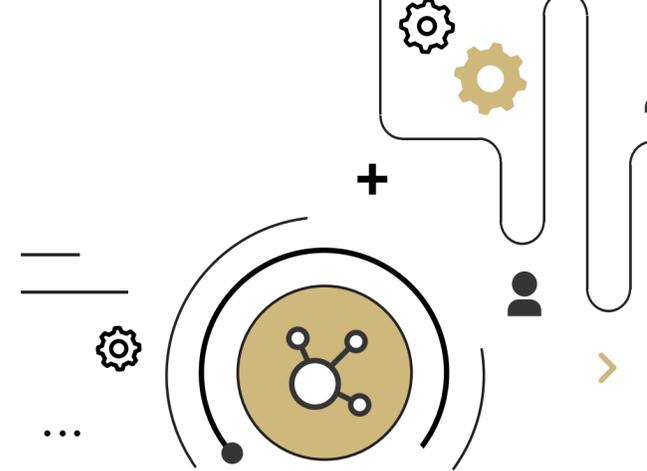
Priority 2 / Provide equitable, affordable, access to the full spectrum of health care and wellness activities to all members of our campus community and the communities we serve.

Initiatives:

1. **Leverage new advances in technology and telehealth** to reimagine how we provide healthcare, behavioral health, and wellbeing support to our communities. *Integration: patient care.*
2. **Increase access to comprehensive healthcare** -- including behavioral health and wellness services -- by optimizing partnerships with providers and investing in patient navigators hired from the communities surrounding campus. *Integration: patient care.*
3. Strengthen strategic communications about and optimize existing programs and resources (such as the Anschutz Health and Wellness Center) to **build shared wellbeing opportunities** that connect us with our communities.

Strategic Priorities

Community Engagement Working Group (-continued)



Priority 3 / Establish a holistic institutional infrastructure (defined as resources, policies, relationships, and culture) that supports sustained, authentic, and effective community engagement in research, education, patient care, DEI, mental health, and holistic wellness.

Initiatives:

1. **Build trust and demonstrate transparency.** One strategy may include convening campus-community town halls, facilitated and/or attended by executive leadership, for the purposes of transparency, relationship building, and contemplative analysis. Another strategy may include intentionally engaging with and listen to the Aurora community and implementing an Anschutz Medical Campus - Aurora Community Health Assessment (CHA).
2. **Conduct an internal institutional assessment** by allocating earmarked funding, resources, and FTE to a thorough institutional analysis of systemic barriers and gaps in community engagement policies, protocols, procedures, power structures, and practices and make recommendations for improvement. Devote sustained institutional funding to address needs and priorities identified through this assessment.
3. **Improve data collection and monitoring.** Leverage data analytics to identify disparities in access to healthcare and integrated behavioral health services and expand supports accordingly. Convene ongoing meetings with each of the strategic initiatives workgroups and executive leadership to define methods and metrics for qualitative and quantitative data collection as it relates to community engagement in the areas of education, research, patient care, DEI, mental health, and holistic wellness.

Context for consideration:

The community-based participatory research (CBPR) practices employed in places like CCTSI and ACCORDS provide excellent models for the rest of the campus to build on, but the siloed institutional structure often prevents the sharing of best practices. External perceptions of campus may prove to be a challenge for bidirectional engagement. Community members may also conflate Anschutz with its hospital partners, leading to communications and branding difficulties.

Other recommendations:

Include committee members as essential stakeholders at key campus meetings and incentivize campus personnel to get involved in the community through service, board membership, fundraising, and committees.

Promote and implement HR policies and leadership to drive change in our values and approach to what we value related to mental health and wellbeing in the context of healthcare, education, and employment.

Promote engagement in wellbeing activities as a professional expectation for all learners, faculty, and staff on campus.

Specific items that must be examined for assessment of our infrastructure include:

- Fiscal and administrative policies, practices, and procedures
- Sustained institutional funding for department-level community engagement initiatives (this funding should not be tied to grants or single projects) and hosting for external community engagement activities
- Sustained institutional funding for a centralized database for data collection
- Reward structures for faculty, trainees, and staff
- Training in community engagement for students, faculty, trainees, and staff
- Availability of centralized resources to support community engaged work
- Research, marketing, recruiting, admissions, hiring, faculty/staff promotion and tenure, awards and scholarships, retention, and advancement policies
- Physical accessibility to our campus for community members and patients



Differentiators and Driving Influences

of the CU Anschutz Medical Campus

Over the past several years, CU Anschutz has made significant strides in innovation and transformation, differentiating itself from other academic medical campuses. These differentiators and driving influences helped to shape the synthesis of recommendations from the working groups. Some example areas include:

Collaboration in Research, Healthcare, and Education

To be a world-class medical destination at the forefront of transformative education, science, and healthcare, it takes collaboration and innovation. The CU Anschutz Medical Campus encompasses six health professional schools, over 60 centers and institutes, and two nationally ranked hospitals that treat more than 2 million adult and pediatric patients each year. This ecosystem is innovative, interconnected, and highly collaborative, and together delivers lifechanging research, the best education, and excellent patient care.

Interprofessional Education and Clinical Care

The CU Anschutz Medical Campus was intentionally constructed with interdisciplinary and interprofessional education (IPE) in mind, at both the physical and conceptual level.

The education buildings are shared among the eight health professions on campus, facilitating regular interactions between students in all disciplines both inside and outside the classrooms. The IPE curriculum is integrated into preclinical and clinical training for all University of Colorado health profession students, with a particular focus on vulnerable and underserved populations. The three longitudinal components include classroom team-based learning, simulation experiences at the Center for Assessing Professional Excellence (CAPE), and practicum experiences at clinical sites.

The goal of the IPE program is to improve population health, quality of care, and reduce health care costs through the creation of a patient-centered, collaborative practice ready work force with competencies in:

- quality and safety;
- values and ethics; and
- teamwork and collaboration in the context of systems and systems-based practice.

Differentiators and Driving Influences (-continued)

of the CU Anschutz Medical Campus

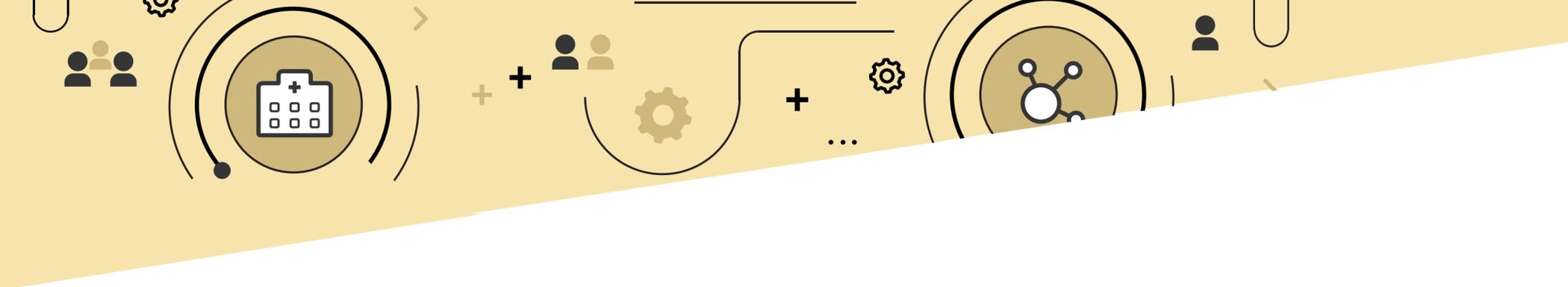


The collaborative and interprofessional aspects of the education model at CU Anschutz also extend into many clinical care sites. These clinics integrate various health professions to provide the best care for patients. A few examples include the Aerodigestive Program at Children's Hospital Colorado, the University of Colorado Cancer Center, the UHealth Diabetes and Endocrinology Clinic, and the UHealth A.F. Williams Family Medicine Clinic. With a variety of disciplines and professions coming together in a clinic setting, patient-centered care is delivered.

Patient-Centered Care

- ▶ collaborative
- ▶ coordinated
- ▶ accessible
- ▶ the right care is provided at the right time and in the right place
- ▶ focused on the goals, physical comfort, and emotional well-being of the patient and family

The Aerodigestive Program is one example of a successful interprofessional, multidisciplinary programs in the United States and includes pediatric specialists in anesthesiology, ENT, gastroenterology, pulmonology, feeding, swallowing and nutrition. The core team consists of devoted and highly-skilled physicians, advanced practice providers, therapists, nurses and other healthcare professionals. This program has been recognized as a leader in the field for clinical care as well as research and innovation.



Differentiators and Driving Influences (-continued)

of the CU Anschutz Medical Campus

Data Science

With a strong reputation as a national leader in personalized medicine and the translational sciences, CU Anschutz is poised to leverage vast quantities of data to accelerate advances in research—and, in turn, to quickly apply these discoveries in clinical settings.

At the Colorado Center for Personalized Medicine, for example, the biobank provides a wealth of control data, with over 180,000 consented patients to date, in addition to actionable clinical data, creating potential to make enormous strides in epidemiology and personalized medicine for preventative health.

Yet, as at many institutions, data has traditionally existed in siloes. Extracting data from a vast array of resources has become the new frontier in advancing research and patient care.

To address these challenges and opportunities, the campus has already begun to make bold investments in the data sciences and bioinformatics infrastructure, and it seeks to further leverage these resources as it looks to the future.

By expanding its footprint in these areas, CU Anschutz aims to make large-scale data usable, accessible, and interpretable to drive action in research and clinical care. A pioneering partnership with Google that began in 2017 made CU Anschutz the first clinical data warehouse system in the country to move into the cloud, offering increased processing power that will broaden data accessibility and usability. And with investments in artificial intelligence and machine learning, new algorithms that integrate data from multiple datasets will help extract the right information to put in front of the right person at the right time for enhanced clinical decision-making.

Diversity, Equity, and Inclusion

The Central Office of Diversity, Equity, and Inclusion (DEI) and Community Engagement (CE) was created in July of 2020 to signal the campus's renewed commitment to fostering these key values across all four mission areas. While several schools, departments, and units already have diversity officers and have long sponsored inclusion and equity efforts, there had previously been no central entity to coordinate these endeavors, consult on best practices, or ensure that these principles were consistently applied across the entire campus. This new office is committed to being a leader and driver of inclusive excellence, with a focus on removing racist, biased, oppressive structural systems for underrepresented minority (URM) populations, Black Indigenous and People of Color (BIPOC), as well as other vulnerable populations and stakeholders. In addition to growing its new team, the DEI & CE office has been designing structures and initiatives to build systems of equity using the guiding principles of inclusive excellence. It has formed leadership councils, led forums, and built partnerships with the Aurora and campus community, held education and training sessions, begun the forums, and built partnerships with the Aurora and campus community, held education and training sessions, begun the process of collecting data on the campus's efforts in this area, and more.

Differentiators and Driving Influences (-continued)

of the CU Anschutz Medical Campus

Like other medical campuses of its kind, CU Anschutz still has significant work to do in realizing the tenets of diversity, equity, inclusion, and community engagement. But the campus is setting ambitious goals to attract, attain, and retain a diverse body of students, staff, and faculty by redesigning processes, practices, and policies. In this way, the campus is taking an important first step in becoming a national leader in improving access to and success in the health professions for all.

Mental Health and Holistic Wellness

Like diversity, equity, and inclusion, mental health and holistic wellness are other areas of specific attention for CU Anschutz and are woven throughout each of its mission areas. The campus benefits from a wealth of impressive resources that, with the right coordination, can be leveraged and expanded to better serve both our internal

Among these riches are:

- the only academic department of psychiatry in the state of Colorado
- the nationally-recognized Helen and Arthur E. Johnson Depression Center
- the National Mental Health Innovation Center (NMHIC), which leverages innovative digital technologies to improve mental health outcomes and reduce barriers to care
- a Health and Wellness Center that takes an integrated, holistic approach to well-being
- the first and only Master of Public Health in Population Mental Health & Wellbeing
- the Marcus Institute for Brain Health
- the Center for Combat Medicine and Battlefield (COMBAT) Research, Multidisciplinary Center on Aging
- the Pediatric Mental Health Institute
- and departments, such as the Departments of Neurology and Neurosurgery, that provide additional expertise and innovation to support mental health, brain health, and holistic wellness.

Each of these entities is keenly focused on prevention and advocates an understanding of mental health as closely tied to physical wellbeing. Over the next several years, the campus seeks to better integrate and scale up these existing resources to help foster a culture of wellness across the university, state, and region.



Synthesis of Recommendations

The reports from each working group outline recommendations for strategic campus priorities and associated initiatives for the next five years. Several key themes emerged in synthesizing the information and capturing opportunities from the working group recommendations and differentiators and driving influences at the campus. Importantly, diversity, equity, and inclusion and mental health and holistic wellness were viewed as priorities that should be integrated across the following opportunities.

Use data to inspire innovation and transform the experience of our people and those we serve.

Several working groups suggested that the campus could better leverage data to make significant strides in each of its mission areas. Both in CU Anschutz's strategic process and in the CU systemwide strategic planning process, there was a strong sentiment that the campus should aspire to become a learning health system.

Doing so would allow it to quickly translate advances in research to tangible outcomes for patients. Similarly, integrating and/or aligning data and informatics will assist everyone on campus, regardless of their role, to make evidence-based decisions that will spark innovation and create efficiencies for conducting research. Finally, by enhancing partnerships with campuses, industries, and health systems, CU Anschutz will be able to expand its reach and break new ground for future discoveries.

Modify our current infrastructure to create a more welcoming, agile, and innovative ecosystem.

Healthcare in the United States is notoriously difficult to navigate, and nearly everyone on campus – from researchers to instructional faculty to providers – have a vested interest in creating a more user-friendly ecosystem that will better serve all its constituents.

By making critical financial and operational investments in this area, CU Anschutz may be able to identify some opportunities for improvement. Integrating patient navigators into patient care, for example, offers enormous potential to improve the patient experience while simultaneously providing much-needed employment opportunities and an entrée into the health professions for local community members. Integrating operational and business databases may help streamline workflows and promote efficiencies across the organization, freeing staff and faculty to focus more of their time on innovating in their area of expertise. Perceptions of and experiences with the campus could be improved by taking simple steps, like expanding campus health and wellness programming to external community members, and/or improving wayfinding and navigation for researchers, patients, community members, and learners. Redesigning onboarding for employees and learners would also help ensure all members of our community gain a sense of belonging through a consistent understanding of our values, processes, and practices.

Synthesis of Recommendations (-continued)

Collaborate as one campus to amplify opportunities, promote growth, and advance population health.

A consistent theme across all working groups was that the campus is at its best when it collaborates, but it faces entrenched systemic and logistical barriers to collaboration. One recommendation to address such barriers included unifying the student experience through integrated central support (an approach that would also help advance diversity, equity, and inclusion outcomes). Another recommendation pointed to opportunities that could arise by building communities of research and practice (e.g., in areas like mental health and holistic wellness and lifecourse).

Although the campus already excels in interprofessional education, further integrating learning opportunities across schools offers the potential to set our students' educational experience apart from those at other academic health sciences centers. Furthermore, enhancing patient care with more interprofessional interactions would improve outcomes for patients, learners, and providers alike.

Design career pathways to inspire growth, collaboration, innovation, and sustainability.

Recognizing that our people are our greatest asset, working group members acknowledged the need to expand access to employment and facilitate career advancement at the university. Suggestions included modifying the promotion and tenure process for faculty to better recognize their contributions across multiple areas (for example, in mentoring, community work, and innovation).

As recruiting and maintaining exceptional staff is also critical to realizing our mission, working groups recommend that we develop clear pathways for their promotion and professional growth. Healthy and happy employees experience less turnover, group members recommended training in key skills for all faculty and staff including mental health and holistic wellness.

Finally, expanding career opportunities for community members (as in the patient navigator example above) offers the opportunity for the campus to build stronger relationships with its neighbors and benefit from the diverse experiences and talents they would bring to the table.



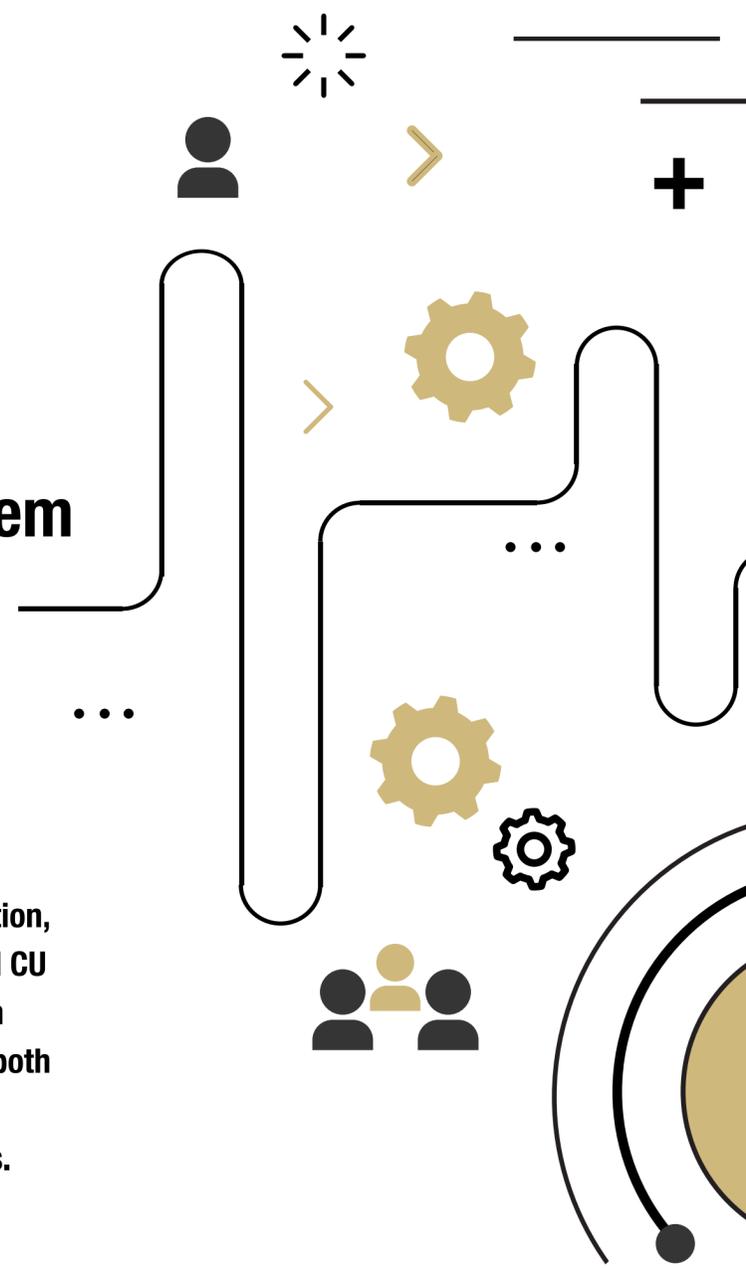
Aligning with CU Denver and the CU System

Implementing a strategic process at the CU Anschutz Medical Campus that was parallel to CU Denver allowed us to bring the campuses into better alignment and more clearly identify ways to collaborate and optimize our already strong intercampus partnership.

Programs at CU Denver serve as natural partners to enhance the research, education, and innovation activities underway at CU Anschutz and vice versa. CU Denver and CU Anschutz both employed a similar design innovation process facilitated by a team at Inworks to develop strategic priorities. The co-leads of the strategic efforts at both campuses, Dr. Martin Dunn and Dr. Laura Borgelt, served important roles on the steering committees for both campuses, further supporting the two processes.

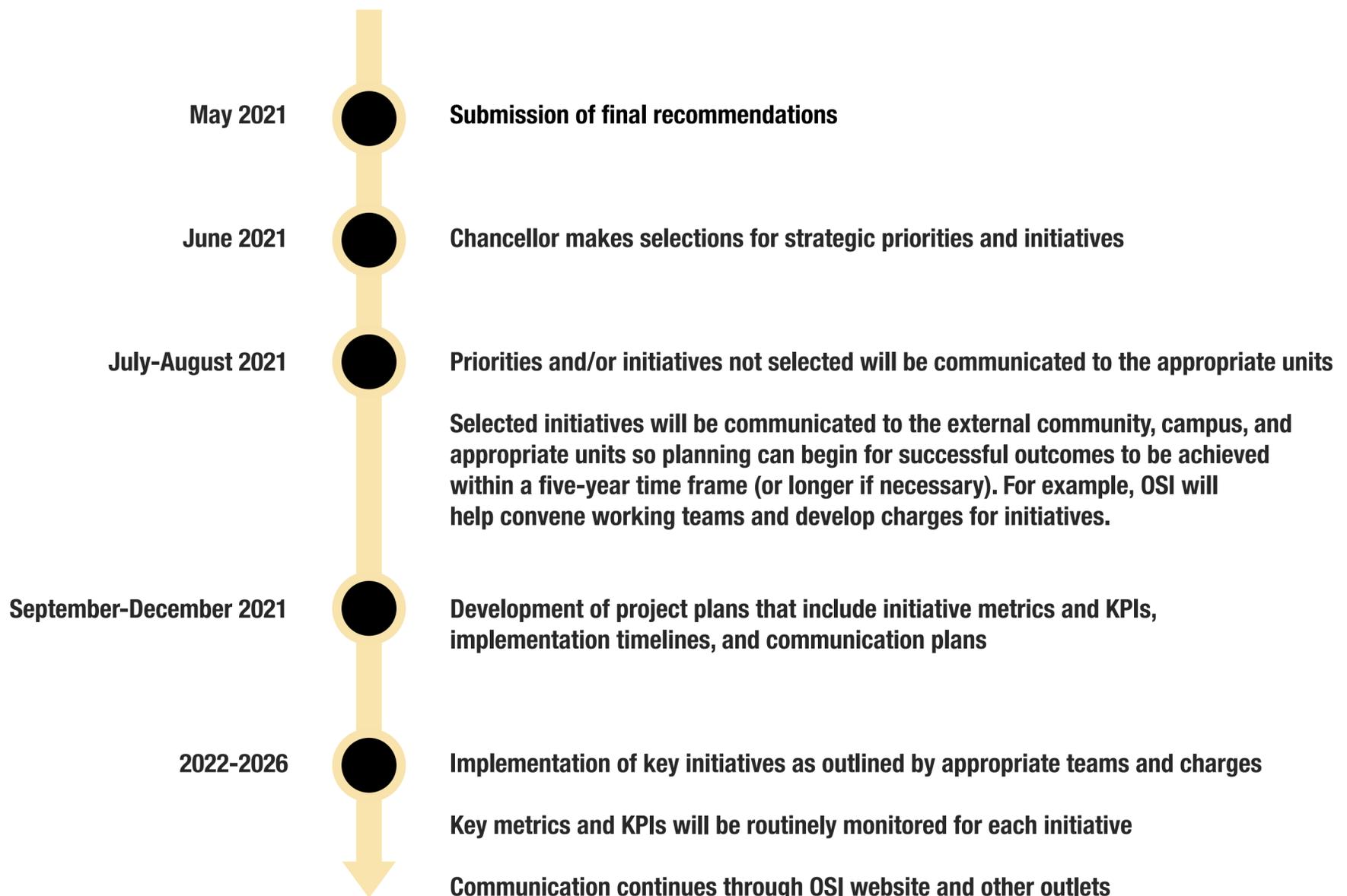
A prominent area of alignment that emerged from the strategic efforts was expanding our campus partnership in data science to enhance learning opportunities and research endeavors. For example, in addition to data science degrees, educational offerings such as credentials or microcredentials can support career shifts for our faculty and staff, community members, and industry partners. Additionally, expanding research collaborations with faculty from both campuses will extend our footprint in data analytics and bioinformatics. Other opportunities for institutional alignment include developing pipelines and partnerships and building a culture that supports, grows, inspires, and celebrates our people.

At the same time, CU Anschutz is working to align its strategic efforts with the University of Colorado systemwide strategic plan. While the CU system strategic plan will not replace CU Anschutz's campus-specific strategic plan, the strategic priorities and initiatives identified in this report will help support these larger, system-level goals – most notably, in the areas of enhancing mental health outcomes, increasing patient care, and improving diversity, equity, inclusion, and access.



Implementation Timeline and Next Steps

The recommendations contained within this report provide an opportunity for Chancellor Elliman to evaluate opportunities for the CU Anschutz Medical Campus to further innovate, inspire, and differentiate in Colorado and beyond. The timeline below provides a framework for the strategic priorities and initiatives to be implemented as selections are made.

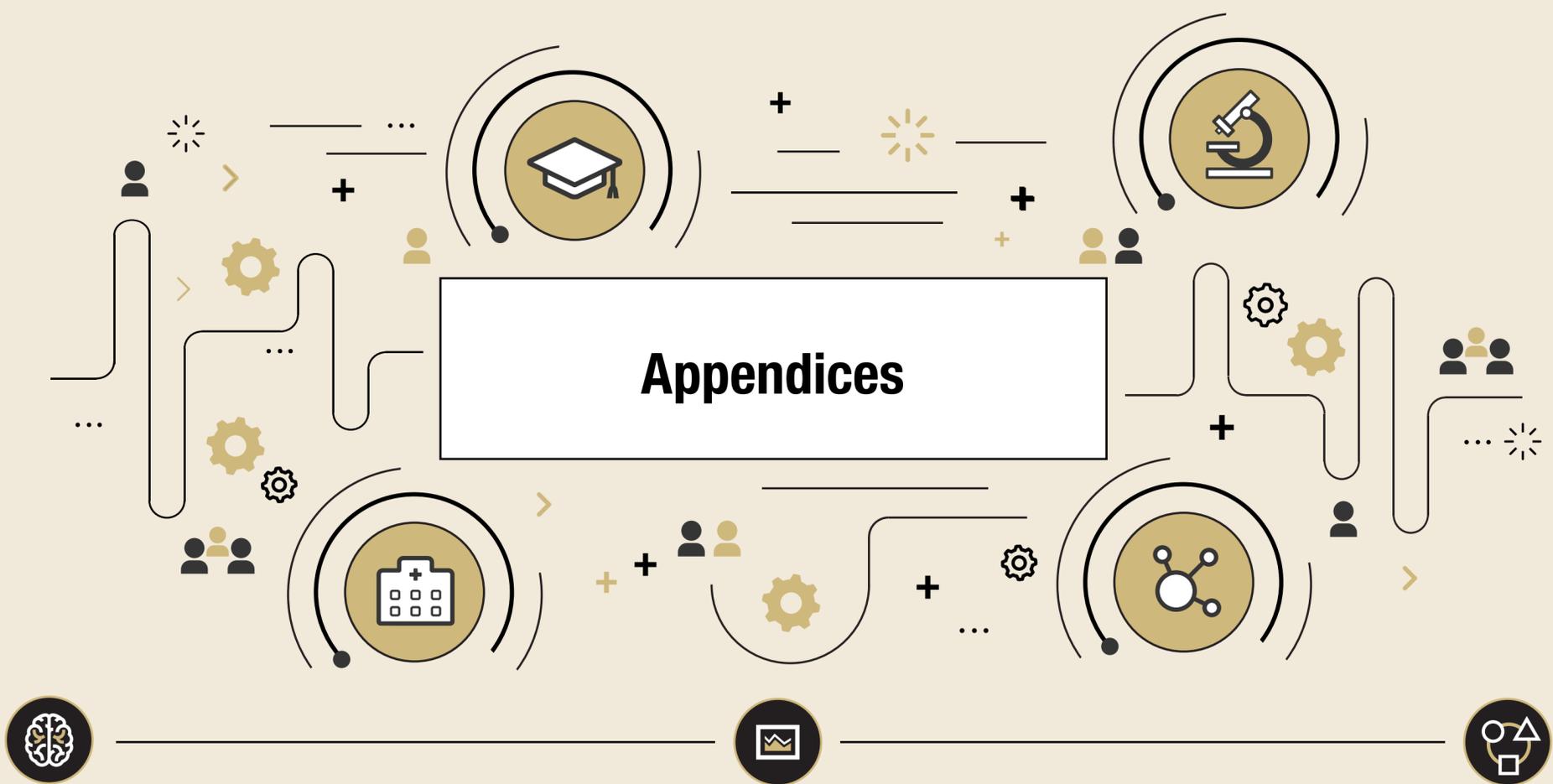


Conclusion

The Office of Strategic Initiatives and Chancellor Elliman are very grateful for the way our campus stakeholders and community have come together to share ideas, priorities, and initiatives to envision a bright future for the CU Anschutz Medical Campus. The recommended priorities and initiatives will make us a more innovative, inspiring, and differentiating academic health sciences campus, enhancing our mission and vision for the future. With these inaugural strategic priorities and initiatives, we will collaborate to become a leading academic health sciences center that meets the needs of our local community, our state, the nation, and the world. Thank you again for your partnership in this endeavor.

References

- [1] Lauff, C., Wee, Y.H., Teo, K., Png, S., Swee, A., Collopy, A.X., Vargas, B., and Wood, K.L. (2021). *Design Innovation (DI) Methodology Handbook*, ISBN: 978-981-18-1207-1. Singapore University of Technology and Design (SUTD) and University of Colorado Denver (CU Denver) | Anschutz Medical Campus, Singapore.
- [2] Camburn, B. A., Auernhammer, J. M., Sng, K. H. E., Mignone, P. J., Arlitt, R. M., Perez, K. B., ..., & Wood, K. L. (2017, August). Design innovation: A study of integrated practice. *In International Design Engineering Technical Conferences and Computers and Information in Engineering Conference* (Vol. 58219, p. V007T06A031). American Society of Mechanical Engineers.
- [3] Lauff, C., Wee, Y.H., Teo, K., Png, S., Swee, A., Collopy, A.X., Vargas, B., and Wood, K.L. (2021). *Design Innovation (DI) Methodology Handbook - Embedding Design in Organizations*, ISBN: 978-981-18-1207-1, Singapore University of Technology and Design (SUTD) and University of Colorado Denver (CU Denver) | Anschutz Medical Campus, Singapore.
- [4] Tushar, W., Lan, L., Withanage, C., Sng, H. E. K., Yuen, C., Wood, K. L., & Saha, T. K. (2020). Exploiting design thinking to improve energy efficiency of buildings. *Energy*, 197, 117141.
- [5] Sng, K. H. E., Raviselvam, S., Anderson, D., ..., Camburn, B. A., & Wood, K. (2017). A design case study: Transferring design processes and prototyping principles into industry for rapid response and user impact. *In DS 87-1 Proceedings of the 21st International Conference on Engineering Design (ICED 17) Vol 1: Resource Sensitive Design, Design Research Applications and Case Studies*, Vancouver, Canada, 21-25.08. 2017 (pp. 349-358).
- [6] Seow, O., Tiong, E., Teo, K., Silva, A., Wood, K. L., Jensen, D. D., & Yang, M. C. (2018, August). Design Signatures: Mapping Design Innovation Processes. *In International Design Engineering Technical Conferences and Computers and Information in Engineering Conference* (Vol. 51845, p. V007T06A046). American Society of Mechanical Engineers.
- [7] Design Innovation (DI) Learning Modules. <https://www.dimodules.com/>.
- [8] Tiong, E., Seow, O., Camburn, B., Teo, K., Silva, A., Wood, K. L., ... & Yang, M. C. (2019). The Economies and Dimensionality of Design Prototyping: Value, Time, Cost, and Fidelity. *Journal of Mechanical Design*, 141(3).
- [9] Lauff, C., Menold, J., & Wood, K. L. (2019, July). Prototyping Canvas: Design Tool for Planning Purposeful Prototypes. *In Proceedings of the Design Society: International Conference on Engineering Design* (Vol. 1, No. 1, pp. 1563-1572). Cambridge University Press.
- [10] Brown, T. (2008). Design thinking. *Harvard Business Review*, 86(6), 84.
- [11] Dym, C. L., Agogino, A. M., Eris, O., Frey, D. D., & Leifer, L. J. (2005). Engineering design thinking, teaching, and learning. *Journal of Engineering Education*, 94(1), 103-120.
- [12] Frank, M. (2000). Engineering systems thinking and systems thinking. *Systems Engineering*, 3(3), 163-168.
- [13] Sheppard, B., Sarrazin, H., Kouyoumjian, G., & Dore, F. (2018). *The Business Value of Design*. McKinsey & Company. <https://www.mckinsey.com/business-functions/mckinsey-design/our-insights/the-business-value-of-design>.
- [14] 2015 dmi: *Design Value Index Results and Commentary*—Design Management Institute. (2015). Dmi.org. <https://www.dmi.org/page/2015DVlandOTW/2015-dmiDesign-Value-Index-Results-and-Commentary.htm>.
- [15] Design Danish Centre. (2018). *Design Delivers 2018: How Design Accelerates your Business*. Dansk Design Center. <https://danskdesigncenter.dk/en/design-delivers-2018-how-design-accelerates-your-business>.
- [16] Brown, B. (2018). The Total Economic Impact TM Of IBM's Design Thinking Practice, How IBM Drives Client Value And Measurable Outcomes With Its Design Thinking Framework. Forrester. <https://www.ibm.com/design/thinking/static/Enterprise-Design-Thinking-Report-8ab1e9e1622899654844a5fe1d760ed5.pdf>.
- [17] Cipolla, C., & Moura, H. (2011). Social Innovation in Brazil Through Design Strategy. *Design Management Journal*, 6, 40–51. <https://doi.org/10.1111/j.1948-7177.2011.00020.x>.
- [18] Cisero, C., Ji, V., Marcoli, S., & Diana, C. (2017). *SDN | You Can't Manage What You Can't Measure*. www.service-design-network.org. <https://www.service-design-network.org/touchpoint/vol9-2-measuring-impact-and-value/you-cant-manage-what-you-cant-measure>.
- [19] Rumsey, R. (2020). Connect design & business. Business Thinking for Designers - DesignBetter. <https://www.designbetter.co/business-thinking-for-designers>.



**INNOVATE
DIFFERENTIATE
INSPIRE**

Strategic Priorities

Steering Committee & Town Hall Feedback

Large group Menti survey responses

Question 1) If you had to choose two big, bold initiatives (ideas) to pursue as part of the Anschutz strategic plan, what would they be?

Research (19 comments):

- Fostering a collaborative research ecosystem (6)
- Strengthening bioinformatics/data analytics (6)
- Strengthening infrastructure (e.g., cores)
- Improving research communication
- Focus on precision medicine and lifespan research

Community engagement (14 comments):

- Ways to get the community more integrated
- How we can improve our listening to their needs
- Develop K-12 pipeline initiatives
- Scale up existing resources (e.g., Aurora Commons, DAWN clinic).

Infrastructure (14 comments):

- Need for scaled-up and centralized IT resources and administrative support (most comments)
- Centralization of services, sustainability, and shared resources

Education (13 comments):

- Strengthening educational technologies
- Building a culture of belonging
- Creating a hub for student support
- Fund pipeline initiatives
- Improve workforce development
- Find areas for shared curricula.

Professional development and HR (12 comments):

- Preventing burnout
- Prioritizing our people
- Creating career pathways
- Promoting faculty and staff development
- Reducing turnover

Diversity, equity, and inclusion (11 comments)

- Greater diversity, equity, inclusion, and access (most comments)
- Need for childcare and community building.

Innovation (7 comments):

- Promote innovation and entrepreneurship through business incubators and industry partnerships.

Patient care (7 comments):

- Fostering equal access to health care
- Interprofessional and multidisciplinary care
- True community partnerships (especially for low-income patients).

Collaboration (6 comments):

- Fostering “integration,” “interdisciplinary collaboration,” and “multidisciplinary.”

Promotion and tenure (6 comments):

- Expand the criteria for tenure to include innovation, collaboration, and DEI or community efforts.

Mental health and holistic wellness (2 comments):

- Brain health and the suicide epidemic.

Strategic Priorities

Steering Committee & Town Hall Feedback

Large group Menti survey responses

Question 2) Based on your conversations in the breakout rooms, what gaps did you see – or what big, bold ideas would you like to add?

Community engagement (22 comments):

- Need to define “community”
- Think locally, statewide, and regionally
- Authentically engage community leaders
- Improve channels of communication with the community
- Bring the campus out to the community (and vice versa)
- Make our campus more accessible to community members whether literally (e.g., parking) or figuratively (e.g., improving navigability of our resources and services, educational programs).

Infrastructure/resources (13 comments):

- Existing hurdles in the campus infrastructure
- Need to streamline administrative processes
- Create more centralized availability of resources (e.g., cores)
- Consider new funding models
- Scale up or centralize IT services to serve increasing needs

Education (11 comments):

- Encourage forward-thinking ideas about the future of our academic programming
 - Distance learning, better cross-program integrations, flexibility in curriculum
- Better support of students through a Center for Academic Empowerment, stronger pipeline programs, and affordable tuition.

Other (10 comments):

- Recruit and retain top talent by improving workplace culture (e.g., normalizing remote work; improving onboarding; creating a culture that promotes risk, change, and innovation).

Collaboration (9 comments):

- Incentivize collaboration
- Break down silos
- Grow team science
- Increase cross-professional collaboration (perhaps through “match-making”)
- Invest in knowledge-sharing tools.

Research (9 comments):

- Increase financial and logistical support for research excellence
 - Invest in expertise behind the scenes (e.g., grant-writing support, data analytics, building a comprehensive research ecosystem with faculty, staff, students, community, industry)
- Positive response to the “genius bar” idea

Patient Care (7 comments):

- Multispecialty and multidisciplinary care needs to be improved
- Strengthen the learning health system and capitalize on translational and basic science research.
- Deliver high-quality care (e.g., patient navigators, emphasis on high-risk patients, creating teams of experts to focus on therapies for patients where conventional therapies have failed)

Tenure and promotion (7 comments):

- Need to revisit tenure and promotion criteria to promote a more holistic review and reduce inequities (e.g., weighting service more heavily, adding innovation and entrepreneurship as criteria, and simplifying the process)

Diversity, equity, and inclusion (6 comments):

- Recruitment and rethinking hiring and HR practices to promote diversity and inclusion
- More diversity in students, staff, and faculty (e.g., also include individuals with disabilities).

Innovation (3 comments):

- Foster a spirit of innovation by providing financial and logistical support
- Promoting fresh ideas
- Facilitating collaboration
- Create a culture of belonging (if people feel safe, more likely to be innovative/entrepreneurial).



Strategic Priorities

Steering Committee & Town Hall Feedback

Large group Menti survey responses

Question 3) What are your favorite organizations in any public or private sector, and what can CU Anschutz learn from what they do well?

The Mayo Clinic, Google, and Apple were the organizations most frequently cited by respondents. Specifically, there was a clear appreciation for Mayo's approach to integrated, whole-person care, Google's workplace culture and focus on work-life balance, and Apple's emphasis on innovation (examples included the genius bar, consumer-facing products, and the ability to "be a disrupter instead of being disrupted"). Many participants indicated an appreciation for the high-tech culture of risk acceptance and expressed a desire to incentivize innovation.

Participants also cited national and local organizations that demonstrated strengths in the customer experience (like Disney) and logistics (like Amazon), as well as numerous organizations that emphasized employee well-being, health, and diversity and inclusion. Respondents praised nonprofit organizations like the Colorado Coalition for the Homeless, Denver Rescue Mission, and High Plains Research Network for their attention to under-served communities, their ability to meet needs that other organizations do not, and their interprofessional and/or holistic approach to care.

4) Please provide any other comments or input you have regarding what you expect from the CU Anschutz strategic planning process?

Meaningful change and bold action: Participants repeatedly mentioned a desire to focus on differentiating ourselves from other, similar campuses. Several individuals encouraged the campus to avoid "business as usual" and settling for the status quo or path of least resistance.

Clear and transparent communication, accountability, and trust-building: Respondents indicated a strong desire for ongoing and continued communication throughout the process of designing and implementing the plan. Several people responded that they were seeking a clear, transparent implementation strategy with a detailed timeline.

Collaboration: A few participants identified a connection between collaboration and the ability to innovate. There were requests to improve mechanisms for collaboration across departments and across all four mission areas (research, patient care, education, and community engagement).

Community building/engagement: Respondents indicated a need to better engage under-served communities and recruit under-represented populations. Suggestions included admitting more medical students of color, aligning CU Anschutz's vision with other community organizations, co-creating improved health outcomes with the local community over several decades, and emphasizing lifespan approaches to care.

Infrastructure/resources: Several responses suggested a desire to consolidate resources, streamline, and eliminate duplication. One respondent pointed out that the campus has a wealth of resources but needs to improve ease of access. Another comment pointed out the need for focused areas of strategic increases in funding for this plan to be effective.

Inclusion in process: Many respondents emphasized the need to account for concerns from everyone at every level of the organization and to emphasize a diversity of perspectives.

Other: Respondents indicated an appreciation of the iterative, inclusive nature of the design innovation process. Others indicated the need to improve faculty well-being, whether through incentivizing strong mentorship, focusing on supporting junior faculty, looking at tenure and promotion criteria, and/or improving work-life balance.

Strategic Priorities Feedback from Deans

Six Schools / Colleges

Community Engagement

Expanding community engagement:

- Place-based, local mission acceptable as a starting point, but exercise caution about over-emphasizing the local community; our hospital partners span many communities, and we are a regional center with pockets of global recognition
- Local activities can inform global activities and vice versa.
- The term “community” needs to be defined.

Infrastructure:

- Importance of sustainability and structural change in community partnerships
- Successful examples of community engagement that could be scaled (e.g., CCTSI, Farley Center, and the Aurora Commons - learning community approach with community-oriented patient care).

Mental Health and Holistic Wellness:

- While some local activities may be scalable and replicable, some mental health activities locally may not be applicable in other areas (e.g., western plains).
- Suggested a focus on proactive mental health and wellness (rather than just reactive treatment).

Innovation:

- Urged working groups to innovate in specific areas, such as doing work in countries where research is low and leveraging pharmacies on every corner as a resource for meeting healthcare needs.

Education

Diversity, equity, and inclusion:

- Identified DEI as an important theme to weave throughout education, with an emphasis on the need to recruit URM students and faculty and create an inclusive curriculum.

Community engagement and education:

- Highlighted the need to think more broadly about educational mission and to focus on pipeline opportunities (especially lifelong learning and partnerships with CU Denver) and career pipeline.
- Encouraged the working group to think about *who* we are educating (matriculated students? Patients? Our own campus? The state?).

Innovation:

- Advertise “breakthroughs” in education
- Be forward-looking, the 10-year horizon: what skills will be needed for students and lifelong learners?
 - Need to educate our own to keep up with opportunities and be better prepared to do our jobs.
- Suggested providing additional training in mentorship skills and teaching practices
- Consider education delivery hub that includes interdisciplinary topics (e.g., digital health, analytics)

Collaboration:

- Emphasized the need for more collaborative efforts across departments and Schools in areas like geriatrics, behavioral health, IPE, and bioethics
- Would like to see a place for sharing best practices
- Expand seed grant opportunities for collaboration among faculty from multiple schools.

Strategic Priorities Feedback from Deans

Six Schools / Colleges

Patient Care

Advocacy:

- Highlighted the need to advocate for legislative policy to improve health outcomes, with evidence-based positions (e.g., curtailing smoking) and lobby for effective, research-based models.

Collaboration:

- Need to incentivize collaboration around patient care
- For a successful learning health system, it needs additional participation and support of related healthcare entities.

Data analytics and technology:

- Suggested that the campus look more closely at digital health and think about how we are educating our current and future workforce around advancements in that area.
- We can learn from patients and we could place that in the broader context of population health.

Infrastructure:

- Recommendation to emphasize the sustainability of the clinical workforce.

Mental Health and Holistic Wellness:

- Expressed a desire to focus on mental health with an emphasis on prevention. Perhaps examine the intersection of mental health with other issues, such as chronic disease, geriatrics, and lifespan approaches to prevention.
- Should be a key area, especially with high suicide rate in Colorado

Research

Infrastructure:

- Should be a key area of focus and campus needs to invest in platforms to connect, nurture, and communicate.
- Needs to be adaptable and agile in the face of change; although this will be a challenge, we have great areas of opportunity (e.g., the vivarium, CU Innovations, and core labs).
- Technology infrastructure needs to be considered across all four areas.

Data analytics:

- Appreciated the emphasis on data analytics and bioinformatics. Data science/analytics is the future and we need to resource this area well (and incorporate machine learning).
- Consider consolidation of bioinformatics and medical informatics.

Welcoming environment:

- Agreed we need to create a more welcoming environment for research
- Responded positively to the “genius bar” idea.

Learning health system:

- Would like to see more of a focus on the learning health system and highlighted our campus's responsibility to health and populations from research to patient care and policy.
- Need to account for basic science research.

Community engagement, DEI, and Mental Health and Holistic Wellness:

- Community research is important, especially in areas like health disparities, issues related to the trans community, and intimate partner violence.
- Recommended the lifespan approach.
- Pipeline programs are critical to the future of research, so student interest in research needs to be ignited earlier.



Strategic Priorities Website Feedback

22 Responses

Community Engagement

Foster health equity locally:

- Clear desire to foster health equity and to become more embedded in Aurora through greater outreach (e.g., events at the Aurora Commons).

Expanding community engagement:

- Desire to meet the specific needs of Coloradoans, by producing the healthcare workforce needed for the next generation or by creating an age-friendly university and clinic/hospital settings.
- Urged a shift toward best practices and recommended ways for fostering healthy equity
 - Getting involved with national organizations leading community engagement efforts
 - Developing strategic partnerships with global institutions to ensure we are doing world-class work.

Education

Innovation and expansion of offerings:

- Need to innovate in online offerings, continuing medical education, and teaching strategies.
 - Creating a campus teaching lab for faculty to enhance skills
 - New degree pathways for online-only learning
 - Continuing education programming on referring to tertiary or multidisciplinary care.

Patient Care

HR/Professional Development:

- Reducing provider burnout
- Improving retention of providers (particularly nurses) in the inpatient setting

Interprofessional Care:

- Emphasize the inter-professional, patient-centered clinical care that makes CU Anschutz unique
 - Eliminating barriers for timely access to providers
 - Developing a comprehensive pain management program (especially for patients with chronic pain and psychiatric illnesses).

Research

Translational programs:

- Collaborative interfaces between basic science labs and clinically oriented labs on campus to break new ground in various biomedical fields.
- Need for a strong translational program focused on the non-human animal.

Mental Health and Holistic Wellness

Prevention:

- Emphasized population health initiatives to prevent illness (rather than respond to illness) and pointed to the strength of the School of Public Health in accomplishing some of this work.

Other:

- Significantly escalate work in mental health and wellness (especially for diverse communities), to increase innovation in this space, and to place a stronger emphasis on holistic wellness (such as physical activity and behavior/mindset modifications).

General Feedback

Infrastructure:

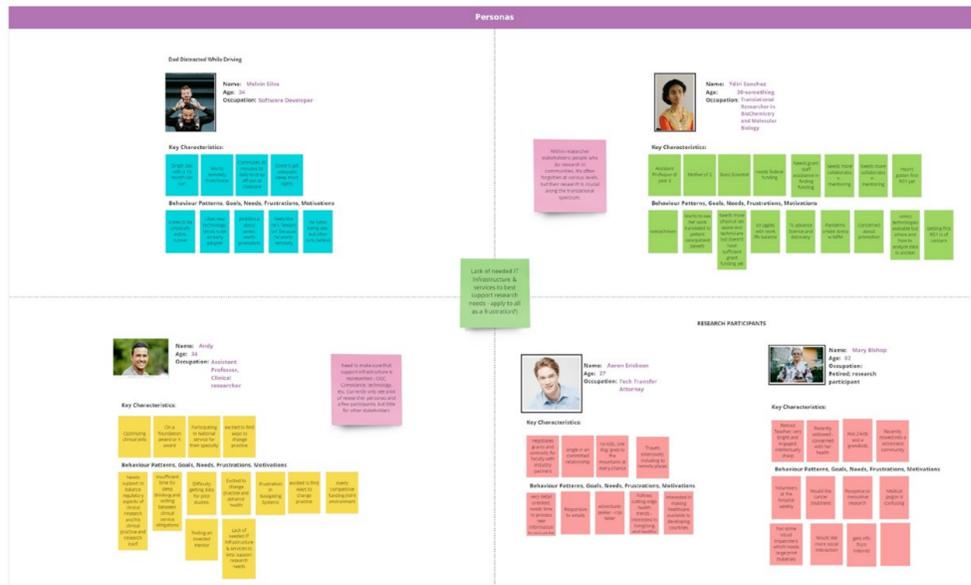
- Expressed the desire to remove silos, in part to foster collaboration and to improve efficiencies
 - Example: invest in common administrative software tools to save money and standardize procedures
- Desire for a social media platform to engage alumni.

Miro Virtual Whiteboard Sessions

Artifacts shown are a sample of material generated during session across all working groups

Working Groups Session 1

UNPACKING | defining personas & scenarios



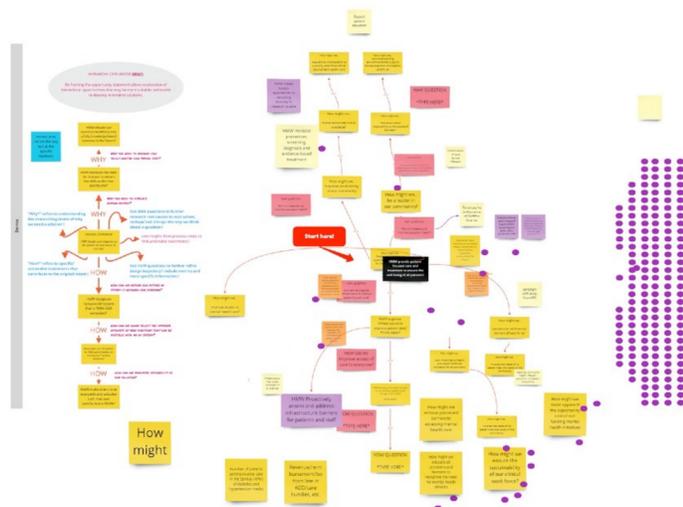
Research Working Group



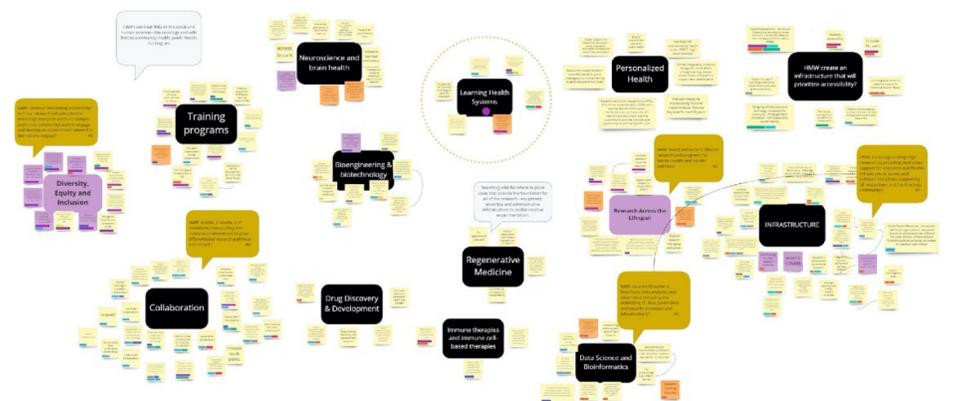
Education Working Group

Working Groups Session 2

REFRAMING | developing stakeholder needs into opportunity statements



Patient Care Working Group



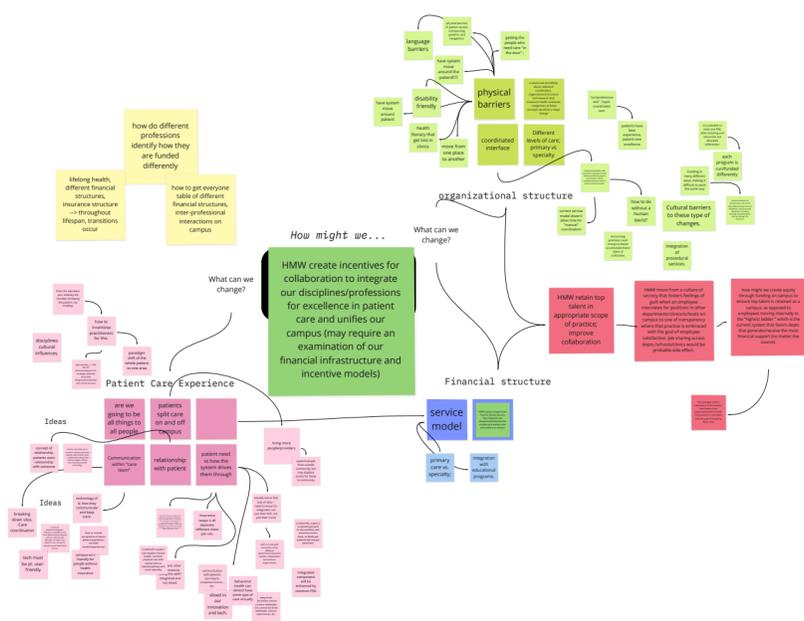
Research Working Group

Miro Virtual Whiteboard Sessions

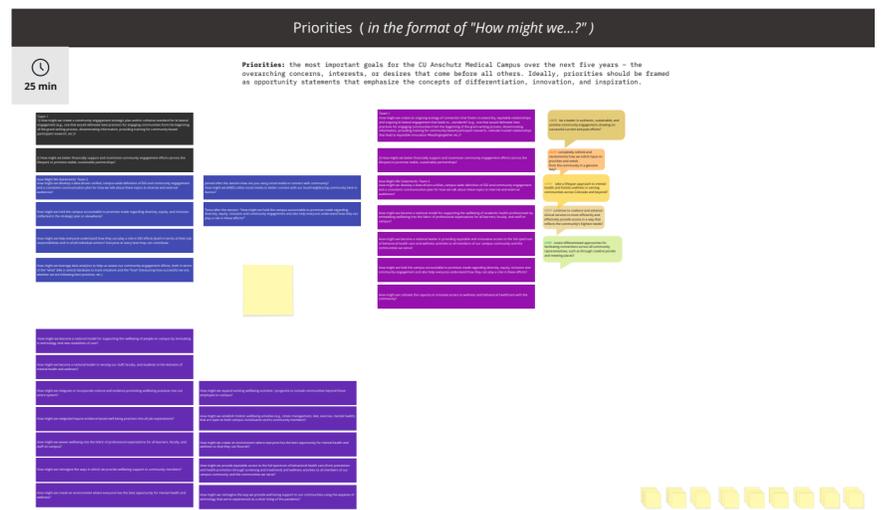
Artifacts shown are a sample of material generated during session across all working groups

Working Groups Session 3

IDEATING | generating 50-100 ideas per working group utilizing mind-mapping



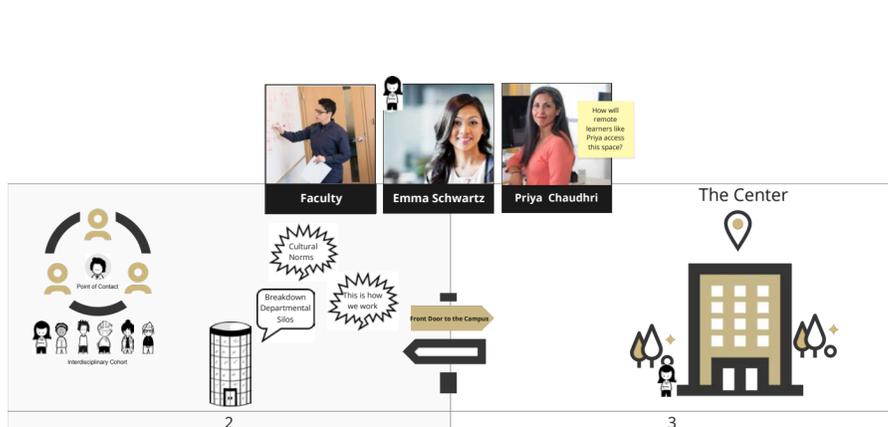
Patient Care Working Group



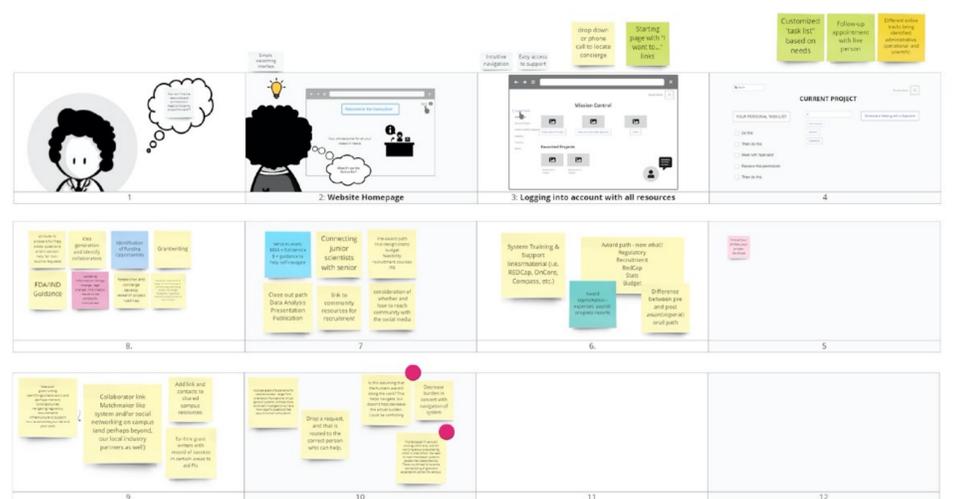
Community Engagement Working Group

Working Groups Session 4

PROTOTYPING & USER TESTING | down-selecting ideas and low fidelity prototyping



Education Working Group



Research Working Group

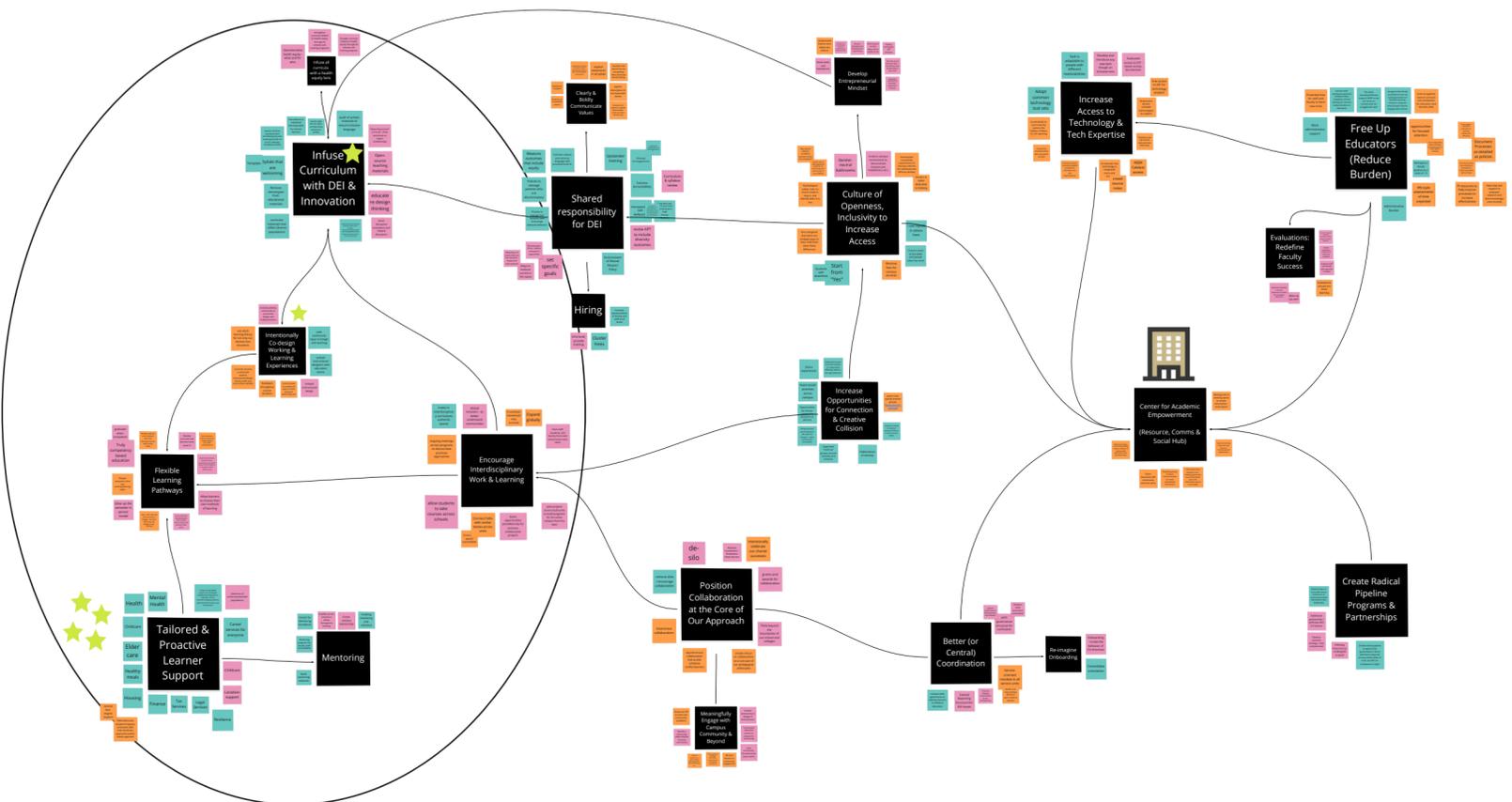
Miro Virtual Whiteboard Sessions

Artifacts shown are a sample of material generated during session across all working groups

Working Groups Session 5 & 6

EXTRACTING & ELEVATING | reviewing stakeholder feedback & extracting priorities

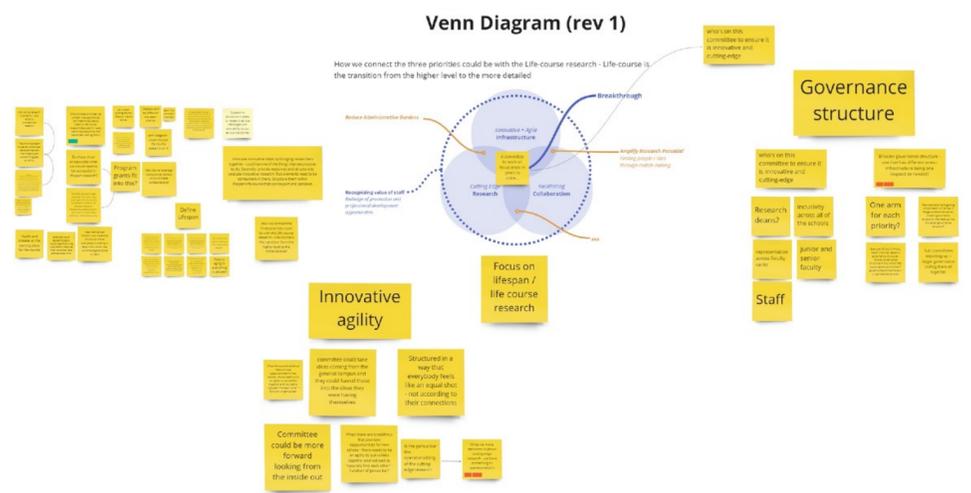
Affinity Analysis of Ideas



Education Working Group



Patient Care



Research Working Group

Miro Virtual Whiteboard Sessions

Artifacts shown are a sample of material generated during session across all working groups

Steering Committee Session 1

Research + Patient Care

Research & Patient Care

Steering Committee Session 2

Education + Community Engagement

Education & Community Engagement

Miro Virtual Whiteboard Sessions

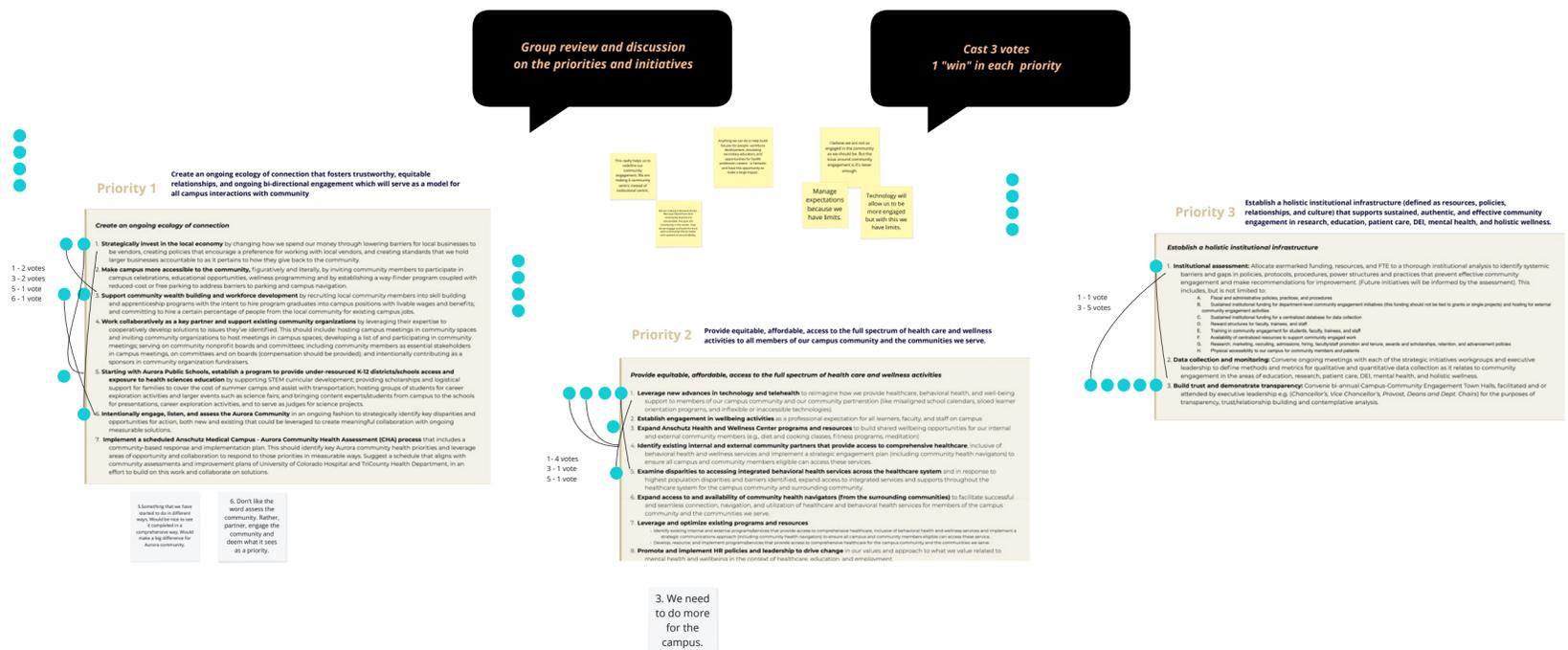
Artifacts shown are a sample of material generated during session across all working groups

Steering Committee Session 3



Differentiate
Innovate
Inspire

Community Engagement Working Group



Community Engagement

Prototypes from Working Groups

The following are examples of prototypes that were developed by the working groups and tested with stakeholders





**Differentiate
Innovate
Inspire**

Strategic Priorities Stakeholder Feedback

Education Working Group

HMW create inclusive, welcoming, learning environments and a sense of belonging for all learners, faculty, and staff?

HMW create flexible, innovative, inclusive, and interdisciplinary curricula to achieve health equity for the communities we serve ?

HMW optimize resources and processes so all learners, faculty, and staff can engage effectively while building collaborative learning communities?

Priorities expressed as opportunities

How might we ... ?

Key ideas:

Build mentoring networks for faculty, staff, and learners (Center for Mentoring Excellence?)	Offer courses across schools with more flexible elective time to allow more personalized, creative, and diverse career paths	Revise promotion & tenure criteria to incentivize collaboration and include diversity outcomes
Extend family support services, including childcare	Build curricula with students, instructional design, faculty, staff, and community members	Create special interest groups to improve communication pathways and learn best practices
Encouraging cluster hires to increase representation among faculty and staff	Offer grants for projects involving interdisciplinary collaboration	Use common technology tools
Develop clear pipeline programs (K-12 and undergraduate)	Strengthen all curricula in healthy equity and human-centered innovation	Increase instructional design and administrative support in education mission

Prototyping proposed initiative:

A CENTER FOR ACADEMIC EMPOWERMENT (CAE)

<p>Walk-in Online</p> <p>Multiple entrances to welcome community members, faculty and staff, and learners</p>  <p>CAE becomes the front door to the campus</p>	<p>> Welcome to CU Anschutz! Let's meet your cohort & visit the center</p>  <p>CAE is the home for onboarding with interdisciplinary cohorts of faculty & staff</p> 
<p>Office combine resources & services in one place</p>  <p>Registrar Bursar Campus Information & Resources HR / Ombuds Financial Aid Budgeting Office</p>	<p>Services & Human Spaces</p> <p>> Childcare > Access to food > Working space > Mental health & wellness services</p>  

Prototypes from Working Groups

The following are examples of prototypes that were developed by the working groups and tested with stakeholders



University of Colorado
Anschutz Medical Campus



**Differentiate
Innovate
Inspire**

Strategic Priorities Stakeholder Feedback

Patient Care Working Group

HMW create incentives for collaboration to unify our campus and integrate our disciplines/professions to achieve excellence and increase access in patient care?

HMW change our financial and organizational structure to better align students, faculty, staff and patients with the current ideals of care?

HMW educate and incentivize practitioners to care for the "whole" patient, to address specific patient needs, and to consider social determinants while planning care?

Priorities expressed as opportunities

How might we ... ?

Key ideas:

Increase the number of multidisciplinary clinics, especially for patients that require complex care (e.g., Aerodigestive Clinic at CHCO)

Rethink procedure and clinic schedules to allow for more innovation and collaboration across disciplines to improve patient care experience

Lean into the value-based care model and leverage additional opportunities in wellness and prevention (e.g., CPC+ program)

Develop a "think tank" to develop more innovation in patient care without barriers

Retain top talent in job roles by evaluating retention at the campus level (not department) - moving from a culture of secrecy or guilt when an employee interviews for other positions on campus to one of transparency where that practice is embraced with the goal of employee satisfaction.

Develop a single P&L system shared across the university (not by department/unit)

Create an "in-house" insurance

Access data analytics to create solutions and drive institutional change

Develop a different way of getting reimbursed for keeping people well (instead of getting paid only when they are sick)

Provide a shared patient space with easy navigation - virtually or physically, to address inequities among patients for people who have difficulty navigating current system

Increase telehealth, remote patient monitoring, and communication

Leverage IPE students across campus to assist in patient care delivery (e.g., Dawn Clinic)

Invite community into discussions about our priorities

Prototyping proposed initiatives:

MULTIDISCIPLINARY CLINICS FOR COMPLEX CARE

✓ Increase resilience of providers
✓ Improved patient safety
✓ Innovation through collaboration
✓ Cost savings and financial gains



Revise patient care model from specific departments to comprehensive services

Navigating the process



Patient Navigator / Financial Navigator



Clinician scheduler



Value-based care model with multidisciplinary teams and increased collaboration to improve patient care experience



IPE learners to assist in patient care delivery

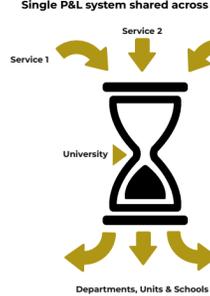


Data analytics

NEW FINANCIAL AND ORGANIZATIONAL STRUCTURE

To align with ideals of care

Single P&L system shared across University



University

Departments, Units & Schools

In-house insurance



✓ Could benefit DEI & access

- Some health systems do not take off patients

✓ Could be a hybrid model for employee insurance

Prototypes from Working Groups

The following are examples of prototypes that were developed by the working groups and tested with stakeholders



University of Colorado
Anschutz Medical Campus



**Differentiate
Innovate
Inspire**

Strategic Priorities

Stakeholder Feedback

Research Working Group

HMW encourage cutting-edge research, including data analytics and informatics, by providing centralized support across and between disciplines, supporting all researchers and the Anschutz community?

HMW create an ecosystem in which all can thrive with a flexible and innovative infrastructure that is responsive to current and future needs?

HMW enable, promote and incentivize cross-cutting and inclusive collaborations to grow basic and clinical research pathways and impact?

Priorities expressed as opportunities

How might we ... ?

Key ideas:

Centralize IT databases with the goal of improving day to day and increasing researcher time to do research

Create database of willing research participants

Creating bi-directional (senior/junior) peer mentorship opportunities

Create standard template for website information about faculty and labs that is searchable

New ways of engaging with the community & sharing impact (of their contribution) to our research

Create events that facilitate connections

Centralize administration of cores

Improving Infrastructure for easier navigation

Restructuring of ARPT (promotion & tenure)

Better use of data analytics

Additional programs to to develop partnerships with industry and commercialization opportunities

Celebrate innovations widely

Prototyping proposed initiatives:

NEW TENURE AND PROMOTION CRITERIA



Shared credit/
funding
between multiple
departments / PI's



Promotion &
tenure reflect
campus
collaborative
aspirations



Efforts valued (not
only successes);
Not failure adverse



Holistic review
(many paths to
tenure)



Need buy-in from
campus
leadership



Tracking
contributions &
reporting out on
campus values



Recognition for
innovation &
entrepreneurial
achievements



Help with
long-term
sustainability
and resilience
of faculty

A GENIUS BAR

< online portal or walk-up >



How do I
find the resources &
university research
network?



Navigating 4 main topics:

- Idea or Collaborator
- Pre-award
- Post-award
- Available participants



Central, visible
location,
accessible to
research
participants, etc.



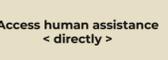
WELCOME
AND HERE TO
HELP



You write grant for all
of your research needs



What if I can't
find a grant?



Access human assistance
< directly >



Integrate data analytics

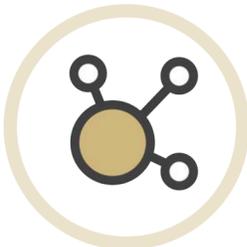


Build-in social
networking
opportunities

Prototypes from Working Groups

The following are examples of prototypes that were developed by the working groups and tested with stakeholders





Strategic Priorities

Stakeholder Feedback

Community Engagement Working Group

HMW better incentivize community engagement efforts (across the lifespan) to foster stable, sustainable partnerships?

HMW create an ongoing ecology of connection that fosters trustworthy, equitable relationships, and ongoing bi-directional engagement with locally owned businesses?

HMW incentivize mental health and wellness for our internal community, resulting in a resilient workforce, better equipped to support the surrounding community?

Priorities expressed as opportunities

How might we ... ?

Key ideas:

Change how we spend our money and lower the barriers for local businesses to be vendors and create standards that we hold larger business to (altering policies)

Leverage and optimize existing programs and resources

Provide recognition or incentives for those that do this well (including promotion & tenure)

Invite community to campus events and wellness programming

Promote and implement HR policies and leadership to drive change in our values and approach to what we value related to mental health and wellbeing

Provide training that would raise the community and train skilled workers

Work collaboratively with existing community organizations, leverage their expertise and cooperatively develop solutions to issues they've identified

Prototyping proposed initiative:

IMPROVE ENGAGEMENT WITH LOCAL BUSINESSES



Bring the University and hospital leadership into discussion to get their buy-in



Mentor businesses to engage with the university (e.g., food services)





Alter purchasing policies to include women & minority-owned businesses in the local community



Lower the barriers for local businesses to be vendors and create standards that are similar to larger business



Build trust with clear communication & follow-through on commitments



THE VOICE OF THE COMMUNITY

What needs are communities expressing?



Local



Regional



National

 University of Colorado Anschutz Medical Campus

49

University of Colorado Anschutz Medical Campus
STRATEGIC PRIORITIES

Office of Strategic Initiatives