The University of Colorado School of Medicine has embarked on a strategic planning process that will take a year — at least — and is designed to position the school for the next decade.

One of the first discoveries in this effort was a surprise — some people think the school’s leadership already knows what the results should be.

“We don’t,” Richard Krugman, MD, dean of the medical school, says with a smile. “I keep hearing that I know what will come of this. I really don’t other than I trust the outcome.”

The medical school has come a long way, and not just from Ninth Avenue in Denver to the Anschutz Medical Campus in Aurora. The school is ranked in the top five nationally in primary care and among the top 10 public schools in research funding, which brings in hundreds of millions of dollars to Colorado.

Thanks to a funding commitment from University of Colorado Hospital that is part of the Memorial Hospital lease package voters recently approved, the medical school expects soon to be expanding, both geographically, with a branch in El Paso County for clinical training, and in class size, beyond the current 160.

“We’re pleased with where we stand with our missions, which are education, clinical care, research and community engagement,” Krugman says. “But the future promises to be a big challenge. We need to be ready.”

The future is now. That’s why the school, working with colleagues across the Anschutz Medical Campus, has begun far-reaching strategic planning.

The topic came up publicly about a year ago. In his 2011 State of the School speech, Krugman asked: “If we were starting over today, with more than 2,000 faculty and $1 billion in revenue, how would we organize to have maximum success with our four missions?”

For more than a decade, the school has had double-digit growth in clinical activity and revenue. That has generated funding for program expansion and research, and helped fill holes in the education mission.
But it’s hard to look at the federal or state budgets, or the current economic circumstances, and feel optimistic. Moreover, National Institutes of Health and other federal funding sources are likely to be flat at best, while clinical reimbursement is under downward pressure.

And in terms of state support, the school is perennially at or near the bottom nationally in per-student funding.

“Complacency,” Krugman says, “is not an option.”

**Everything on the table.** The school has hired the consulting firm Navigant to assist with the strategic-planning process. Andrew Epstein, MD, managing director of Navigant’s healthcare division, which does work across the country, says this is the most sweeping review he’s encountered.

“We’ve seen medical schools that have examined aspects of what they do, such as clinical care or research,” Epstein says. “What is unique in my experience is that the CU School of Medicine has put everything on the table and is considering transformational changes commensurate with the transformational moment we face in American health care.”

Krugman and Navigant led a retreat July 24 to outline the effort. Since then task forces have met and several have created subgroups focused on particulars. Some of the task forces are launching surveys. The surveys, strategic planning leadership lists, updates on progress and other reading material are available on the [medical school website](#). The goal is to reach agreement on changes by March 2013.

**Key themes.** Several themes are emerging so far (beyond the incorrect worry that there is some foregone conclusion out there).

One is that the school needs to find inefficiencies that offer potential savings.

“How do we find areas of redundancy?” asks E. Chester Ridgway, MD, senior associate dean for academic affairs and chair of the strategic planning research task force. “Can we consolidate some functions and improve efficiency? What if we did that and also guaranteed a high level of service? The purpose is not to cut budgets, it’s to spend those dollars more effectively.”

Another theme is that, given the state and national funding picture, the school needs to focus on new revenue sources such as private philanthropy and expanded technology transfer as well as improve its ability to obtain even more grants.

A third theme is that the school’s four missions must interact to be successful.

“It’s already clear that we need to make good on our mission to genuinely serve the community in such a way that our other missions of education, research, and clinical service are at the same time also served,” says Frank deGruy, MD, chair of the Department of Family Medicine and head of the community task force. “We all need to be working together.”

— Dan Meyers. **Meyers is communications director for the University of Colorado School of Medicine.**
What You Read, Sept. 11:

1. Employee Bonuses on the Way
2. Two UCH Moms Get a Body and Lifestyle Overhaul
3. HRA Profile of UCH: Depressed, Stressed and Overweight
4. Campus Police Poised for Speeding Crackdown
5. Around UCH
6. Employee Health Heightens Scrutiny of Family and Medical Leave
7. RNs Give Hospital Good Grades but See Room for Improvement
8. UCH to Put New Valve Replacement Device on Trial
9. ‘Fat Switch’ May Be Key to Turning off Obesity
10. Memorial Health System to Join UC Health