HEALTH

STRATEGIC PLAN (2021-2025)

Revised July 2026

This document has been updated in accordance with a Texas A&M University System-wide audit related to SB17 compliance. These updates were made in good faith on April 25, 2024, to the best of our knowledge.

LETTER FROM THE CHIEF OPERATING OFFICER AND SENIOR VICE PRESIDENT

Dear Colleagues:

The following pages reflect the hard work and creativity of countless faculty, staff and students who participated in planning retreats, workgroup meetings, interviews, brainstorming sessions and preview groups for more than six months. To all who participated, your investment of time and passion is valued and appreciated.

Our plan asks a single question: What path should we follow to live up to a greater potential as a health science center?

Much of the plan outlines improvements in operations needed to create the foundation to achieve that greatness. But our plan also calls for big changes and new commitments to distinguish ourselves in a rapidly evolving environment:

- Focused multidisciplinary research that addresses the challenges of the 21st century and the health of plants, animals and ecosystems on which human health ultimately depends.
- Leadership on care delivery system innovations that improve health for the underserved and on viable models of care delivery that thrive in medically austere environments.
- Growth of our clinical enterprise and on opportunities for graduate medical education.
- Individualized professional training emphasizing interprofessional learning opportunities.
- Expansion of our traditional commitment to serve rural communities and better meet Texans' needs, wherever they may live.
- Partnerships with the rest of the Texas A&M family as well as communities, businesses and other academic organizations that share similar values and vision.
- A community and culture that accurately reflects the wonderful makeup of our state.
- Administration that is lean, efficient, responsive and sustainable.

This document is many things. It is a statement of aspirations, a call to action, an accountability tool and a practical blueprint for change. While it can be seen as merely words on paper, with our commitment, creativity and focus we will translate these words into reality and together bring our plan to life.

Regards,

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Greg Hartman

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ACKNOWLEDGEMENTS

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EXECUTIVE SUMMARY

We live in a time of remarkable opportunities to improve the health of Texas, our nation and the global community. We also face daunting challenges, not only in promoting human health, but also in ensuring the health of our planet—humans, animals, plants and the environment we all share. All these dimensions of health are inextricably linked in a single global ecosystem.

In the face of these opportunities and challenges, the Texas A&M University Health Science Center (Texas A&M Health) is exceptionally well positioned to become a premier health science center in Texas and in the nation.

At this point in our history, we know that Texas A&M Health can be a leader in health care innovation, delivery and policy. Although we produce highly qualified graduates and demonstrate significant research excellence, the overall educational and research rankings of the health science schools are not commensurate with the standards to which we want to hold ourselves accountable. Moreover, Texas A&M Health does not have a clearly defined identity vis-a-vis the other health science centers in the state. As a consequence, the perception of our relevance and importance within the state is not aligned with our inherent strengths.

Texas A&M Health is part of one of the country's great public research universities with a historic land-, sea- and space-grant mission and a reputation for practical accomplishment. We can bring these assets together to fundamentally advance health care. We have the opportunity—some may say the responsibility—to partner with the colleges of engineering, agriculture, science and veterinary medicine, as well as other academic and service delivery components of the university and system, to bring about innovations in health and wellness that other institutions only dream about.

In accord with our origins, mission and values, Texas A&M Health has shown a steadfast commitment to increasing health care access and quality care for all Texas populations. We should build upon Texas A&M's expertise in disaster response—and its ties to military medicine—to help meet the challenge of providing quality health care in austere environments, using innovations from emergency response and combat medicine to create new ways of delivering high-quality health care and wellness to communities across the state.

After an extended period of organizational transitions, Texas A&M Health is now in a position to seriously commit to achieving our potential. This strategic plan lays out the steps we need to take to do so.

Key to the success of this plan is one word: partnership. Texas A&M Health is situated next to national and even global leaders in the life sciences and engineering. We are currently engaged with nationally recognized clinical partners who want to expand our relationships and other clinical players are interested in new affiliations with us. Private sector and nonprofit organizations are anxious to access our intellectual capital and innovation potential if we can create ways to work together. Educators, researchers and learners across the Health Science Center could excel even more than they currently do with the right opportunities for collaboration.

Being a great partner is critical to the success of many of the initiatives detailed on the following pages, such as:

- Meeting the demands for more personalized and interprofessional education will require new levels of collaboration and flexibility within Texas A&M Health and with Texas A&M.
- Pursuing a leading multidisciplinary research agenda will require increased researcher-to-researcher collaborations and the creation of structures and incentives to foster these collaborations and focus them on the most promising themes.
- Building a far-reaching and sustainable clinical operation will require optimizing our relationships with clinical partners (existing and new) and building practices, services and infrastructure that are complementary to these relationships.

A fundamental role of Texas A&M Health is to stimulate the creation and maintenance of partnerships in all of the domains mentioned above. To accomplish this, we must:

- Make the whole more than the sum of its parts by incentivizing innovation, creativity and collaboration.
- Support our colleges and institutes by increasing resources, reducing bureaucratic frictions and increasing accountability.

This strategic planning process was branded “VISION360” because we sought to examine the frontiers of our work and accomplishments, as well as our shortcomings, and to articulate our aspirations for what Texas A&M Health can and should be.

For each of our core missions—education, research and care delivery, as well as the imperative to engage with the communities of our state—we asked ourselves what trends are at work today that are shaping the future of health. In view of these trends, we then asked what our ten-year vision and our three-to-five-year goals should be and what strategies are necessary to achieve these goals.

Our strategic plan is the result of this process and of the desire to challenge each other to be better. Throughout, there was consensus and there was debate, and most important, respect and excitement. That work, vision, commitment and planning are reflected on the following pages.

VISION, GOALS AND STRATEGIES

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ORGANIZATIONAL EFFECTIVENESS

As a health science center, we desire an organization that is lean, efficient, sustainable, accountable and responsive. We must be capable of creating, managing and advancing complex internal and external partnerships across all our missions. We must also be capable of exerting financial control and accountability over a geographically dispersed and distinct collection of academic programs. Finally, we need an organization that reflects the people of Texas and enables us to attract and retain talent of the highest caliber. From these considerations, we derived our ten-year vision and our three-to-five-year goal.

Ten-Year Vision: Be the best place to work for staff and faculty and the partner of choice for health science matters across Texas A&M, The Texas A&M University System and beyond.

Three-to-Five-Year Goal: Redesign the business model of Texas A&M Health to support appropriate growth, including a robust clinical enterprise, diversification of revenues, and increased efficiency and effectiveness.

STRATEGIES FOR STRONG PARTNERSHIPS

1. **Build the capabilities to achieve our objectives through partnerships.**
   Our plan relies heavily on three types of partnerships:

   a) Internal partnerships within Texas A&M Health and with Texas A&M University and members of The Texas A&M University System to support collaborative efforts in education and research
   b) External partnerships with health systems and commercial enterprises as training sites for our students and as partners in the translation of research into clinical practice and commercial products
   c) Stakeholder relationships to advance our engagement with the communities that we serve

   In all three domains, Texas A&M Health must be capable of identifying opportunities, structuring mutually beneficial arrangements and managing ongoing relationships. Skills are needed in planning, business analysis, data science management, health economics, internal and external communications, and project management. The supply of such skills will need to be augmented. Investments will also be necessary in tools—such as database management and project management—to support these capabilities.

2. **Establish shared functions to support the colleges and institutes.**
   Texas A&M Health must develop shared functions that support the work of all the colleges and institutes. Such functions should include:

   a) Grant acquisition and biostatistics support. There is widespread agreement that technical/grant writing and biostatistics resources can be shared across the Texas A&M Health colleges and institutes. Many of the schools have expressed a need for such resources in their most recent budget cycle. In response to these

needs, Texas A&M Health will create a grant acquisition and biostatistics support office that reduces duplication and improves the coordination of these services to support research and training initiatives.

b) MOU development, logistics and interview scheduling support for recruitment. Recruiting is a critical function that can be made more efficient, and less painful, through coordinated and shared processes. Support for the development of memoranda of understanding for joint recruits as well as scheduling and logistical support during the recruiting and onboarding processes are areas of opportunity that should be pursued in conjunction with the dean of faculties.

c) ROI/evaluation of shared services contracts with Texas A&M. We have several agreements for shared services with Texas A&M. Most of these historical agreements have not been reviewed and evaluated in the recent past. In the next five years, we should review these agreements and ensure that they are creating value for all parties.

d) Build IT infrastructure to enable data analytics for management reporting, online education and telehealth. Delivering on our strategic plan calls for enhanced capabilities for management reporting, telehealth and online/remote education. We need to make the necessary IT investments to support these capabilities.

e) Streamline affiliation agreements with clinical sites for cost-effective, optimal student learning experiences and greater training opportunities, including IPE.

STRATEGIES FOR FINANCIAL DISCIPLINE

1. **Improve financial accountability and integrated budgeting.**
Texas A&M Health is more than simply an administrative conduit for state funds. Its role is to help the colleges to be more than the sum of their parts. As such, it must hold itself and the colleges accountable for financial discipline and control over operations. The following tactics are means to that end:

a) Align budget and administrative structures and processes to increase accountability. Texas A&M Health, Texas A&M University and The Texas A&M University System are complex organizations whose administrative structures, procedures, policies and regulations must align for efficient operation. A careful review of administration at all levels should be undertaken to eliminate duplication and inefficiencies. In particular:

i. A review of the budget process is needed to ensure budgeting methodologies are equitable, transparent, and link budgetary processes to the achievement of strategic goals. Transparency, accountability and strategic prioritization must become the standards for the Texas A&M Health budget process.

ii. A review of the shared services provided by Texas A&M University and by Texas A&M Health central administration is needed. We need to ensure academic, research, service and clinical needs are met with appropriate service levels at reasonable costs.

iii. In light of our experience with COVID-19, standard assumptions about how business is conducted should be reevaluated. For example, travel requirements have changed dramatically, creating the opportunity to reconsider travel budgets in the post-pandemic period. Similarly, we can investigate more effective and efficient ways to utilize space for all programs, with a particular focus on reducing reliance on leased space and maximizing higher uses of owned space.

b) Create an approval process for new projects and a review process for ongoing initiatives. An explicit process is needed for the creation of new initiatives and for the review of ongoing initiatives. New projects should only be approved if they are aligned with strategic priorities. Such projects should have formal business cases that include expected returns on investment. Projects should be evaluated upon completion to determine whether expected returns materialized and to learn from the experience.

c) Reassess use of research space and faculty productivity policies and governance. Texas A&M Health will develop a new space policy to optimize the use of physical assets and to prioritize the allocation of space according to objective standards of research productivity (e.g., extramural grant dollars per square foot of assigned space.) A research space committee will be created to oversee the development and administration of the policy.

STRATEGIES TO DIVERSIFY REVENUE

1. **Building the clinical enterprise.**
As outlined in the "Care Delivery" section of the strategic plan, building our clinical enterprise has the potential to provide margin support for all of our mission areas.

2. **Launching a Texas A&M Health philanthropy program.**
Currently Texas A&M Health receives $4 million to $5 million per year in philanthropic contributions. With the successful completion of The Texas A&M Foundation's $4 billion campaign and the conclusion of our strategic planning process, the time is right to initiate a Texas A&M Health-specific campaign, with the goal of raising a minimum of $50 million in five years.

3. **Increasing extramural research funding.**
The strategic plan's total investment in research is $60M. 15% of these funds must come from research productivity improvements totaling $9M over the next five years. The Deans' Council and the leadership of each college will establish and implement salary coverage policies, taking into account existing faculty and new faculty hires, appropriate for meeting

this goal. These new policies will be implemented over the course of the plan, beginning in FY22.

Texas A&M Health should also support the colleges in their efforts to grow and diversify their revenue base. Specifically, Texas A&M Health should invest in the following initiatives:

a) Growing enrollment. All of the colleges have plans to increase their educational programs, which will have positive implications for revenue.
    i. **College of Medicine:** Expand to 250 students per year and launch a Physician Assistant program.
    ii. **College of Dentistry:** Grow the DDS program from 106 to 125 over the next five years.
    iii. **College of Nursing:** Expand the BSN program and launch the Doctor of Nursing Practice and PhD in Nursing programs.
    iv. **College of Pharmacy:** Launch Bachelor of Pharmaceutical Sciences, PharmD/MPH and certified pharmacy technician programs.
    v. **School of Public Health:** Establish three online programs to grow enrollment by 200 students in the next five years.

b) Adopting a pricing strategy for continuing education. All of our colleges provide continuing education programs, but there is significant variation in the courses offered and the pricing models used. We will create a common pricing, branding and promotion model to help us monetize the value of our offerings.

STRATEGIES TO MEET TEXAS COMMUNITY NEEDS

1. **Proactively reach Texas communities.**
   Meeting the individualized needs of the communities of our state is vitally important for Texas A&M University, Texas A&M Health and for our colleges and institutes. First, Texas A&M Health should set goals for its own administrative organization. Second, it should create a learning organization in which the colleges and institutes can share and adopt best practices and learn from each other's experiences. Texas A&M Health's commitment to the state of Texas will also include support for programs such as recruitment pipelines and mentorship initiatives.

2. **Support the mental health and well-being of faculty, staff and students.**
   Texas A&M Health colleges all implement various programs to support the mental health and well-being of faculty, staff and students. Texas A&M Health should play a coordinating role in support of such programs. Specific tactics include:

   a) Standardizing assessment and reporting. Texas A&M Health should work with colleges to standardize assessment instruments, surveys and reports related to mental health and well-being.

   b) Identifying and disseminating best practices. Texas A&M Health should also create forums/venues where the colleges can share information about their programs and assure resources are available to evaluate best practices from

across the country. Current Texas A&M practices in this area should be evaluated for possible translation across Texas A&M Health.

EDUCATION

Expectations for health science professionals are changing. Society is demanding better and less expensive ways to train professionals and graduates, and also expects those students to nimbly adapt to differing and evolving community and population needs.. Employers seek graduates prepared to participate in and lead interprofessional teams to better control costs, improve quality and enhance the experience of care. Learners want more individualized options, including accelerated pathways to their degree, interprofessional experiences and extended multi-degree programs. Overall, COVID-19 has rapidly expanded the utilization of blended teaching methods that combine in-person, online and asynchronous modes of instruction. By embracing and acting on these trends, Texas A&M Health has the opportunity to distinguish itself from other health science centers.

Ten-Year Vision: Be the worldwide health professional colleges of choice for students committed to becoming leaders in interprofessional settings.

Three-to-Five-Year Goal: Create more personalized professional training opportunities that position graduates as leaders in health care systems and emerging health care delivery models.

Each of the colleges in Texas A&M Health must embrace the evolving educational environment in their own professions. The role of the Health Science Center administration is to help them do so through shared services, infrastructure and new programs.

IMPERATIVE STRATEGY

1. **Develop next-generation interprofessional education.**
   Each of the colleges in Texas A&M Health has a steadfast commitment to interprofessional education (IPE). However, too often these commitments amount to what some have characterized as “parallel play,” with each college developing its ideas and programs in relative isolation from the rest. In order for IPE to be a distinguishing feature of the Texas A&M Health education mission, we will take the IPE concept to the next level. The following tactics are intended to get us there:

   a) Link IPE to a health priority of concern to the state of Texas. This tactic requires adapting a problem-based learning paradigm to IPE. Leadership from across Texas A&M Health will work together to facilitate the identification of a health problem of significance to the state and support the formation of student solution teams from the colleges to address the problem. Texas A&M Health will assist in convening and facilitation of the appropriate personnel from across the organization to address coordination and other challenges that arise in such interprofessional endeavors.

   b) Create longitudinal service-learning opportunities across the colleges. Service learning is a powerful tradition at Texas A&M Health. However, such learning is often conceptualized in terms of a single event, such as, for

example, Disaster Day. There is an opportunity to augment the service-learning tradition at Texas A&M Health with longer-term activities that allow students to experience the entire arc of a project. Such service-learning activities could be linked to the problem-based learning activities outlined in tactic (a), above.

c) Create cross-school training in core competencies. Demonstrable competencies are an essential requirement for professional training. In many cases, the content of these competencies overlaps among the various health professions. Where such convergence exists, it is possible to develop common curricula in which students from the various health professions can learn the competency together in a truly interprofessional manner. Texas A&M Health will convene educational experts from each of the colleges to identify the most promising areas for the development of common curricula. It should also support the development and delivery of cross-school competency training.

ADDITIONAL STRATEGIES

1. **Optimize relationships with high-quality learning sites.**
   Texas A&M Health does not own a hospital or a health system. As such, it depends on a complex web of relationships with health systems, hospitals and clinics across Texas to create learning opportunities for its students. The task of identifying high-quality learning venues and cultivating and managing the relationships with these sites is therefore critical to the educational mission. Today, each college and degree program are responsible for this task. The result is multiple independent affiliation agreements, missed opportunities and sometimes suboptimal arrangements with clinical partners. Going forward, we will coordinate these relationships through Texas A&M Health. Such coordination should not impede the ability for colleges to make dynamic and rapid decisions regarding individual student placements. To achieve this coordination, we will pursue the following tactics:

   a) Create a Texas A&M Health professional learning council. This council will consist of representatives from each of the colleges. Its purpose will be to share plans for professional placements in the coming year and to identify issues and opportunities associated with these plans.

   b) Establish "account teams" for major relationships. For major relationships or relationships that involve multiple colleges, we will establish teams responsible for maintaining and periodically evaluating the relationship. These teams will be responsible for meeting regularly with appropriate leaders from the clinical partner, formulating goals for the relationship, monitoring and measuring progress toward these goals, streamlining affiliation agreements and identifying and resolving issues as they arise.

   c) Develop a Texas A&M Health learning site database. This database will be a repository of information about our clinical partners and other learning sites. It will contain up-to-date information about key contacts, recent events in the relationship, current contracts and affiliation agreements, co-brand usage and

permissions, and other information pertinent to management of the relationship. The database will be a resource maintained by Texas A&M Health for the benefit of all the schools and colleges.

2. **Create more personalized professional training.**
   The days of "one-size-fits-all" professional training are behind us. Learners want educational opportunities suited to their individual needs and career aspirations. Personalization requires creating additional options along a variety of dimensions, from certificates to a greater diversity of degree possibilities and time frames. The tactics described below aim to increase the diversity of our offerings.

   a) Develop online, asynchronous, focused educational tracks/modules offered to all colleges. Learners across Texas A&M Health would like the option to explore topics such as leadership development and data science that may be important to their future careers, but that don't rise to the level of a dual-degree program. Such educational tracks/modules could be offered as online, asynchronous complements to the standard curricula and students could access them as time and interest permit. The student would receive a certificate or appropriate credit upon completion of the track/module. Because these tracks/modules would be of interest to students in all the colleges, Texas A&M Health will sponsor the development and implementation of these tracks/modules and make them available, as appropriate, to graduate and undergraduate students.

   b) Develop more dual-degree options and professional training options that are either accelerated or extended. Careers in health science are increasingly nonlinear. Students are looking for additional training opportunities that will prepare them to move into different roles emphasizing different skills as they advance in their chosen profession. Dual-degree programs, such as MD/MBAs or EnMed, are responses to this need. In addition, students are also looking for programs that are more flexible in terms of the time required to obtain professional training. Some students want to complete their training as quickly as possible by, for example, completing the MD degree in three years rather than four. Others want the option of taking more time to achieve their competency/credential. Still others would like dual-degree options that do not extend the time they need to obtain their core degree. The success of the EnMed program and the increasing recognition of the value of design methods in health care are stirring demand for additional design-oriented programs that would be open to health professions beyond medicine. Texas A&M Health should support the colleges in developing greater optionality in professional training. Texas A&M Health should convene leaders from all the colleges to discuss their plans and to address solutions to common issues such as the scheduling challenges that more programmatic diversity inevitably entails. Texas A&M Health should also broker the development of the education partnerships with other colleges within Texas A&M that some of these new programs will require.

3. **Co-fund faculty who cut across Texas A&M Health and Texas A&M.**

Joint funding of faculty among multiple colleges can be an important vehicle for more efficiently supporting the educational mission of Texas A&M Health and Texas A&M. A co-funded faculty member with a specialty required by multiple colleges, such as biostatistics, could obviate the need for each college to recruit its own faculty member. Similarly, co-funding educational intensivists in the schools of education or business could avoid the need to separately hire such experts in Texas A&M Health. Texas A&M Health should develop a standard process and criteria for evaluating the business case for co-funded faculty. The Dean's Council should be the ultimate arbiter of such decisions. Importantly, Texas A&M Health should also broker agreements with Texas A&M with regard to co-funding of faculty.

4. Invest in new residencies, fellowships and advanced practice specialties.

As we build our clinical practice, opportunities will arise to expand our residency, fellowship and advanced practice programs. Such opportunities could be sponsored by Texas A&M Health or by Graduate Medical Education (GME) clinical partners. These opportunities include residencies, fellowships, nursing specialty programs and public health practicum programs.

GLIMPSES INTO OUR FUTURE: HOW VISION360 WILL CHANGE THE LIVES OF LEARNERS, RESEARCHERS, PATIENTS AND COMMUNITIES.

FOR A LEARNER

Sparked by an interprofessional learning experience in her first year of medical school at Texas A&M, Maria entered a dual degree program that allowed her to earn an MD and MPH degree in four years. She matched in a new psychiatric residency training program, with an emphasis on telehealth, located in South Texas. She now enjoys a fulfilling career providing clinical care while leading research on access to mental health care in Texas.

RESEARCH

VISION360 has benefited from a research planning process already underway involving researchers from all the colleges in Texas A&M Health and from Texas A&M. These two efforts are united by common principles:

- A thematic focus is necessary to make the investments that will take the Texas A&M Health research enterprise to the next level.
- There is meaningful convergence between the research strengths and interests of Texas A&M Health and of Texas A&M, particularly, but not limited to, those of the colleges of agriculture, engineering, science and veterinary medicine.
- Building on this convergence through multidisciplinary research initiatives is the most promising way to realize the research potential of Texas A&M Health.
- To develop these research initiatives, we need to consider the full translational continuum, from basic science to clinical applications to population health.
- Successful themes build on existing research strengths, align with the future directions of funding agencies such as the National Institutes of Health (NIH), draw on research leaders with the energy and talent to obtain funding, and advance Texas A&M Health's mission to improve health, particularly communities facing heightened access challenges.

From these considerations, we defined a vision and goals for the research mission.

Ten-Year Vision: Rank among the top three health science centers in Texas with regard to research impact.

Three-to-Five-Year Goal: Catalyze interdisciplinary basic and translational research within Texas A&M Health and in collaboration with health-oriented researchers in Texas A&M.

The research planning process leveraged the creation of task forces to explore six potential research themes that fall broadly into two categories. Three themes correspond to disease states or organ systems and three apply broadly to human health and disease:

- **Disease states/organ systems**
  - Cancer
  - Infectious diseases
  - Neurobiology, cognition and behavior

- **"Cross-cutting" concepts, representing contextual platforms for focus of research investments**
  - Biomarkers and disease prevention
  - Health disparities
  - Women's health and sex differences

The potential for a differentiated research strategy for Texas A&M Health lies in the intersection of the two categories. For example, biomarkers and disease prevention—as well as differences between sexes—should be seen as a significant priority and opportunity area of focus for many cancers. Similarly, COVID-19 has underscored the importance of health disparities in understanding infectious disease. The

research opportunities represented by these intersections is a principal aspiration of the VISION360 process.

Each task force produced a white paper speaking to the importance of research in that area, documenting existing research strengths within Texas A&M Health, highlighting the potential for expanding studies related to that theme, and identifying necessary investments and other requirements. The white papers articulated similar objectives despite their disparate subjects, including:

- Attracting and nurturing outstanding scientists
- Building a translational capacity that integrates basic scientists, clinical investigators and clinicians and that promotes technology transfer, innovation and commercialization
- Investing in research assets that are focused on strategic priorities highlighted above
- Creating structures, such as institutes, to support and focus research collaboration across Texas A&M Health and Texas A&M

Our strategy envisions substantial investments over the next five years in the themes and intersections described above. Additional planning is underway to determine the prioritization and sequencing of these investments. However, all themes will require an increase in our capabilities in clinical research and the commercialization/application of discoveries. This consideration leads us to the following imperative.

IMPERATIVE STRATEGY

1. **Build capabilities for clinical research and commercialization.**
   Clinical research at Texas A&M and Texas A&M Health must rely on partnerships with delivery systems. We will work with Texas A&M research partners in agriculture, engineering, science, veterinary medicine and other colleges to identify gaps in clinical research capabilities, such as a clinical trial infrastructure and a clinical trial management system, and invest to fill these gaps. We will also work with the Texas A&M Innovation Office and partners in the public and private sectors to add human health-specific experience to the office to ensure that Texas A&M Health faculty members receive the expert assistance needed to develop industry partnerships and promote biotechnology transfer and commercialization.

ADDITIONAL STRATEGIES

1. **Advance thematically focused research partnerships with Texas A&M and The Texas A&M University System.**
   Successful research collaborations often develop from the “bottom up” as researchers connect and pursue common interests. However, “top-down” structures such as collaborative projects, centers and institutes are also needed to focus effort and to achieve a critical mass of funding and visibility. To achieve our goals, these important top-down investments must build upon and enhance existing strengths within Texas A&M Health. In order to adequately invest in the new initiatives, there must be an effort to define priorities so that dollars are focused where we can have the most impact and relevance. Texas A&M Health must also engender engagement from potential partners in Texas A&M, particularly the colleges of agriculture, engineering, science and veterinary medicine. Texas A&M Health will work with the research leadership at these schools and other relevant units/divisions

within Texas A&M to test the viability, feasibility and strategic fit of the prioritized areas of investment emerging from the task forces.

2. **Create "proof of concept" business plans for research themes.**
   Strategic research initiatives call for business plans that demonstrate feasibility, clarify the resources required, and project the return on investment that can be attained and reinvested into the future growth of the enterprise. However, developing such plans is not trivial, and the necessary expertise is not evenly distributed in Texas A&M Health. Texas A&M Health will provide technical assistance to the task forces to prepare "proof of concept" business plans that outline specific goals and success measures, estimate the size and timing of investments in people and facilities, and demonstrate a potential return on that investment. Such plans will provide a solid foundation for the development of the research partnerships described above.

3. **Prioritize our research investments, both ongoing as well as in the future, based on the most promising themes that align with the strategic priorities of this plan.**
   The proof-of-concept business plans should be evaluated and ranked according to their viability, impact and their fit with the vision and goal outlined above. Intramural research support should be allocated in accord with this ranking.

4. **Enhance the culture of research mentorship.**
   Research mentorship is an essential component of our research mission. However, mentorship standards and practices vary across Texas A&M Health. Texas A&M Health will take steps to reduce this variation and to identify and share best practices across all the colleges. Toward this end, we will create an "expectation statement" outlining goals and accountabilities for mentorship. We will also create and make available to the colleges an inventory of mentorship best practices to inform their efforts.

5. **Texas A&M Health will work closely with Texas A&M System partners.**
   Texas A&M Health will collaborate with the Texas Engineering Experiment Station and with AgriLife to establish strategic teams that can help advance shared goals, minimize barriers to collaboration and leverage resources across the Texas A&M University System.

GLIMPSES INTO OUR FUTURE: HOW VISION360 WILL CHANGE THE LIVES OF LEARNERS, RESEARCHERS, PATIENTS and COMMUNITIES.

FOR A RESEARCHER

Max was a new, junior faculty member drawn to Texas A&M by the inspiring interdisciplinary research of a faculty member and a team of colleagues from the colleges of agriculture, medicine, pharmacy and science. With collaborators from across Texas A&M and support from his start-up package, Max quickly attained his first and second NIH RO-1 grants, continuing research focused on mRNA technologies for vaccine development. Together, with multiple collaborators across Texas A&M University—strongly supported by the technology transfer and clinical trial offices—Max's group developed a novel mRNA technology that ultimately proved critical in the development of the first vaccine for glioblastoma.

CARE DELIVERY

We have the opportunity to build something new at Texas A&M Health. Unencumbered by a hospital and an entrenched system of care, we can lay the foundation for patient-focused, digitally enabled, economically viable clinical practices that improve access to care. New ventures built upon precision medicine or virtual care or innovations that improve care in austere medical environments will be sought out, tested and if feasible, built into sustainable operations. In the short term, we will focus on improving the efficiency of our existing operations and building new rural health clinics. In the medium term, we will explore new offerings for alumni, student and employee health. In the longer term, we will seek out new partnerships to reach the populations of Texas and beyond in a variety of settings.

Our ten-year vision and three-to-five-year goal reflect this opportunity.

Ten-Year Vision: Be an essential partner for innovative care delivery solutions serving all populations in Texas.

Three-to-Five-Year Goal: Create an economically viable network of practices and community affiliations to support our distributed educational model and to increase access to care.

The following strategies will support the attainment of our goal and the realization of our vision.

IMPERATIVE STRATEGY

1. **Establish a collaborative clinical infrastructure that is sustainable and scalable.**
   Today, the infrastructure needed for our clinical practices is scattered across the colleges of Texas A&M Health. As a result, this infrastructure is underdeveloped, and accountability for performance is unclear. Moreover, recognition for clinical contributions varies, which undermines the incentives needed for high-performing clinical teams. Going forward, accountability for the clinical infrastructure will reside in Texas A&M Health, and common standards will be developed to recognize clinical contributions. The following tactics will be employed in support of this strategy:

   a) Build a clinical practice organization that provides administrative services to the colleges. We will reorganize existing clinical operations under a common leadership team. Essential services such as the electronic medical record (EMR), provider credentialing, payer credentialing, coding, billing, collections, revenue cycle and payer contracting will be integrated and enhanced. Robust quality and patient safety analytics capabilities will be developed to ensure that the clinical enterprise achieves high-quality patient outcomes. Service level standards and agreements will be put in place so that customers of the clinical practice organization will know what level of service they can expect. Mechanisms for appropriately customizing service and for receiving input and ideas from faculty will also be developed.

   b) Expand telehealth services and the digital health platform. Telehealth will be an essential feature in all our clinical practices. A common telehealth platform and investment strategy will be needed, in contrast to the multiple systems and

agendas in place today. A lead for virtual care will be recruited, who will be accountable for the coordination and development of these capabilities and for preparing plans to expand our program. Opportunities for virtual care expansion could include but are not limited to:

- Telehealth hubs, health stations, health care kiosks across the state and/or telehealth apps for student health, Healthy Texas and community engagement efforts
- Continuing education opportunities through TeleECHO (Extension for Community Health care Outcomes)
- Provider-to-provider tele-consult services in select specialties
- Marketing our tele-health programs to underserved communities and the clinics and federally qualified health centers (FQHCs) that serve them
- New research and training grants to make expansion sustainable

c) Develop a practice track for faculty of all colleges. Leadership of the colleges need a practice track in each of our colleges to support faculty who are focused on professional practice. We will work with the provost to appropriately update promotion and tenure policies to support such a track and will work with the colleges on coordinated implementation and transition plans.

d) Structure faculty incentives to encourage clinical engagement. Universities often use incentive structures and bonuses to support faculty clinical productivity. Such incentive systems typically include a clinical salary and a bonus linked to productivity and other dimensions of clinical performance. With the participation of clinical faculty, we will develop appropriate incentives for our faculty practices. In addition, we will also create incentives and procedures for faculty to bring their private practices under the Texas A&M Health umbrella.

ADDITIONAL STRATEGIES

1. **Expand our clinical partnerships.**
   In November 2020, Texas A&M Health announced a ten-year re-commitment to its partnership with Baylor Scott & White Health (BSWH). Building on a 40-year relationship, the two organizations committed to a major expansion of the Dallas campus and to exploring the co-development of a physician assistant program. Over the life of our strategic plan, we will negotiate additional long-term, multifaceted relationships with other health systems and providers. We will explore new types of clinical partnerships with other organizations such as FQHCs, school systems and correctional facilities. We will also partner with the Texas A&M Foundation to find new ways to serve our alumni community. All of the colleges in Texas A&M Health will potentially have a role to play in new clinical partnerships. There contributions may include such areas as clinical delivery, data analysis, system design and other forms of consulting and technical assistance.

2. **Increase practice locations and services offered.**
   To be relevant in the communities we serve, we need to expand our practice locations and the services we offer. To do so, we will:

a) Transform existing clinical sites into viable practices. This will require the adoption of best practices common to all high-performing clinical operations, including:

- Creating clinical service definitions and access and quality expectations (e.g., session definition, scheduling with attending physicians and nurse practitioners, virtual consult time)
- Building a patient- and customer-centered culture across the enterprise
- Improving operations based on patient feedback
- Increasing revenues in clinical sites

b) Expand health care services offered in newly created rural health clinics and open three to five additional clinic sites over the coming years.

c) Implement a team-based, collaborative community health practice approach to care delivery.

d) Develop business, clinical and academic partnerships with FQHCs for specific services.

e) Acquire or affiliate with specialty practices as strategically appropriate.

f) Investigate the possibility of offering student and employee health services throughout the Texas A&M System.

g) Investigate possibility of developing and implementing a Concierge Medicine program at Bryan College Station.

h) Investigate innovative models of care delivery incorporating new technologies, such as precision medicine, and new ways to expand access to care in austere medical environments.

1. **Provide technical assistance and services to promote population and community health.** Texas A&M Health has considerable expertise and experience in population and community health. Our expertise encompasses, among other areas, community needs assessment, the design and implementation of culturally appropriate services, and program evaluation. In addition, Texas A&M Health Public Health faculty are involved in cutting-edge research on topics such as the social determinants of health and the causes of the disparities in health outcomes produced by our health system. Health systems, health plans, government agencies and others need such expertise as they develop programs and services. Texas A&M Health can expand its impact on the health of Texas by making this expertise widely available. This will entail identifying our resident experts in these areas, "packaging" their expertise to make it accessible to stakeholders, and actively promoting their engagement with these stakeholders in the communities we serve.

GLIMPSES INTO OUR FUTURE: HOW VISION360 WILL CHANGE THE LIVES OF LEARNERS, RESEARCHERS, PATIENTS and COMMUNITIES.

FOR A PATIENT

At age 61, Dorothy began experiencing increasing fatigue, blurred vision and a persistent mouth sore that would not heal. She saw a nurse practitioner at a Texas A&M clinic near her home who found that Dorothy's blood glucose was elevated. She was started on an oral medication for type 2 diabetes. A high-resolution telehealth consultation with a dental school faculty member in Dallas, and a biopsy in the primary care clinic, confirmed that her mouth lesion was not cancerous. With telehealth assistance from a Texas A&M nutritionist based in College Station and a wearable sensor and web-based application developed and commercialized by Texas A&M pharmacy and engineering researchers, Dorothy and her care team better managed her overall health.

COMMUNITY ENGAGEMENT

Texas A&M Health, as well as AgriLife, the College of Veterinary Medicine and other components of The Texas A&M University System have long histories of reaching out to and working with communities across the state. Texas A&M Health has four major entities that play a leading role in such efforts: The Center for Community Health Development, the Healthy Texas Institute (along with the Healthy South Texas program and the Global Institute of Hispanic Health), the Southwest Rural Health Research Center and the Texas A&M Rural and Community Health Institute (ARCHI).

Community engagement amplifies the social benefit of our research and educational missions through the formation of mutually beneficial relationships with communities and with industry partners. Sometimes these relationships take the form of service delivery, technical assistance, or the development of new public policies. Sometimes, they take the form of empowering communities to create their own solutions to long-standing concerns. Sometimes, they involve the creation of conduits to talent, scholarship, research and training resources at Texas A&M Health. As such, community engagement is an indispensable part of our identity as a land grant university.

Traditionally, our community engagement commitments have been to rural Texas. In this plan, we will expand these commitments to include poor and marginalized communities in urban areas in which we will have an increasing presence as we grow our educational, research and clinical footprint. We will also grow our commitment to engaging with for-profit and nonprofit stakeholders who seek to collaborate with us to improve health care in Texas. In this way, enhancing community engagement supports and accelerates many of the other goals and strategies in our strategic plan, including:

- Enhancing opportunities for IPE
- Expanding translational and clinical research
- Developing innovative care models, particularly for the underserved
- Providing meaningful research and service-learning opportunities around health equity and inclusion

Ten-Year Vision: Be a national leader in improving the health of all Texas communities and in reducing the disparities that characterize our health care system.

Three-to-Five-Year Goal: Broaden the geographic scope of our community engagement programs and increase the range of partnerships we create with communities

IMPERATIVE STRATEGY

2. **Expand the geographic focus of our community engagement programs.**

   With the conclusion of the new ten-year agreement with BSWH, we are ensured a long-term and growing presence in Dallas. Our participation in TMC3 ensures a similar long-term presence in Houston. We are no longer singularly focused on the health of rural populations. Increasingly, our community engagement must incorporate the unique needs of the urban communities where we operate as well. Such an expansion calls for new partnerships in new communities.

ADDITIONAL STRATEGIES

1. **Establish a locus of accountability and incentives for faculty to engage in community-based education, research and service activities.**
   If we are to improve health in austere medical environments, robust community and partner engagement is critical. However, without a locus of accountability, necessary resources and appropriate incentives at the Texas A&M Health level, the strategies outlined above will not come to fruition. Relatively small seed grants and/or funding for travel and related activities can go a long way toward catalyzing our involvement in community engagement. Colleges should also delineate how credit for such activities counts in decisions for promotion and advancement.

   Past experiences in creating such structures at Texas A&M Health suffered from a lack of clarity about how exactly community engagement relates to the overall strategy of Texas A&M Health. Without such clarity, it is challenging to create a structure that is perceived as adding value to the whole organization.

   Community engagement is an essential complement to our strategies in education, research and clinical services for which clear measures of success can be derived. We have a clearer view of the models and approaches that should guide our engagement efforts, including social determinants of health, the social-ecological model and community health development. We also have a clearer view of tools that might constitute technical assistance services that we can make available both to communities and to researchers and students in Texas A&M Health and in Texas A&M. We will therefore undertake a business planning process for a Community Engagement Initiative (CEI) for Texas A&M Health that will serve as a point of accountability for community engagement activities. The plan will establish objectives, metrics programs, accountabilities and a process to determine estimated return on investment for CEI.

2. **Develop joint community engagement programs with other centers in Texas A&M.**
   Community engagement around health is not the sole province of Texas A&M Health. We need to identify programmatic partners such as, for example, the Center for Health System Design in the College of Architecture, or the Bush School of Government and Public Service, and work together to create novel strategies and services for our target communities.

3. **Create partnerships with for-profit and nonprofit stakeholders.**
   For-profit and not-for-profit stakeholders seek to partner with Texas A&M Health in a variety of ways to improve health. Health plans want to incorporate new methods for managing chronic illness into their disease management programs. Health systems want to translate new biomedical research into workable therapies and care delivery models. Tech companies and entrepreneurs seek health care “domain expertise” as they develop digital health products and services. The creation of a virtual health incubator may be one way to support entrepreneurial activity. We need to regard these stakeholders as part of the community with which we engage in order to improve health.

GLIMPSES INTO OUR FUTURE: HOW VISION360 WILL CHANGE THE LIVES OF LEARNERS, RESEARCHERS, PATIENTS and COMMUNITIES.

FOR A COMMUNITY

Austin, an 8-year-old boy who lives in a small Central Texas town, visited a Texas A&M Health mobile clinic with his mom. A nursing student took his history, and a medical student performed a full check-up under supervision. They concluded that Austin has asthma. Austin's mom said she was worried—they didn't have insurance and couldn't afford doctor visits and prescriptions. The supervising medical professor referred her to a Texas A&M Health Family Care provider in a nearby city who could see them through telehealth and connected her with an on-site representative from Chip and Medicaid. A community health worker at the mobile clinic scheduled a home-visit by the Texas A&M Asthma Education team. After a number of these referrals, the team began to realize that Austin was one of many asthma cases identified at this mobile clinic. Public health researchers investigated and discovered a dangerous level of air pollutants in the area. They connected with the local government and organizations to lay out a plan for solving the problem.

FINANCIAL PLAN

The financial plan is designed to enumerate the investments required to realize our strategic vision, as well as the incremental revenues and expenses associated with our plan. Our financial objectives are to diversify our revenue sources to reduce our historical reliance on state funds.

CURRENT CONTEXT: PROJECT OPERATING DEFICITS

In recent years, startup funds from previous leadership have been used to subsidize an ongoing operating deficit. Several assumptions drive current projections of the deficit, including the reversal of past decisions to reduce medical school enrollment, the expected growth of the College of Medicine student body to 250 students by 2025, and ongoing improvements in operating efficiency. While these changes will reduce the operating deficit over time, startup funds will still be needed to balance the budget.

STRATEGIC PLAN SOURCES AND USES OF FUNDS

This strategic plan breaks even, anticipating revenues and expense reductions of approximately $91.5 million and investments of approximately $90 million. As new faculty hires ramp up over five years, return on investment and margin improves. This improvement will continue beyond the five-year time frame of this plan.[1]

	FY22	FY23	FY24	FY25	FY26	FY22 - FY26 Total
Sources: Revenues & Cost Savings	$4.7	$10.6	$18.3	$25.2	$32.8	**$91.5**
Uses: Investments	$7.1	$14.3	$18.9	$22.8	$26.9	**$90.1**
Net	**($2.5)**	**($3.7)**	**($0.6)**	**$2.3**	**$5.9**	**$1.5**

KEY ASSUMPTION—SOURCES: REVENUE & COST SAVINGS

Our estimate of $91.5 million in revenue growth and cost savings depend on the following assumptions:

Initiative	Sources	Key assumptions	*Data Source*
Research faculty hiring	$28M	▪ 30 research faculty hired over 5 years ▪ Average annual grant expectations for new faculty: $1M for professor, $500K for associate, $250K for assistant ▪ Professor and associate faculty ramp up to meet grant expectations over 4 years and assistant faculty ramp up to meet grant expectations over 5 years	• *AVP of Research* • *Current faculty NIH grants* • *Manatt analysis*

[1] The financial plan does not include any Texas A&M University or Texas A&M System funds. Some portion of the investments required may be funded in collaboration with Texas A&M University and the Texas A&M University System. The numbers depicted in the table of sources and uses are rounded and consequently may not add up.

Initiative	Sources	Key assumptions	*Data Source*
Clinical revenue growth	$30M	▪ Grow clinical revenues to 10% of total revenues to approximately $35M by year 5 (FY19 baseline of $25M) ▪ Cumulative revenue growth of $10M through various initiatives: (1) clinical efficiencies, (2) new rural clinics, (3) student and faculty health services, (4) FQHCs and other partnerships, (5) concierge medicine	• *SVP and COO* • *CFO* • *AVP of Clinical Initiatives*
Administrative savings	$12M	▪ Central administration retirements ▪ CB1 lease savings 20% in FY22 ▪ Travel savings ▪ Energy savings audit/plan—Ameresco ▪ Copier rentals	• *CFO*
Faculty salary coverage	$9M	▪ 15% of research investments will be generated from increased faculty research productivity ▪ $9M over 5 years ($1M in Yr 2, $2M in Yr 3, $3M in Yr 4, and $3M in Yr 5)	• *SVP and COO* • *Texas A&M Health research investigators by entity* • *Manatt analysis*
Increased Indirect cost recovery	$2M	▪ Higher indirect cost recovered from grants that are related research task forces ▪ $500,000/year over years 2-5	• *AVP of Research*
Philanthropic campaign	$50M	▪ 5-year philanthropic campaign to be launched in FY22	• *Texas A&M Health*

Key Assumptions—Uses: Investments

Our estimate of $90 million invested over five years depends on the following assumptions:

Initiative	Investment	Key assumptions	*Data Source*
Research			
Research faculty hiring	$45M	• 30 research faculty hired over 5 years • 10 professors, 10 associates, 10 assistants • Packages: $3M professor, $1M associate, $500K assistant • Package payout over 5 years • Salary: $250K professor, $150K associate, $115K assistant • 24% benefits	• *AVP of Research* • *SAO workforce summary document* • *CFO and finance team* • *Manatt analysis*
Clinical trials office and data science	$7.5M	• $1.5M/year over 5 years	• *AVP of Research*

Initiative	Investment	Key assumptions	*Data Source*
Research task forces	$4M	• Additional investments to support research task force business plans • $1M/year over years 2-5	• *AVP of Research*
Research pilot and bridge grants	$5M	• $1M/year over 5 years	• *Manatt analysis*
Grant writing support	$2M	• 3 FTEs hired over the first two years of the plan	• *Manatt analysis*
Care Delivery			
Clinical faculty hiring	$11M	• 15 clinical faculty with staggered hiring over 5 years (physician level) • 5 at associate and 10 at assistant level • Salary: $280K, $240K • 24% benefits	• *CFO* • *SAO workforce summary document* • *Manatt analysis*

IMPLEMENTATION

Key Imperatives	Year 1 (Remaining 6 Months of FY21)	Year 2 (FY22)	Years 3–5 (FY23–FY25)
Organizational Effectiveness: *Lean, efficient, responsive and sustainable*	▪ Formulate space and faculty productivity policies and engage faculty in the formulation of policies ▪ Review budget processes and policies ▪ Outline five-year partnership goals ▪ Initiate Texas A&M Health philanthropic campaign ▪ Launch Texas A&M Health shared services for pre-award grant writing and biostatistics ▪ Design and launch mental health and well-being programs	▪ Start space and faculty productivity policy implementation ▪ Launch new budget processes ▪ Invest in growing enrollment based on school-specific growth plans ▪ Submit special item proposal to state biannual planning process	▪ Complete space and faculty productivity policy implementation
Education: *Develop next-generation interprofessional education*	▪ Identify and initiate cross-school competency training modules ▪ Create the learning site council, account teams and supporting databases ▪ Establish criteria for co-funded faculty ▪ Sequence new educational tracks and degree options to launch	▪ Launch problem-based learning IPE program ▪ Establish planning grants and technical assistance for new residencies, fellowships and advanced practice programs	▪ Initiate coordinated longitudinal IPE service learning across Texas A&M Health ▪ Implement additional educational tracks ▪ Initiate and begin implementation of the first new educational track ▪ Initiate and begin implementation of the first new dual-degree option ▪ Implement first accelerated or extended degree options
Research: *Build capabilities for clinical research and commercialization*	▪ Complete business plan for a Clinical Trials Office (CTO) ▪ Increase human health-specific expertise for the Texas A&M Innovation Office ▪ Create “proof of concept” business plans for research task forces ▪ Develop faculty recruitment plan aligned with faculty productivity policies	▪ Hire key staff and initiate business development functions and advisory committees for the CTO ▪ Operationalize thematic research partnerships with Texas A&M ▪ Prioritize research investments ▪ Conduct faculty recruitment ▪ Finalize the expectations statement on research mentorship	▪ Implement a regulatory science core and a subject recruitment program ▪ Launch new clinical research partnerships

Key Imperatives	Year 1 (Remaining 6 Months of FY21)	Year 2 (FY22)	Years 3–5 (FY23–FY25)
Care Delivery: *Establish a sustainable and scalable clinical infrastructure*	▪ Build capabilities and launch clinical practice organization; establish service levels ▪ Build a faculty practice track and clinical incentive program ▪ Transform existing clinical sites to viable and profitable practices ▪ Develop faculty recruitment plan ▪ Complete planning for Aggie Concierge Care	▪ Expand clinical practice organization ▪ Prioritize and sequence new partnerships to build with health systems, FQHCs, jails, counties, schools, etc. ▪ Add new practice sites and services ▪ Initiate planning for student and employee health service provision	▪ Launch new clinical partnerships ▪ Launch technical assistance services for population and community health
Community Engagement: *Expand the geographic focus of our community engagement programs*	▪ Designate lead ▪ Develop business plan for Community Engagement Initiative	▪ Design and launch community engagement grant program ▪ Develop joint community engagement programs with another school ▪ Staff enhanced partnership capabilities	▪ Launch joint community engagement programs with another school

ACCOUNTABILITIES

A clear understanding of roles and responsibilities is needed for the success of our plan. The table below outlines the main accountabilities. We employ the following stylized definitions to describe roles:

- Responsible (R): Those who do the work to achieve this task, including evaluating and recommending decisions as appropriate.
- Accountable (A): The one ultimately answerable for the completion of the task or consideration of the decision, and the one who delegates the work to those responsible.
- Consulted (C): Those whose opinions are sought before a decision is made and with whom there is two-way communication.
- Informed (I): Those who are kept up to date on progress, often only on completion of the task or deliverable, and with whom there is one-way communication.

Strategies	Texas A&M Health SVP and COO	Texas A&M Health Deans	Texas A&M Health AVP for Research	Texas A&M University Provost	Texas A&M University VP for Research	Texas A&M Health CFO	Faculty	SVP Office Staff	Students
Enabling Organizational Characteristics									
1. Build our capabilities for effective, strategic partnerships	R	A	C	C	C	C	I	I	I
2. Enhance shared functions that do more with less	A	C	C	C	C	R	C	C	I
3. Improve financial accountability and integrated budgeting	A	C	I	A	I	R	C	C	I
4. Diversify sources of revenues	A	R	C	C	I	A	I	R	I
5. Nurture a culture of excellence across Texas A&M Health	A	R	C	C	I	I	C	C	C
6. Invest in the mental health and well-being of faculty, staff and students	A	C	I	C	I	I	C	R	I
Education									
Imperative: Develop next-generation interprofessional education	C	R	I	A	I	C	C	I	C
1. Optimize relationships with high-quality learning sites	C	R	I	C	I	C	C	I	C
2. Create more personalized professional training	I	R	I	A	I	I	C	I	I
3. Co-fund faculty who cut across Texas A&M Health and Texas A&M	C	R	I	A	I	C	C	I	I
4. Invest in more professional training including new residencies, fellowships and advanced practice specialties	I	A	I	I	I	I	C	R	C
Research									
Imperative: Build capabilities for clinical research and commercialization	C	C	R	I	A	C	C	I	I
1. Catalyze thematically focused research partnerships with Texas A&M, The Texas A&M University System and clinical affiliates	A	C	R	I	C	I	C	I	I
2. Foster “proof of concept” business plans for research themes	I	I	R	I	A	C	I	I	I
3. Enhance the culture of research mentorship	I	C	R	I	A	I	C	I	I

Strategies	Texas A&M Health SVP and COO	Texas A&M Health Deans	Texas A&M Health AVP for Research	Texas A&M University Provost	Texas A&M University VP for Research	Texas A&M Health CFO	Faculty	COO Office Staff	Students
Care Delivery									
Imperative: Establish a sustainable and scalable clinical infrastructure	A	C	I	I	I	C	C	R	I
1. Expand our partnerships	A	C	I	I	I	C	C	R	I
2. Increase practice locations and services	A	C	I	I	I	C	C	R	I
3. Provide technical assistance and services to promote population and community health	A	C	I	I	I	C	C	R	I
Community Engagement									
Imperative: Expand the geographic focus of our community engagement programs	C	A	I	I	I	I	R	C	C
1. Establish a locus of accountability and incentives for faculty to engage in community-based education, research and service activities	A	C	I	C	C	C	C	R	C
2. Develop joint community engagement programs with other centers in Texas A&M	A	C	C	C	C	C	C	R	I
3. Create partnerships with for-profit and nonprofit stakeholders	A	C	C	C	I	I	C	R	I

SUCCESS MEASURES

Implementation of a plan calls for a way to measure progress. We will measure the success of our plan across three dimensions:

1. **Execution:** Did we do what we planned to do?
2. **Impact:** Did the plan have the desired effect?
3. **Engagement and Partnerships:** Do we cultivate a supportive internal culture and mutually beneficial external partnerships?

In each dimension, we will use metrics to track our progress. These metrics will include:

Dimension	Metrics
Execution	• Percentage of milestones achieved on time • Financial margin and adjusted P&L of Texas A&M Health • Extent of revenue diversification and growth in research expenditures, clinic revenue and philanthropy
Impact	• Number of individuals served by Texas A&M Health clinics, community-based centers, or other entities • Amount of extramural research funding and ranking in Texas
Engagement and Partnerships	• Improve standing compared with peers in the Association of American Medical Colleges (AAMC) survey on faculty and staff engagement • New multidisciplinary research partners

This “scorecard” of metrics will give us a balanced view of our implementation work and the progress we are making as Texas A&M Health.

APPENDICES (SEPARATE DOCUMENT)

- **Appendix 1. Future Trends**
- **Appendix 2. Research Task Force White Papers**
    - Biomarker Task Force
    - Cancer Task Force
    - Health Disparities Task Force
    - Infectious Disease Taskforce
    - Neurobiology, Cognition and Behavior Task Force
    - Women's Health and Sex Differences Task Force
- **Appendix 3. Faculty Compensation Policy Examples**
    - 3.1. Example Faculty Compensation Policy: UT Houston McGovern Medical School
    - 3.2. FTE Definition Illustration
- **Appendix 4. Faculty Salary Coverage Research**
    - 4.1 Summary Salary Coverage Requirements by School
    - 4.2 Examples of Faculty Compensation Policies
        - University of Texas at Houston, McGovern Medical School
        - University of Miami, Miller School of Medicine
        - NYU School of Medicine
        - Mt. Sinai School of Medicine
        - University of Pittsburgh
- **Appendix 5. Space Policies**
    - 5.1. Sample of a Generic Wet Lab Research Space Policy
    - 5.2 Examples of Space Policies
        - Education Advisory Board, "Optimizing Research Allocation at Academic Medical Centers"
        - AAMC, "Allocation and Reallocation of Space: The Use of Standards and Utilization Measures"
        - UC Davis Research Space Policy
    - 5.3 Examples of Space Policy Governance by Institution