## SWOT Analysis - Clinical Task Force

### Strengths (INTERNAL CORE COMPETENCIES)

1. Clinical reputation of faculty and affiliated partners (UCH, CHCO, Denver Health, National Jewish)
2. New campus – state of the art education, research, and patient care facilities, including new facilities for affiliated partners (UCH, CHCO)
3. Billing, contracting, and budgeting management at UPI; healthy margins in many departments with a good understanding of revenue and costs
4. Breadth of tertiary and quaternary services as well as translational research – only academic institution in CO
5. Developing focus on quality and recognition/need for continuous improvement: CLC, ACT1, Institute for Healthcare Quality, Safety and Efficiency, CHCO Quality and Patient Safety Department, UCH Clinical Effectiveness and Patient Safety

### Weaknesses (INTERNAL CHALLENGES)

1. Lack of alignment/integration and transparency across the enterprise in budgeting, coordination of clinical care, and strategic investments
2. Low or diffuse clinical accountability, leadership, and culture
3. Silos, bureaucracy, and complexities in structure and function impedes nimbleness/market responsiveness and communication/coordination
4. Many clinicians have too many responsibilities: administrative, academics, and/or research
5. Physician-centered and/or hospital-centered rather than patient-centered
6. Lack of central quality structure to standardize and improve clinical care across system/affiliated partners

### Opportunities (EXTERNAL UNMET NEEDS)

1. Creating a faculty group practice (hardwire culture that optimizes value, coordinate and lead strategic initiatives/integration across system)
2. Working with/leveraging University of Colorado Health (develop primary care base, expand geographically, integrate community, etc.)
3. Health care reform (value based payment, accountable care, develop insurance product, etc.)
4. Common data warehouse (using data and analysis capabilities to improve quality, efficiencies, and outcomes)
5. Merging redundant functions which take advantage of economies of scale

### Threats (EXTERNAL COMPETITION, BARRIERS, REGULATIONS, RISKS)

1. Fiscal pressures (Federal, State, Insurance), resulting in reduced per capita reimbursement, decreased research and GME funding
2. Nimble competition with intentions of expanding geographically, integrating primary care base, and entering tertiary/quaternary services
3. Health care reform (misaligned clinical care and reimbursement models, reform initiatives not yet directed towards academic centers)
4. Other medical school(s) in Denver Metropolitan area
5. Other academic medical centers, community systems, or schools of medicine recruiting away our best and brightest
# SWOT Analysis - Community Task Force

## Strengths *(INTERNAL CORE COMPETENCIES)*

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<tbody>
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<td>1</td>
<td>There are literally hundreds of community health programs and projects that faculty and learners participate in, lead, or facilitate.</td>
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<td>2</td>
<td>We have almost 3000 community-based volunteer faculty who already give their time to the SOM’s missions. Many are graduates of the SOM.</td>
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<td>3</td>
<td>SOM faculty have demonstrated a commitment to improving the health of the vulnerable, underserved, and uninsured.</td>
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<td>4</td>
<td>The SOM has established “Rural” as one of its diversity goals for student admissions.</td>
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<td>5</td>
<td>Colorado has PBRNs, a CCTSI, and AHEC that engage community partners throughout the state in educational and research initiatives.</td>
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## Weaknesses *(INTERNAL CHALLENGES)*

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<td>1</td>
<td>The SOM receives little state funding, offers little school budget, and little scholarship support for community-based activities.</td>
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<td>2</td>
<td>Students interested in primary care community based and rural careers report negative reinforcement from some SOM faculty.</td>
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<td>3</td>
<td>Community service is not valued as highly as clinical care, research, and education in the promotion and tenure process.</td>
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<td>4</td>
<td>We have not yet made the connection between community service and improving the health of a community.</td>
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<td>5</td>
<td>We do not have SOM-level structures in place that can connect faculty and learners to community health programs.</td>
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## Opportunities *(EXTERNAL UNMET NEEDS)*

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<td>1</td>
<td>Community engagement comports perfectly with the overall CU University Strategic Plan 2008-2020 Goals.</td>
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<td>2</td>
<td>There is a rich array of community-campus partnerships already in play, just waiting to be connected, institutionalized, and supported.</td>
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<td>3</td>
<td>Plans are already under way to develop a master framework for a sustainable campus-community partnership based on current activities.</td>
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<td>4</td>
<td>Our AHEC, CCTSI, and PBRN activities can be programmed to serve this mission area with education, research, and measurement resources.</td>
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<td>5</td>
<td>Community health activities can be multiplied by simply increasing the value placed on them for promotion and tenure.</td>
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## Threats *(EXTERNAL COMPETITION, BARRIERS, REGULATIONS, RISKS)*

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<td>1</td>
<td>The SOM has no workforce plan that addresses the needs of local and statewide communities.</td>
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<td>2</td>
<td>The population health part of the triple aim is neither understood nor endorsed by explicit SOM-level priorities nor allocation of resources.</td>
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<td>3</td>
<td>There are competing schools (Rocky Vista, DU) that are developing programs that may be seen as more supportive of community health.</td>
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<td>4</td>
<td>We don’t know our community partners well, and they sometimes mistrust us and our motives.</td>
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<td>5</td>
<td>The community’s need for access to health care, which we are not committed to providing.</td>
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### SWOT Analysis - Education Task Force

#### Strengths *(INTERNAL CORE COMPETENCIES)*

1. Dedicated, invested and outstanding faculty
2. Relationships with affiliates and community
3. Existing innovative programs (e.g., IPE/REACH, CAPE, HQSE)
4. Willingness to adopt information technology and strong existing personnel
5. The Academy of Medical Educators

#### Weaknesses *(INTERNAL CHALLENGES)*

1. Siloed educational paradigms and efforts
2. Under-resourced educational efforts and personnel
3. Lack of an educational community across all programs and schools
4. Lack of robust educational and IT infrastructure for innovation and scholarship
5. Clinical rotations without clear vertical integration of basic sciences

#### Opportunities *(EXTERNAL UNMET NEEDS)*

1. Align educational expectations and clinical outcomes
2. Create a financial and political educational ‘umbrella’ entity (e.g., department, center, Academy, …)
3. Develop external innovative educational partnerships (e.g., Co Springs, Fort Collins, Grand Jxn, …)
4. Create an educational community
5. Take national lead in IPE and HQSE

#### Threats *(EXTERNAL COMPETITION, BARRIERS, REGULATIONS, RISKS)*

1. Mal-aligned institutional/affiliate/hospital missions and priorities with respect to education
2. Under-resourced, over-burdened educational efforts and personnel
3. Tenuous state support and revenue streams
4. Culture regarding medical professionalism and learner mistreatment
5. Regional health profession education competition for resources (RVU, DUSOM)
## SWOT Analysis – Research Task Force

### Strengths (INTERNAL CORE COMPETENCIES)

1. NIH record for funding
2. Physical facilities; new campus – state of the art education, research, and patient care facilities
3. Research intensive medical school with a strong reputation; excellent research faculty
4. Clinical Translation Science Award facilitates cores, training, mentoring, research structure
5. Collaborative faculty and administration

### Weaknesses (INTERNAL CHALLENGES)

1. Funding dependent on NIH
2. Grant administration and contracting, COMIRB efficiency, processes to support clinical trials
3. Business development, brand recognition, philanthropy, tech transfer
4. Biostats, bioinformatics, biobanking
5. Lack of defined hospital support of research

### Opportunities (EXTERNAL UNMET NEEDS)

1. Diversify research portfolio/mix through collaboration, multidisciplinary approach (internal and external)
2. Improve business development, branding, fundraising, partnering with industry
3. Clinical and comparative effectiveness research enterprises
4. Develop national leadership in innovative training and mentoring, grow faculty and post docs
5. Develop Personalized Medicine and Bioinformatics

### Threats (EXTERNAL COMPETITION, BARRIERS, REGULATIONS, RISKS)

1. Reliance on NIH
2. Pending decrease in CTSA funding
3. Faculty issues include salary support, competing responsibilities, no safety net for junior faculty, need pilot project funding
4. Poor fund raising and endowments
5. Lack of university and state funding