In 2004, the MGH and MGPO together developed a strategic plan focused on the clinical mission to serve as a roadmap to guide the hospital’s future actions and decisions. Eight years later, with an eye on the ever-changing landscape in health care both locally and nationally, the institution set out to update and refresh this long-range planning guide to include all four missions. For the past two years, more than 100 faculty and staff from across multiple disciplines have banded together to develop the next strategic plan that will guide the institution into the next decade. This MGH Hotline special edition is devoted to this detailed plan and its 12 strategies designed to ensure that the organization weathered the current climate and, 10 years from now, has emerged as a stronger, better MGH.

Charting the course for the next decade

The MGH/MGPO Strategic Plan

“The society needs us to better control the total cost of care. Either we control the costs or someone else will. But we can’t let our academic mission suffer along the way – there’s just no way for that to happen and for the MGH to still be the MGH. This is our fundamental challenge: how can we innovate and maintain this atmosphere that we love so much where people are here trying to figure out how to solve the world’s toughest challenges? How can we do it at the same time as facing this hard lid on our cost trends and on our reimbursement?”

— David F. Torchiana, MD, chairman and CEO of the MGPO

THE EVOLVING HEALTH CARE LANDSCAPE — with its cost pressures and return to risk contracting, shrinking federal research dollars, tighter regulation of teaching and the threat of less federal funding, along with a renewed focus on how the MGH addresses the health care needs and disparities in the communities it serves — prompted an almost two-year long strategic planning process.

The MGH strategic plan is a delicate balance involving the hospital’s four-part mission. It recognizes the need to deliver the highest quality of care while controlling the cost of that care, the importance of sustaining and enhancing academic and community missions, and the need to do this in a way that leaves the MGH financially viable. Many of the building blocks are already in place. For example, implementing population health management strategies and continuing the work of the inpatient innovation units and care redesign are essential to the plan’s success. It also envisions further evolution toward center-based multidisciplinary care to improve coordination and efficiency and selective regional, national and international expansions that will ensure sufficient patient volume and financial health. Attention to the research mission is also important and will include creating a less confusing “front door” to MGH research and encouraging translational research. Teaching needs to evolve as well to develop clinicians and employees who are equipped to provide efficient, team-based care. And a renewed and re-energized focus on how to manage care more effectively for chronically ill patients in the institution and the broader community, starting with instituting a new approach to the management of substance use disorders.

It is an ambitious plan — both in terms of goals and the resources required — and is expected to take a decade to complete. In January the MGH and MGPO boards approved the plan. In the following months, priorities were set and modest start-up funds were set aside in the FY2014 budget for immediate expenses. The FY2015 budget process will include commitments to fund the first round of initiatives approved in the plan. Hundreds of people spent hundreds of hours on each element of the new strategic plan and now will turn their attention to carefully recalibrating the hospital’s mission to secure its future.
The MGH/MGPO future: 12 strategies

The framework of the strategic plan will focus on all four missions of the MGH: clinical care, education, research and service to communities. Within these imperatives, 12 key strategies have been selected as institutional priorities:

1. **Redesign the model of care**
   Building on care redesign, innovation units and other activities, the idea is to optimize the patient experience and increase efficiency. This will include focusing on length of stay, readmissions, appropriateness and access.

2. **Center-based care**
   Multidisciplinary centers will be expected to use care redesign to enhance quality and efficiency. This is important for MGH/MGPO success in an era of renewed risk contracting and bundled payments.

3. **Population health management**
   The population health agenda includes specific strategies for primary care, specialty care, post-acute care and patient engagement. The goals are better quality of care and a reduction in the medical expense trend.

4. **Transform chronic disease care**
   Diabetes/obesity, substance use disorders, and tobacco use are significant contributors to health burden and costs. An intensive focus on substance use disorders will complement existing efforts in the other areas.

5. **Strategic service expansion and network development**
   A new center, tasked with growing patient volume from more distant geographies, will offer specialized services such as enhanced primary care, executive health and international health.

6. **An MGH Research Institute as a welcoming front door for industry and philanthropy**
   This effort will affirm the reality that the MGH is the No. 1 NIH-funded hospital research program and ensure that the hospital is known worldwide for research.

7. **Facilitate translational research**
   Taking a discovery from research to a clinical therapy requires a specialized skill set and collaboration with industry that a one-stop shop will facilitate.

8. **Optimize clinical education across the health professions**
   Changes in care delivery require a new approach to education that prepares future clinicians to offer efficient, team-based care. Developing a core group of clinician educators is an important element of this strategy.

9. **Leverage the power of MGH patient data**
   Robust measurement and evaluation systems are needed for success under new payment models. A central registry will help proactively to manage patients and evaluate clinical outcomes, while the Partners Biobank at the MGH will advance medical research to improve health care.

10. **Workforce development**
    As health care redesign changes the institution’s workforce, the hospital must likewise develop new skills and competencies. Piloting new continuing education models, expanding interprofessional education and identifying opportunities to reduce administrative overhead will improve the quality, safety and value of patient care.

11. **Intensify diversity and inclusion efforts**
    A diverse workforce makes better and faster decisions. Establishing clear goals and an organizational structure that builds on the strength of existing efforts and facilitates collaboration will further catalyze MGH diversity and inclusion efforts.

12. **Stronger internal governance**
    Effective implementation of the strategic plan will depend on coordination of the population health and episodic care agendas, a stronger, restructured Executive Committee on Teaching and Education (ECOTE) and a new Executive Committee on Community Health (ECOCH) to oversee the MGH community mission.
### Phase 1 and Phase 2: A vision for the future

**NEARLY A DECADE** after the launch of the MGH’s 2004 strategic plan, more than 40 key leaders within the MGH and MGPO were interviewed to focus on refreshing and updating the plan as part of the initial assessment and idea generation phase. Members of the Strategic Planning Steering Committee spent nearly a year assessing the current state of the institution, examining external trends and working with leaders throughout the community to identify potential strategic priorities across the four missions of the MGH.

*“One of the things that is very important to focus on is the wide range of dialogues across departments. Because we are a large academic medical facility, there is often a strong focus on physicians and medicine, but we must make sure the voices of other key providers — such as nurses, physical therapists and occupational therapists — are also part of this dialogue and decision-making process. I think the most exciting part of the process is that we were included as part of the vision of the future for the MGH. We are taking a proactive approach and looking at supporting and advancing our clinicians into the next decade. I feel like I am representing nursing and Patient Care Services to ensure that our interests and concerns are well represented on these committees. I feel very proud to be selected to participate.”*  
— Gaurdia Banister, RN, PhD, FAAN, executive director of the Institute for Patient Care

### Challenges and champions

**FOLLOWING THE INITIAL PHASE** of both internal and external assessment, six workgroups were created to propose specific strategies and tactics for the institution to review: Redesigning the Delivery System for Population Health, Differentiating MGH Episodic Care, Improving Integration of the Clinical and Research Missions, Organizing Research for the Greatest Success and Impact, Refining the Teaching Model to Prepare Trainees for the Changing Health Care Landscape, and Explicitly Linking Our Community Mission to Our Other Missions.

The Episodic Care Team found that the institution’s strong focus on innovative programs and its dedication to care redesign already have put the hospital on the path to implement more easily these vital programs of the future.

*Some good news was that the goal of the Episodic Care Team was shown to highlight what the MGH has been doing for a long time. Our job was made easier because we have this strong group of outstanding clinical centers – the Cancer Center, Digestive Healthcare Center, Transplant Center, Trauma Center and the Institute for Heart, Vascular and Stroke Care – which includes the Heart and Vascular centers – that are all working together quite successfully. The other groups looking at education, research, population management and community, had a longer way to go to reach the pinnacle. However, by working together we can harness all of these strategies to provide a better delivery of care, improve access and strengthen innovation and care redesign efforts.”*  
— Keith Lillemoe, MD, surgeon-in-chief

### Difficult operating environment

- Continued pressure on medical cost from payers
- Bearing increased financial risk for the costs of care we provide
- Payer mix becoming less favorable
- Increasing competition with mergers and acquisitions activity among hospitals and practices with significant regulatory challenges
- Shrinking and shifting federal funding base
- Increasing regulations/bureaucracy
- Industry’s difficulty in working with us hinders advancement of MGH discoveries to the clinic
- Limited external visibility of MGH research efforts
- Tighter regulation of what and how we teach
- Threat of reduced federal funding for graduate medical education
- Pressure on clinical revenues limits ability to subsidize education
- Changes in care delivery necessitate changes in how we educate
- Health care disparities an ongoing challenge in our communities
- Higher rates of substance use disorders, diabetes/obesity, smoking/lung cancer in our communities, with much higher costs of care
“The implications for the MGH are that we need to change, we need to evolve, we need to become more agile and more lean in this very challenging environment. But we can’t afford to change our essence – the reason why we attract trainees and faculty from all over the planet needs to stay first and foremost, and this can be a tricky thing to do and a very difficult thing to accomplish simultaneously.”

— David F. Torchiana, MD, chairman and CEO of the MGPO

Implementing the strategic plan

DURING THE APRIL 30, 2014 leadership meeting, David F. Torchiana, MD, chairman and CEO of the MGPO, and Peter L. Slavin, MD, president of the MGH, discussed the MGH’s current progress through the early stages of implementing the strategic plan. This came on the heels of the implementation planning phase, when committees focused on specific missions turned over detailed proposals — including specifics of implementation, associated budget requirements, key milestones and metrics for success — which were reviewed and finalized. These teams concentrated on ways to sustain and enhance the hospital’s academic and community missions. The following are a few of the recommendations:

Establish an MGH Research Institute to organize MGH’s wide-ranging research activities to attract additional funding and include earlier and deeper engagement with industry; improve support for investigators; and enable larger-scale research opportunities.

“THE RESEARCH INSTITUTE will help support, promote and guide science. The MGH is renowned for our clinical care, but in spite of our large, innovative, and diverse research portfolio, the MGH research enterprise is not as prominently recognized nationally as it should be,” says Harry Orf, PhD, senior vice president for Research, who also will oversee the new institute. “This relative anonymity is one of several major challenges MGH research will face in the coming decade. The institute will provide us with a framework to meet these challenges and allow us to adapt in this ever-changing environment.”

Orf says the institute also will help address other challenges including the shrinking and shifting of federal funding, as well as the growing federal regulations and restrictions. This newly organized Research Institute — which is in the process of hiring a scientific director who will help devise and implement the institute’s goals — will seek to reaffirm the hospital’s commitment to research, better integrate the research and clinical missions, engage patients in the research program, increase visibility for MGH research, broaden engagement with industry, and improve infrastructure and communication.

MGH President Peter L. Slavin, MD, says, “This Research Institute also will create a ‘front door’ to the MGH research enterprise so pharmaceutical and biotech companies — such as those locally in Kendall Square or investigators anywhere in the world — will know whom to call within the MGH research community that might be interested in collaborating. It will offer a better administrative structure for sustaining and growing science, for remaining

CASE STUDY
The strategic plan:
A decade down the line

“My name is Juanita, and 10 years ago I didn’t think I would live long enough to see my grandchildren become adults. Now I am 60 years old, and although there have been ups and downs, I feel healthy and happy. And not only has my health improved, but my quality of life overall has grown significantly as well.”

THE YEAR IS 2023. Juanita, a Chelsea resident who has weathered a number of health concerns during her lifetime, takes a look back at the past decade to share her experiences as an MGH patient in a hypothetical case study created by members of the six Strategic Planning Committees. The case study illustrates how the lives of patients, providers and researchers are integrated and provides an overview of each of their individual goals, obstacles and successes over the next decade.

The case study (available on the Priorities website at http://priorities.massgeneral.org/Home.html) integrated some of the recommendations of the strategy workgroups to bring to life what a MGH patient might experience during a 10-year period of time. Looking through Juanita’s eyes, the study focuses on encounters with her care team, what life is like both at home and within her local community as well as other obstacles to keeping healthy — including language barriers and the illnesses of family members. The study also focuses on the “behind-the-scenes” yet critically important role that research, education and costs play in a patient’s care.

“This case study is a great example of how all four of our missions can be integrated to make the whole greater than the sum of its parts. Every day people from different areas and disciplines across the institution are working together toward the ultimate goal of improving the health of our patients.”

— Shea Asfaw, chief of staff for MGH Administration
and this high occupancy rate is a concern – especially on the outpatient side – for patients, families and referring physicians. Reducing the length of stay is the best way to reduce occupancy rates to accommodate more patients.

“In all of health care, and especially at the MGH, the overarching goal must be continuously improving value for patients – the value we want to demonstrate is that we hold dear our patients and families and will always keep them at the center of what we do each day,” says Jeanette Ives Erickson, RN, DNP, FAAN, senior vice president for Patient Care and chief nurse. “Providing exceptional care has always been at the heart of the MGH, but now we must also demonstrate value relative to the cost of achieving excellent clinical outcomes. The road ahead means continuously improving clinical outcomes while not adding to the cost burden of health care. If we remain driven by the needs and expectations of our patients and families, we will remain a leading edge academic health care system tomorrow and 10 years from now.”

Optimize clinical education across the health professions that enables the delivery of the outstanding, high-quality, team-based, cost-effective care of the future and maintains the MGH’s reputation as a place that develops leaders.

**Effective Health Care Delivery** now requires greater team-based care, increased care coordination, and the routine utilization of care pathways. To prepare future and current staff for these changes, there must be a more deliberate focus on education across all career stages and all disciplines. These investments in education will enhance the quality, efficiency and safety of the care the MGH provides to patients and also allow the institution to continue to attract and retain the brightest “stars” in medicine. Fortunately, education of caregivers is at the core of the MGH; it is key to its history and its identity. The MGH recognizes that the institution has a great opportunity – and responsibility – to lead the nation in redefining the academic medical center’s value and role in continuing to develop the health care workforce.

“The Education Strategic Planning Implementation Steering Committee took a broad view of education in the institution and looked at it as an essential component of care redesign and care delivery here,” says Ron Kleinman, MD, physician-in-chief for the MassGeneral Hospital for Children. “We felt that the first step in creating this new way of viewing education was to bring all the educational efforts together under one convening body.”

The committee’s first priority was looking at restructuring the Mass General Executive Committee on Teaching and Education (ECOTE), which has previously focused much of its attention on graduate medical education. Under the new plan, the ECOTE governing body will be reconfigured to include some 30 members of the hospital community to refocus its efforts on more fundamental, cross-cutting educational issues and opportunities.

Kleinman says other priorities include the cultivation of more clinical educators throughout the hospital, as well expanding interprofessional education opportunities. “We need to implement deliberate practice time for educational efforts outside of the usual clinical care delivery,” he says. “There are departments, like the Department of Medicine, that do a great job providing support and expansion for core clinical programs, but we need to extend these types of learning opportunities to other departments.

(Continued on page 6)
"We can’t do any of this without some resources, and so we have allocated $2.5 million in this year’s FY2014 budget to get these various implementation efforts underway since that money was released in the second half of the year. That is the equivalent of about a $5 million annual investment, and we are building into next year’s budget a $10 million placeholder to really move these initiatives as aggressively as we possibly can. We need to make these investments for the future of the organization if we want to be as vibrant and cutting-edge as we all want to be.”

— Peter L. Slavin, MD, MGH president

**Funding priorities**

*THE STRATEGIC PLANNING STEERING COMMITTEE* has compiled a list of the financial needs of all proposals, which is currently being reviewed. It is important to remember, says Ann Prestipino, senior vice president of Surgical, Anesthesia and Emergency Services and Clinical Business Development, that one of the most important hallmarks of creating a strategic plan is looking at what you are not going to do as well as what you are going to do.

“An important part of the budget process is to continue not only to look critically at the list of creative new ideas that we’ve sorted through and prioritized, but also continue to look at the existing strategies – what might no longer be viable or what could be done differently. The most fundamental thing that we have to remember with all this new creativity is we have to be economically viable because if we are not, we just don’t exist. We need to focus on both sides and ask ourselves, are we really utilizing what we already have in a way that is most effective, most efficient and is taking us in the direction of the future?”

**Launch major initiative to reduce the burden of chronic disease in area communities, while reducing cost and setting a national standard.**

**SUBSTANCE USE DISORDERS** – including use of alcohol, drugs and nicotine – affect more than 40 million Americans or nearly 16 percent of the population – more than heart conditions, diabetes or cancer. National data indicate that 22 percent of hospitalized general medical patients have an active alcohol or drug use disorder. Closer to home, a 2011 study found the rate of emergency room visits for heroin use in the Boston metro area to be the highest in the country – almost four times the national average.

“There is growing evidence that treating substance abuse in the same way we treat patients with congestive heart failure or with diabetes – with disease management programs – can make a significant difference,” says Slavin. “Currently we do a very good job providing inpatient care and outpatient care to patients with substance use disorders, but we don’t have a system of care to manage them longitudinally.”

Aggressively addressing the issue of substance use disorders was the top recommendation of both the Population Health and Community teams.

Joan Quinlan, vice president for Community Health in the Center for Community Health Improvement (CCHI), says the addition of recovery coaches in health centers and the Boston Health Care for the Homeless Program – along with a specialized Addiction Consult Team (ACT) within the hospital – is aimed at creating a seamless continuum of care from the health center, to the hospital, to community-based treatment providers and recovery support services. Along with the prevention work CCHI already does in communities, the ultimate goal is to significantly reduce the incidence and prevalence of substance use disorders within local communities. “There is a lot of stigma associated with addiction, but this is a chronic disease, and we need to work on managing it wherever our patients are on the readiness continuum.”

Quinlan says this marks the first time in the hospital’s history that community health has been a part of its strategic plan. “This is really exciting and just another sign that the MGH puts a strong emphasis on the value of community health. Putting community health on par with clinical, research and education initiatives, sends a strong message to our patients that the hospital is committed to strengthening and improving the health and well-being of our communities.”
“It was a privilege to be a part of this fundamental planning process to help chart the future of the MGH and MGPO. I feel honored to have been a part of this incredible group of hundreds from across the institution who shared their hopes, expertise and commitment to building a stronger, more cohesive system for our patients, their families and our staff.”

— Debra Burke, RN, associate chief nurse

**Strategic planning committee leadership**

**Phase 1 – Pre-Planning Teams**

**Analytics**
Sally Mason Boemer

**Blue Sky and Executive Committee**
Peter L. Slavin, MD
David Torchiana, MD

**Phase 2 Strategy Recommendation Teams –**

**Population Health**
Tim Ferris, MD
Joan Sapiro
Caryn Wilson

**Episodic Care**
Michael Jaff, DO
Greg Pauly
Deb Doroni

**Clinical and Research Missions**
Merit Cudkowicz, MD
Daniel Haber, MD, PhD
Andrea Paciello

**Research**
Harry Orf, PhD
Jerry Rosenbaum, MD
Gary Smith

**Education**
Jim Gordon, MD
Jeanette Ives Erickson, RN, DNP
Bethany Daily

**Community**
Joy Rosen
Britain Nicholson, MD
Jean Bernhardt

**Phase 3 and 4 – Implementation Teams**

**Steering Committee on Population Health**
Tim Ferris, MD
Eric Weil, MD
Debra Burke, RN
Greg Pauly

**Steering Committee on Episodic Care**
Keith Lillemoe, MD
Michael Jaff, DO
Jeanette Ives Erickson, RN, DNP
Ann Prestipino

**Executive Committee on Research**
Bob Kingston, PhD
Gaurdia Banister, RN
Harry Orf, PhD

**Executive Committee on Teaching and Education**
Ron Kleinman, MD
Gaurdia Banister, RN
Britain Nicholson, MD
Debra Weinstein, MD

**Executive Committee on Community Health**
Joan Quinlan
Dean Xerras, MD
Deb Washington, RN
Joan Sapiro
Joy Rosen
Looking forward

THE MGH STRATEGIC PLAN is ambitious in terms of goals and resources required, but the dedication and determination of its creators and supporters will allow the institution to move forward with its recommendations throughout the next decade.

“I really am expecting great things from this strategic plan. I think it positions us to maintain our leadership in providing cutting-edge care as well as research. Health care is changing drastically and we want to continue as a strong leader. Research funding also is changing drastically – right when knowledge is really exploding – so this is a perfect time to focus on how we can make sure research efforts are at the forefront. The strategic plan is so important to the hospital’s future and will allow us to accomplish a great deal.”
— Merit Cudkowicz, MD, chief of the Department of Neurology

“The strategic planning and implementation process was an incredibly well-organized process that I was privileged to be a part of dating back to 2012. It was a process that brought together so many stakeholders who are committed to the health of the institution, and more importantly to the health of the patients it serves. I cannot imagine a more collaborative approach to the planning and implementation of innovations in health care delivery, an approval process that was always centered around the four parts of the hospital’s mission. I know that the patients at the MGH will be better off in 10 years, specifically those who suffer from substance use disorders and other chronic illnesses in our communities. As a result of this process and its deliverables, I strongly feel that the care of these patients will improve, since we will become better equipped to care for their needs as they move across the continuum, from outpatient to inpatient and back to outpatient care. This could not have been accomplished without the work of the strategic planning process.”
— Dean Xerras, MD, medical director of MGH Chelsea HealthCare Center

“We know that this is an ambitious plan, but we also know that these strategic initiatives will allow us to provide the highest quality of care to our patients and maintain the core academic and community missions of the MGH. Using this plan to guide our investments and activities will allow us to continue to take a fresh look at how best to take advantage of opportunities and manage challenges in the years ahead.”
— David F. Torchiana, MD, chairman and CEO of the MGPO

“The courage taken by the MGH to develop a 10-year strategic plan during these tumultuous times in health care is impressive. Highlighting the evolution of care delivery to ensure that, in 10 years, our patients will still receive the best care possible, while focusing on the efficiencies of that care is critical to the MGH. In addition, all components of our mission, to educate our colleagues, the future leaders in health care delivery, and the public, remains in the forefront. Expanding the integration of research into everything we do by developing the Research Institute sends a loud message to all about our commitment. Most excitingly is the underscoring of our dedication to community for the next decade, which not only highlights our place in our neighborhood, but also tackles some of the most challenging health care issues, including substance abuse.”
— Michael Jaff, DO, medical director of the MGH Vascular Center

“After several years of work we have made significant progress in establishing a strong foundation for the system to move forward in population health management. In the coming years we hope to build upon the work underway in primary care with a focus on increased specialty engagement, post-acute care. The MGH strategic planning process has given us a vehicle to expand this work within the population health management infrastructure and through collaborations with the episodic care and community health teams. It is a challenging but exciting time in the history of the hospital and implementing this strategic plan will ensure we are well-positioned to meet current and future challenges.”
— Tim Ferris, MD, senior vice president for Population Health Management