



# DEPARTMENT OF PEDIATRICS STRATEGIC PLAN 2022 – 2027

*Better health for all Illinois children*

# ABOUT US

**The Department of Pediatrics** has been working to improve the health and well-being of children in Illinois since our inception more than 100 years ago. Housed within the largest medical school in the United States – the University of Illinois College of Medicine – our program is home to 39 pediatric residents, 16 med/peds residents, 14 fellows, >120 academic/medical faculty in >25 subspecialties, and a growing pediatric research program that is nationally ranked. Each year, our faculty receives >\$15 million in research grants. Recently renovated “dry” and “wet” laboratory spaces house multiple research programs that span bioscience to health services research (“T1-T4”). For eight years, we have participated in the U.S. News & World Report (USNWR) Best Children’s Hospitals Survey for Children’s Hospital of the University of Illinois (CHUI). The 2022-2023 USNWR Survey ranked CHUI as #4 in Illinois and #28 in the Midwest, and scored CHUI in seven specialties. Blue Ridge Rankings (National Institutes of Health funding) placed the Department of Pediatrics as #2 in Illinois and #45 nationally. Perhaps most importantly, our Department is pioneering the development of a new model to meet the needs of the 21st century child: the integrated children’s hospital and health system. Today, our Department is leading the development of innovative methods and systems of care for children.

**An integrated children’s hospital and health system** is being created to increase access, improve outcomes, reduce costs, integrate family care, and train future pediatric health leaders. Access means care as close to each patient as possible, with minimum costs in transportation and effort. Outcomes include patient experience, quality of care, and care-coordination within an integrated, holistic model. Reducing costs comprises optimal use of physician and provider efforts, best use of all facilities available, and a focus on value-based care. Integrating family care involves supporting families to achieve the best possible health for their child. Training future physician leaders involves diverse inpatient and outpatient learning environments. In 2021, we created the Partnership for Pediatric Care with Cook County Health (CCH) to best achieve the goal of an integrated children's hospital and health system.

**The Partnership for Pediatric Care** encompasses the inpatient units at Children’s Hospital of the University of Illinois (CHUI) and Cook County Health, which include >100 beds (16 pediatric intensive care, 36 step-down, and 50 neonatal intensive care unit). The Partnership offers convenient access to outpatient services at >30 locations (e.g., Mile Square Federally Qualified Health Centers and Cook County Health clinics) that is provided by >160 physicians and advanced practice nurses in 34 subspecialties. It also includes population health and care management programs that are focused on improving child health outcomes. Each year, the Partnership serves >100,000 children with >210,000 visits. Designations include Level III NICU, PCCC (critical care), EDAP (emergency room), and Burn & Trauma (CCH). Our subspecialty physicians also work closely with another affiliated institution: Shriners Children’s Chicago. Together, this partnership creates an integrated children's hospital and health system.

**Growing educational and research partnerships** across the University and State seeks to advance knowledge. In research, we are approaching complex questions with integrated methods that focus on the health and development of at-risk children. This includes building integrated research models, such as a cross-disciplinary child health research consortium that is working toward creating an institute as well as a center for translational bioscience. In collaboration with our partners, our shared mission is to improve the health of children in Chicago, Cook County, and Illinois. In education, we train the next generation of child health leaders. These physicians are innovators and advocates, who are fully capable of addressing the needs of the 21st century child with new approaches. This includes collaborations for residency training at Advocate Aurora Health, Cook County Health, and Shriners Children’s Chicago.

## OUR MISSION

Provide comprehensive family-centered primary and specialty health care to all children; provide multi-level pediatric education to students, physicians, and allied health care workers; advance child health science and innovation; and advocate for child health and well-being.

## OUR VALUES

- To uphold the rights of all children to high quality health care and outcomes.
- To provide culturally sensitive family and community centered health care.
- To advance scholarship and discovery through our centers of excellence.
- To promote education and life-long learning.
- To be a resource for the families and physicians in our community.

## OUR VISION

Outstanding access to care, better health outcomes, greater cost-effectiveness, superior patient experience, advances in child health research, and training the next generation of pediatric leaders in Illinois.

## OUR TAGLINE

Better health for all Illinois children



# University of Illinois College of Medicine (Chicago)

## Department of Pediatrics Partnership Strategy

May 2023

### Children's Hospital of the University of Illinois

#### Quality and Safety

- USNWR Children's Hospital #4
- Illinois Patient experience
- HEDIS and quality assurance

#### Outpatient Services

- Outpatient Care Center (8-8 Model)
- Maxwell & Pilsen
- Mile Square Health Centers
- 55th & Pulaski Clinic
- Potential New Clinics (West Loop)

#### Inpatient Services

- Administrative Perinatal Center
- Associated Surgical Programs
- EDAP & PCCC Designations
- Level III NICU Designation
- OB/GYN, Mother/Baby
- Pediatric Emergency Room

### Education

#### Student Medical Education

- Third Year Clerkship
- Fourth Year Electives/Sub-Internships

#### Pediatric Residencies

- Pediatric Residency
- Medicine-Pediatric Residency

#### Pediatric Fellowships

- Adolescent Medicine
- Pediatric Endocrinology
- Pediatric Hematology-Oncology
- Neonatology-Perinatology
- CLASS Fellows (Clinical Leaders and Academic Scholars)

### Population Health

- CHECK
- Healthy Steps
- Division of Specialized Care for Children
- Pay for Performance Contracts
- Mental Health Support
- Health Equity Interventions

### Research and Innovation

- UIC Child Health Research Consortium
- Global Health Program
- Center for Translational Pediatric Research and Education
- Children's Environmental Health Initiative
- Primary Care Mental Health Research Lab
- Developmental Biology

*Endowed Professorships*

### Partner Departments

- Child Health and Pediatric Clinical Council
- Cancer Center
- Family Medicine
- Psychiatry
- Surgery
- Mile Square Health Center
- Craniofacial
- Anesthesiology
- Radiology
- Orthopedics
- Otolaryngology

### Affiliations & Outreach

Colleges of Dentistry, Nursing, Public Health, Pharmacy & Allied Health Professionals

Cancer Center, Craniofacial Center, Center for Global Health

Advocate Aurora Health

Rush University Health System

Illinois Medical District

College of Medicine, Peoria and Rockford

Institute for Health Research and Policy

Illinois Department of Public Health

Regional emergency rooms

Cook County Federally Qualified Health Centers

# MESSAGE FROM DR. BENJAMIN W. VAN VOORHEES, HEAD, DEPARTMENT OF PEDIATRICS



We look back with pride on our previous strategic plan (2016 - 2021) and look forward to working towards our goals for 2022 - 2027.

**Access to outpatient care expanded substantially:** We now have Child and Youth Center evening hours four nights per week (before the pandemic), and the urgent care center was developed at the main location of Mile Square Health Center. New clinic sites were added at 55th & Pulaski and Maxwell Street. Significant successes in preventing central line and urinary catheter related infections were made possible by a major expansion of quality improvement programs across the Department. Subspecialties that were added include child advocacy, rheumatology, physical medicine rehabilitation, and pediatric emergency medicine. Total child visits to UI Health clinics expanded from <124,000/year to >155,000/year. Patient experience scores improved to the top 25th percentile in the inpatient unit. Designations include Level III NICU, PCCC (critical care), EDAP (emergency room), and Burn & Trauma (CCH). New clinical partnerships with Shriners (2015) and Cook County Health (2021) were established.

**Business operations improved:** We have substantially reorganized our business operations. Total revenues nearly doubled, and the deficit remained stable for most of the period of the first strategic plan. Philanthropy increased significantly before the pandemic, and fundraising for two endowed professorships was completed. Three additional endowed professors were recruited.

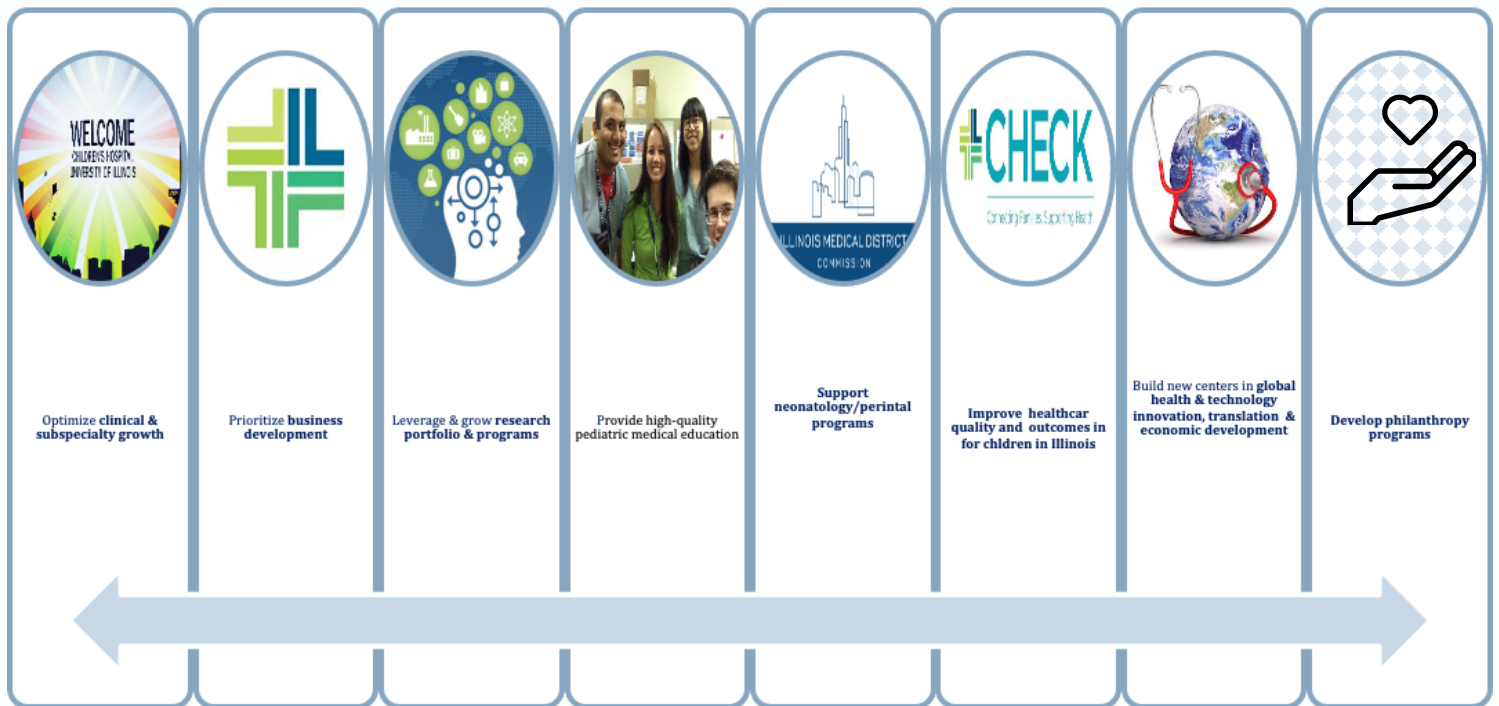
**Partnerships in research and education expanded:** Funding for research has increased considerably, with our faculty receiving >\$15 million in research grants annually from multiple federal and non-federal agencies. Recently renovated “dry” and “wet” laboratory spaces house research programs that range from bioscience to health services research (“T1-T4”). The first cross-campus consortium of child health investigators was convened in 2021. A strategic plan for research was developed and implemented, and the research office was reorganized. Collaborations were expanded with UIC's Institute for Health Research & Policy and Cancer Center.

In summary, **our key goals for the 2022 - 2027** strategic plan include:

- (1) Strengthen outreach/marketing/access; and increase total number of patients under care to >125,000, total visits to >275,000, and inpatient admissions/observations >3,000/year in Partnership for Pediatric Care.
- (2) Demonstrate improved health outcomes in child obesity, vaccination, and behavioral health per HEDIS and link to P4P contracts across Partnership for Pediatric Care to be ranked in one specialty by USNWR.
- (3) Establish multi-hospital residency and fellowship model that strengthens pipeline of equity focused physicians and shortage pediatric specialties for service rural and urban underserved environments.
- (4) Establish UIC Child and Adolescent Health Research Consortium (health equity) and the Center for Translational Pediatric Research and Education (bioscience)/rise to <35th in Blue Ridge Ranking.
- (5) Create a long-term facilities plan, including outpatient, inpatient, and perinatal sites of care leveraging a distributed care model.
- (6) Demonstrate fiscal responsibility by reducing costs and optimizing income.
- (7) Raise funds for three endowed professorships with annual fund raising >\$1 million/year.
- (8) Establish national model for integrated children's hospital and health system to address clinical and population health needs in cost-effective manner with <25th rank in USNWR midwestern hospitals.
- (9) Develop a Neuro-NICU model and maintain a Level III designation by NAC.

# STRATEGIC PLANNING PRIORITIES

Areas of focus 2022 - 2027

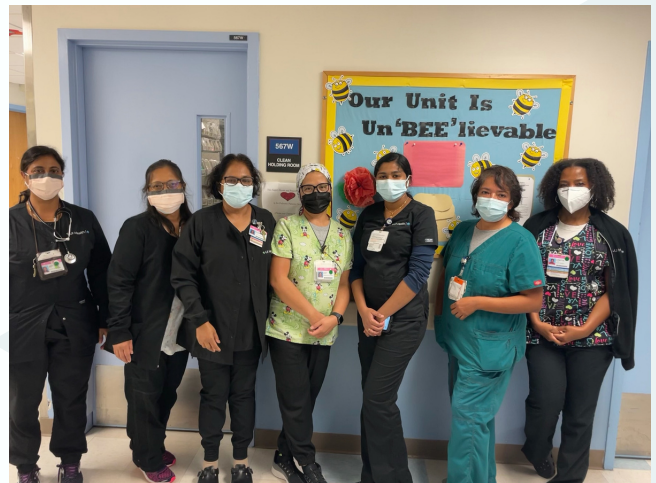


The Department of Pediatrics leadership group – in concert with UI Health and the College of Medicine – analyzed the current state of child health at UIC (while also keeping in mind the rapid global evolution of health care) to develop the strategic priorities above. We believe this 2022 - 2027 plan will guide the Department and UI Health child health enterprise to the building of a cost-effective, high-quality, accessible child health system; the expansion of a multi-hospital education program; and toward a cross-campus child health research institute.

# OPTIMIZE CLINICAL GROWTH AND SUBSPECIALITY DEVELOPMENT

## Action Items

- Through Partnership for Pediatric Care, integrate 14 medical specialties and >2 population health projects; and partner with Shriners in possible outpatient clinic or inpatient satellite model.
- Develop a comprehensive marketing and public relations plan with UI Health/Partnership for Pediatric Care around Chicago's public, academic children's hospital partnership including outreach (>10 organizations/year), brochures, improved Department website, social media, videos, and CME.
- Add Neurosurgery, Physical Medicine/Rehabilitation, Child Advocacy, and Pediatric Otolaryngology coverage.
- Develop inpatient and outpatient facility modernization plan to support the distributed care model.
- Improve call center performance.



# OPTIMIZE CLINICAL GROWTH AND SUBSPECIALITY DEVELOPMENT

## Intended Outcomes & Impact

- Increase volume of patients under care by all partnerships to >125,000 and achieve >275,000 visits per year, from 7.8% to >10% market share.
- Strengthen identity and profile of Partnership for Pediatric Care and UIH child health enterprise to multiple stakeholders.
- Modernize at least one inpatient or outpatient facility to be child friendly.
- Expand access to primary, specialty, and urgent care 7 days per week on the west and south sides, including collaborations with Partnership for Pediatric Care, Mile Square, UI Health (55th & Pulaski), Maxwell Street, and Shriners (>15 off-site specialty clinics).
- Develop Partnership for Pediatric Care into an integrated children's hospital and health system.





# PRIORITIZE BUSINESS DEVELOPMENT AND FACULTY/STAFF WELL-BEING/INCLUSION

## Action Items

- Build on participatory planning model with Departmental leaders, including SWOTs, goal setting, annual progress reviews, and faculty town hall meetings.
- Revise compensation plan to incorporate clinical and academic activities, leader performance, and citizenship; and incorporate these measures into annual evaluations, and standardized incentive models.
- Develop cost sharing agreements with all mission partners – clinical, research, education institute – for oversight/accountability over citizenship and DOP supported research.
- Grow value-based care models for pediatrics for future contracts including Pay for Performance.
- Develop plan for hybrid work and employee engagement, including social events, small group meetings, and cultural engagement.
- Recruit section chiefs to replace retiring faculty in several specialties.
- Continuous review of clinical FTE and clinical scheduling to maintain optimal financial performance and physician well-being.



# PRIORITIZE BUSINESS DEVELOPMENT AND FACULTY/STAFF WELL-BEING/INCLUSION

## Intended Outcomes

- Complete service coverage including replacing departing section chiefs.
- Demonstrate cost-effective management of finances.
- Physicians achieve mean >50% in RVU based productivity by improving coding practices.
- Improve communication and decision making through teamwork with physician engagement survey in top 25%.
- Improve faculty compensation toward 50th percentile, dependent on productivity (50th percentile goals).
- Expanded Pay for Performance Programs >1.
- Achieve patient engagement scores in top 25% for both inpatient and outpatient.
- Boost brand recognition around values, accessibility, and mission.
- Enhance cost-efficiency across partner institutions through optimal utilization of facilities, faculty, staff, and programs by generating >\$3 million/year in shared services.
- Improve diversity, equity, and inclusion parameters per College of Medicine strategic plan.
- Significantly improve function of clinic as measured by provider satisfaction survey and engagement.
- Demonstrate outcomes relevant MCOs, including HEDIS; with possible Patient Centered Medical Home Certification (NCQAA).



# LEVERAGE AND GROW RESEARCH PORTFOLIO AND PROGRAMS

## Action Items

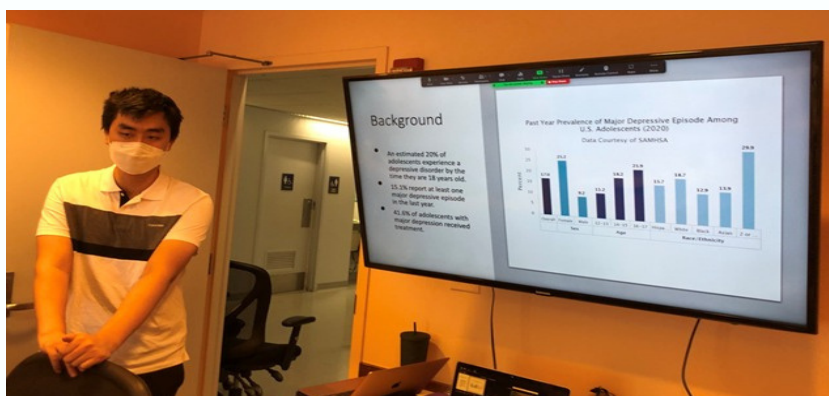
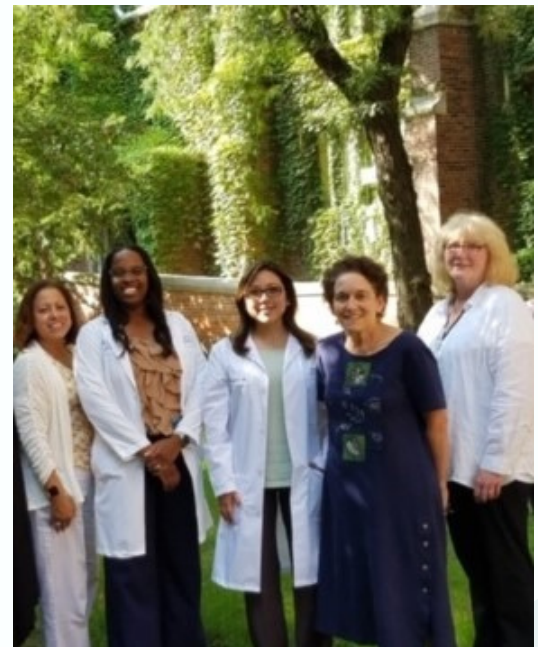
- Establish UIC Child and Adolescent Health Research Consortium (health policy and services/equity).
- Launch Center for Translational Pediatric Research and Education (bioscience).
- Partner with Children's Environmental Health Initiative (environmental health/equity).
- Grow research through recruiting new faculty (>5) at all development levels, as well as enhancing the research skills and opportunities of current faculty through mentoring and research supports.
- Expand research funding through collaborative multi-site grants, program project grants, and training grants.
- Strengthen oversight and strategic orientation of research investments.
- Increase collaborations and joint grants with Cancer Center, Institute for Juvenile Research, Institute for Health Policy Research, Diabetes Center, Center for Health Equity and Machine Learning, National Center for Rural Health Professions, and Digital Health Initiative.
- Develop comprehensive data infrastructure plan.



# LEVERAGE AND GROW RESEARCH PORTFOLIO AND PROGRAMS

## Intended Outcomes

- Increase child health research collaboration and integration across the University through founding centers, institutes, and consortiums; and obtain program project grants.
- Increase publications to >175/year and annual research funding to >\$20 million/year.
- Improve research visibility and NIH research ranking to <35th place.
- Increase RO-1s by > 1/year for next five years.
- Improve research services such as data storage.
- Provide additional opportunities for community engagement in research, including demonstrated outcomes for summer program mentees.



# PROVIDE HIGH-QUALITY PEDIATRIC MEDICAL EDUCATION

## Action Items

- Build on current position at the forefront of diversity in medicine, including internal programs.
- Develop well-being coaching program for faculty.
- Develop early-stage educational careers, including recruitments with anticipated transitions of senior faculty.
- Expand external educational opportunities to include all partner institutions.
- Continue to incorporate themes of justice, diversity, equity, and inclusion into all educational curriculums.
- Develop community advocacy and research tracks.
- Address student concerns about patient volume with increased number of non-UI Health rotation sites – ideally close to main campus – and address commuting concerns.
- Strengthen opportunities for student and resident research mentoring.



# PROVIDE HIGH-QUALITY PEDIATRIC MEDICAL EDUCATION

## Intended Outcomes & Impact

- Increase prospective student, resident, and fellow satisfaction with pediatric training at UIC as measured by end of year surveys.
- Provide an educational climate committed to justice, diversity, equity, and inclusion for our trainees and patients.
- Provide a breadth of unique educational experiences in inpatient and ambulatory pediatrics through educational partnerships and increasing subspecialty exposure in Child Advocacy, Physical Medicine Rehabilitation, and Dermatology.
- Sustain current fellowships and explore need for others, including considering joint fellowships with other institutions.
- Develop long term plan for shortage specialties (e.g., Development and Behavior, Neurology, and Metabolic Genetics). With possible participation in larger fellowships/residencies.



# GROW NEONATOLOGY- PERINATOLOGY

## Action Items

- Cooperate with Cook County Health to share and co-develop resources.
- Expand neurosurgery, urology, and otolaryngology coverage.
- Maintain core congenital heart disease services.
- Partner with UI Health and Department of Obstetrics & Gynecology to increase patient numbers/census and resolve designation challenges.
- Develop a Neuro-NICU model.
- Create NICU renovation plan.
- Obtain Hospital support for Neuro-NICU model and possible Level IV designation to match obstetrics.
- Provide inter-professional engagement training.
- Meet needs of patients and communities through innovative uses of telehealth.
- Build on successes through continued involvement in QI projects and participation in relevant collaboratives, such as CHNC (Children's Hospital Neonatology Consortium).



# GROW NEONATOLOGY- PERINATOLOGY

## Intended Outcomes & Impact

- Maintain Level III NICU designation and Academic Perinatal Center and move toward Level IV NICU with Neuro-NICU model.
- Continue high performance comparison data sets.
- Increase admissions to >700/year.
- Increase surgeries to >75/year.
- Strengthen partnership with Cook County Health.
- Achieve representation in state policy working groups.
- Plan to renovate NICU facility to contemporary standards.





# IMPROVE HEALTH CARE QUALITY AND OUTCOMES FOR CHILDREN IN ILLINOIS

## Action Items

- Build advanced outcomes and quality improvement initiatives mapping onto CHA database (or U.S. News & World Report, ODIN, HEDIS, Children's Hospital Association) in Partnership for Pediatric Care and Mile Square.
- Integrate psychiatry, dental, and allied health profession services in Partnership for Pediatric Care.
- Strengthen partnership with Division of Specialized Care for Children (DSCC) to improve health of children with special health care needs in Illinois.
- Further utilize CHECK to support UI Health and Department of Pediatrics goals of an integrated children's hospital and health system.
- Build data management infrastructure at UI Health to support quality improvement programs across partnerships.
- Complete >10 quality improvement projects/year, including >2/year with Partnership for Pediatric Care.
- Provide quality improvement projects in all specialties.



# IMPROVE HEALTH CARE QUALITY AND OUTCOMES FOR CHILDREN IN ILLINOIS

## Intended Outcomes & Impact

- Improve patient experience, work toward population health improvement, reduce costs of care, and strengthen provider wellness/satisfaction with either Pay for Performance or CHA database (or U.S. News & World Report, ODIN, HEDIS, or Children's Hospital Association) to achieve top 25% ranking. This includes being ranked in one specialty by 2026 and participating in CHA dataset comparisons (or in >2 national collaboratives).
- Develop an integrated, holistic health model (including behavioral, dental, allied health professional services) in collaboration and Cook County Health (CCH) and Mile Square.
- Become a national model for the integrated children's hospital and health system, addressing clinical and population health needs in a cost-effective manner.
- Establish national model for effective population health program.
- Create primary care medical home in alignment with value-based care goals with MCOs, building on CHECK and primary care models.
- Increase patient engagement/retention.
- Improve patient experience to >75% in both inpatient and outpatient rankings.



# BUILD NEW PROGRAMS IN GLOBAL HEALTH, INNOVATION, TRANSLATION, AND ECONOMIC DEVELOPMENT

## Action Items

- Explore intellectual property, licensing, and business development for technology innovation.
- Expand upon and leverage existing global health collaborations and build new partnerships.
- Identify one primary partner institution or program around health equity/technology innovation themes.
- Engage experts (from within the College of Medicine and beyond) in program development processes.
- Study models for technology innovation and global health, and explore opportunities for creative integration between the two.
- Develop curricular opportunities for health science college students specific to pediatric global health and technology innovation.
- Support informatics fellow.
- Collaborate to submit T-32 in digital health or other areas.



11.18 UIC Pediatrics Visit & Rotation at City Children's Hospital, Ho Chi Minh City

# BUILD NEW PROGRAMS IN GLOBAL HEALTH, INNOVATION, TRANSLATION, AND ECONOMIC DEVELOPMENT

## Intended Outcomes & Impact

- Enhance global opportunities for students, residents, and faculty.
- Establish >1 health collaborations in global technology.
- Increase research and technology innovation contributions to children worldwide.
- Improve student experience via innovative curriculum options.
- Expand research collaborations to >5 globally, including >2 clinical trials.



# INCREASE PHILANTHROPY AND ENHANCE DEPARTMENTAL REPUTATION

## Action Items

- Develop broad based philanthropy model to include current use (>\$100,000/year by 2025), as well as endowed professorships or lectureships (>1/year in honor of former/retired faculty leaders).
- Integrate philanthropy messaging with overall communication and marketing plan around health equity — access, outcomes, cost-effectiveness, research, and training.
- Consider non-traditional philanthropy (e.g., sports team raising funds for the Children's Hospital of the University of Illinois).
- Launch curated website with user friendly donation function.
- Complete seating of all endowed professorships.
- Compose up-to-date Department history (using archives and oral history) to prepare for anniversary celebrations.



# INCREASE PHILANTHROPY AND ENHANCE DEPARTMENTAL REPUTATION

## Intended Outcomes & Impact

- Increase total philanthropy to >\$1 million/year by 2027.
- Strengthen profile in Chicago and Illinois of the Department and Children's Hospital of the University of Illinois in wellness, diversity, equity, and inclusion.
- Create quarterly donor dinners and celebrate the Department's 110th anniversary in 2024.
- Increase philanthropy around key programs such as neonatology and pediatric hematology-oncology.
- Add >2 endowed professorships.





"Our doctor went above and beyond to advocate and meet the needs of my child, they are the reason we would return to this hospital."



"We felt we were in the best care with our doctor."



# Department of Pediatrics 2022 - 2027

# Appendix



# STRENGTHS, WEAKNESSES, OPPORTUNITIES, THREATS: 2022 – 2027

## Strengths

- Comprehensive subspecialty services.
- Robust primary care program.
- Improving finances.
- Growing research portfolio with #45 ranking.
- Proposal for child health equity institute.
- Expanding bioscience programs and DOP Center for Translational Research.
- Successful residency with high pass rate and excellent placement record.
- Undergraduate programs rated above average U.S. News & World Report rated #4 in Illinois Partnership for Pediatric Care. Shriners affiliation.
- Mile Square pediatric program growing successful population health programs High inpatient engagement scores.
- EDAP, PCCC, and Level III NICU designation.
- Well positioned for health equity focus.
- Robust QI programs.
- Urgent care at Mile Square.
- Expanded subspecialty availability across Partnership for Pediatric Care.
- Off-hours clinics 4 days per week; clinic open 6/7days.
- Population health program/section in place.
- CHECK working in value-based care.

## Weaknesses

- Insufficient number patients (<60,000) to support full service pediatric model (need >100,000) without partnerships or modifications.
- Low market share <6%.
- Accumulated deficit and current deficit.
- Limited number inpatient beds.
- Limited number outpatient sites.
- Most subspecialties stretched with inpatient and outpatient coverage, and many having low productivity/deficits.
- Lack of neurosurgical services.
- Low surgical volumes.
- Clinic is under-staffed and under-performing from provider standpoint.
- Clinic layout is poorly designed.
- Lack of key data point collection in Epic such as developmental or mental health screens
- Demand by research funders for more complex projects.
- Faculty disengagement and dissatisfaction.
- Lack of clear market identity in Chicago and Cook County.
- Lack of child friendly spaces.
- Lag in adopting value-based care models. Weak accountability for citizenship and DOP supported research.

## Opportunities

- Development of new outpatient sites.
- Interest of funders and payers in development of equity focused population health programs.
- Partnership for Pediatric Care to engage in outreach to practices and potentially longer term to Medicaid Managed Care Organizations.
- Gaining increased percentage of patients on south and west sides of Chicago and throughout Cook County.
- Expanded clinical opportunities.
- Achieve >100,000 patient minimum with Partnership for Pediatric Care.
- Coaching and leadership development.

## Threats

- Multiple inpatient programs are closing because of low census.
- Loss of patients to one of several competitors.
- Loss of major programs to competitors.
- Loss of funding from Hospital or College.
- Hospital funds flow reorganization.
- University deficit reduction plan alters care model.
- Loss of EDAP, PCCC, and Level III NICU designation.
- Loss of faculty due to transitions.
- Faculty dissatisfaction with compensation.
- Family dissatisfaction with physical environment of inpatient units.
- Lack of data infrastructure in research.
- Reduced attendance on site.
- Weakened bonds.