Mission

MISSION

It is the mission of the Indiana University School of Medicine to advance health in the State of Indiana and beyond by promoting innovation and excellence in education, research, and patient care.

Education

The School of Medicine strives to produce outstanding educators, physicians and scientists. We will do so by providing quality education to students, residents, post-doctoral trainees, practicing physicians and the public that integrates the latest research advances with the best clinical practices.

Research

The research mission of the Indiana University School of Medicine is to advance knowledge about health and behavior and to make discoveries leading to improved prevention and treatment of disease, including the education of caregivers and the delivery of health services. Research is the foundation of both medical education and clinical care.

Clinical Care

The School of Medicine will provide outstanding clinical care that incorporates the latest advances in scientific knowledge, to all of our patients and the citizens of the State of Indiana. The quality care we provide will be done in a manner that supports and advances education and research.

VISION

The Indiana University School of Medicine will be one of the nations premier medical schools based on our education, scientific investigation, and health care delivery.

Goals and Objectives

☒ Accountability for use of resources.

☒ Adopt objective, transparent, mission related system to allocate general fund budget to academic departments within IUSM.
  Campus Planning Theme: Best Practices
  Secondary Goals:
  Sub Unit:
  Time Frame: FY 2007 and ongoing.

Actions taken for 2009-2010:

2009-10 was year three of a four year implementation of IUSM’s RC Budget Allocation Model. Several relatively small changes have been made to the model in the past year out of necessity or perceived fairness. First, state appropriations
not otherwise allocated based upon PhD student counts or other bases, had previously been allocated based upon "non-clinical faculty FTE" by academic department. Because this calculation has been discontinued in the data-driven decision (3D) process, a new basis needed to be used. This allocation is now based upon the previous fiscal year's total general fund base budget by department. Second, the stated average work week of an academic department has been used as part of the formula to determine the distribution of tuition revenue for 1st and 2nd year medical student courses by department. Because average work weeks were different across departments, those with longer work weeks received more credit and a greater share of the revenue. Because this average was very difficult to verify and because it could lead to gaming of the figures to gain more revenue, all work weeks were set to a standard amount.

Evidence of Progress for 2009-2010:

Three, now four, years into this new budget allocation model, there is little disagreement regarding the need for a fair and objective method of allocating resources. There is also little disagreement that the current budget model is too complicated, too backward looking in its approach, and does not create incentives for specific behaviors. The existing model may have also reached its capacity for additional allocation factors and other complexities. For this reason, we are beginning to discuss what the next generation of resource allocation model would contain. All agree a next generation is necessary; no one believes that we should go backwards to the days of incremental budgeting on a base of old deals between previous department chairs and previous deans.

Activities planned for 2010-2011:

- Dr. Maryellen Gusic, the new Executive Associate Dean (EAD) for Educational Affairs, is forming committees to review the education-based budget allocations. The goal of this review is to develop new bases for these allocations that would be more metrics driven and/or incentive based, perhaps with quality components. These bases would, hopefully, also be somewhat simpler and/or clearer. This process may take one or two budget cycles to be reflected in the budget allocation model. Until then the current allocation model is being refined to better distribute tuition revenue for 3rd year clinical clerkships based upon costs and faculty effort incurred.
- Dr. David Wilkes, the EAD for Research Affairs is beginning the process of developing new bases for allocating research-based budget (i.e. indirect cost recoveries).
- The department annual review (DAR) reports and meetings are being dramatically revamped this year to focus on strategic planning and the development of appropriate metrics by which to evaluate each academic department's progress in each academic mission. The progress will be measured against departmental goals for the period, as well as against their peer medical school departments.

☐ Review IUSM administrative structures to reduce cost and maximize efficiency.

**Campus Planning Theme:** Best Practices  
**Secondary Goals:**  
**Sub Unit:**  
**Time Frame:** FY 2010 and ongoing

Actions taken for 2009-2010:

IUSM's 3D project team was reformed by Harold G. McDermott, MBA, CPA, the school's new Executive Associate Dean (EAD) for Administration, Operations, and Finance. The team’s participation was broadened to include several academic department administrators. Its scope was expanded, and its name changed to the Business Improvement Team (BIT). Its charge is to proactively look for ways to reduce cost, streamline and improve support to faculty, with the aim of helping the school attain its goal of becoming a top ten public medical school.
Evidence of Progress for 2009-2010:

In November 2009 an administrative planning session was held by the EAD of Administration Operations and Finance. This session brought together approximately 100 of the top administrators (professional staff) from across IUSM, representing almost all academic and administrative units. The outcome of the session was the identification of top priorities for administrative improvements and cost reduction.

Aggregating the priorities identified into categories, the EAD has organized workgroups of the same administrators to tackle the issues raised, both short-term issues that can be addressed and resolved now and those that are larger and more long-term in nature. Categories/workgroups include process improvement, human resources, research administration, finance and administration, information technologies, and going green.

Activities planned for 2010-2011:

Work continues for each of the workgroups, as well as for the BIT. Issues such as administrative organizational restructuring; enabling a single physician credentialing functions across IU, Wishard, and Clarian; maximization of intranet web-sites to assist faculty and administrators in communications and in sharing of resources for the greatest benefit to the entire school.

- **Adopt mission-based management principles to identify IUSM faculty effort and funding by mission.**
- **Develop a mission-based management system that will work for IUSM.**

**Campus Planning Theme:** Best Practices

**Secondary Goals:**

**Sub Unit:**

**Time Frame:** Ongoing.

Actions taken for 2009-2010:

IUSM has been using the Data Driven Decisions (3D) mission-based faculty effort reporting system, as it was originally designed, for four years. Much discussion, feedback, and analysis has occurred since its implementation in 2005. Based upon the data collected to-date, feedback from across IUSM, communication and comparison with other medical schools, IUSM has redefined 3D to be more of an academic department chair focused product. As such, it will be more of a planning tool, enabling department chairs and faculty to establish effort goals or expectations for each of the three academic missions. It will also allow faculty to self-report certain awards and achievements that were not reported in the previous generation of the system.

New reports, tools, and applications were designed as part of this redefinition.

Evidence of Progress for 2009-2010:

A one year hiatus from 3D reporting was agreed upon for FY 2010-11 to give time to develop the new applications and tools. The FORMS faculty records database is now operational. The new faculty profile system (FPS) is in test mode.
Activities planned for 2010-2011:

Completion of the FPS system and development of new reporting tools. A new data warehouse project is in the very beginning stages. This warehouse will house much of the data from FORMS, FPS, education, research, financial, and other data and will incorporate user tools that will enable the joining of these datasets for the purpose of reporting and analyzing IUSM's use of resources with a goal of developing metrics that will help maximize those resources.

Conduct world-class research, scholarship, and creative activities relevant to Indianapolis, the state, and beyond.

Establish state-of-the-art research economy within Indiana through collaboration among IUSM, IU, Purdue, Biocrossroads, IHIE, Eli Lilly, and others.

Campus Planning Theme: Research, Scholarship and Creative Activity, Collaboration
Secondary Goals:
Sub Unit:

Actions taken for 2009-2010:

IUSM received the CTSA grant award and established the CTSI (see http://www.indianactsi.org/)

David S. Wilkes, M.D. was named Executive Associate Dean for Research Affairs, replacing Ora H. Pescovitz, M.D.

Joseph E. Walther Hall opened in April 2009.

Evidence of Progress for 2009-2010:

The Richard M. Fairbanks Foundation of Indianapolis awarded IUSM $2.4 million dollars over three years to support the Indiana Clinical and Translational Sciences Institute. The grant supplements the five-year, $25 million grant awarded to the Indiana CTSI in May by the National Institutes of Health.

The Indiana CTSI is a collaborative effort of Indiana and Purdue universities, Clarian Health, private industry, state and local government, BioCrossroads and others to implement a new program of translational research – the process of turning basic science discoveries into new medical treatments and business opportunities. The grant is one of several the Fairbanks Foundation has made in recent years to support Indianapolis-area health and life sciences initiatives and infrastructure.

The opening of the new IU Simon Cancer Center patient care building in August 2008 coincided with the renewal of the IU Simon Cancer Center's designation as a premier cancer center by the National Cancer Institute; a distinction first earned in 1999. The recognition includes a five-year, $6 million grant.

With the completion of Joseph E. Walther Hall in April 2009, IUSM capped a decade of investment in its scientific enterprise, creating a remarkable campus research corridor where the fundamental questions in basic science will be posed, potential new discoveries will be tested, and benefits of new treatments will be assessed. By itself the largest research facility on the IU Medical Center campus, at 238,371 gross square feet, Walther Hall links two research buildings at its east and west ends – Research II and the Cancer Research Institute – to form a three-building, 500,000-square-foot interconnected research complex.
Activities planned for 2010-2011:

In December 2009 IUSM received a $60 million grant from Lilly endowment to establish the Indiana Physician Scientist Initiative.

☐ Contribute to the local, national, and international stature of faculty affairs, faculty development, and diversity initiatives in healthcare.

☐ Recognition within the local, national, and international community as leaders in faculty development.

**Campus Planning Theme:** Civic Engagement

**Secondary Goals:**

**Sub Unit:**

**Time Frame:** Ongoing

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Actions taken for 2009-2010:

- Partner with off-campus community to strengthen and support diversity initiatives: Indiana Area Health Education Centers (AHEC), Crispus Attucks, Pre-Rawls Program, Mapping Education Toward Achievement (META), and collaborate with the local international schools.
- Hosted two Aesculapian Medical Society Meetings
- Recruited new Associate Dean for Diversity
- Published annual report on state of the faculty
- Conducted focus groups with select groups of faculty

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Evidence of Progress for 2009-2010:

- [State of the Faculty report](http://faculty.medicine.indiana.edu/)
- [Flexibility in the Tenure Clock: Why the Time is Right to Adopt a 10-Year Tenure Probationary Period at the IUSM](https://example.com)

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Activities planned for 2010-2011:

Develop a research agenda on issues related to faculty affairs and professional development

☐ Development and retention of quality faculty enthusiastic about their role as educators.

☐ Create a faculty development program for IUSM that will provide education and support for teaching career development, teaching methods, peer review, integration of emerging technologies, and opportunities for scholarship and external funding.

**Campus Planning Theme:** Teaching and Learning

**Secondary Goals:**

**Sub Unit:**

**Time Frame:** 2002-03 and ongoing.

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Actions taken for 2009-2010:
Evidence of Progress for 2009-2010:

- Rooled out the first phase of the Academy.
- Created online modules on teaching skills
- Sponsored teaching skills workshops and seminars including a summer teaching workshop, teaching skills workshop for basic science, and additional scholarship of teaching workshops and support
- Completed and publicized online and in person workshops on peer review of teaching

Activities planned for 2010-2011:

- Determine appropriate ways to use Simulation Center for faculty development and prepare faculty to use Simulation Center for teaching
- Institutionalize culture of success by establishing cohort of faculty who will legitimize teaching and learning as an academic pursuit
- Professional standards process and committee

Enhance civic activities, partnerships, and patient and client services.

Enhance the Indiana University-Moi University partnership.

Campus Planning Theme: Teaching and Learning, Research, Scholarship and Creative Activity, Civic Engagement, Collaboration

Secondary Goals:
Sub Unit:
Time Frame: Ongoing.

Actions taken for 2009-2010:

This partnership continues to be one of the strongest, longest running collaborations between medical schools in post-industrial and emerging societies. It provides a model that other institutions have begun to emulate.
Evidence of Progress for 2009-2010:

See:  http://medicine.iupui.edu/kenya/

See:  http://www.medicine.iu.edu/education/kenya-video-project/  for 18 minute video produced to tell the story of this partnership.

Activities planned for 2010-2011:

Indiana University School of Medicine (IUSM) is excited to introduce the Interdepartmental Residency Track in Global Health. IUSM has a rich history of successful international academic partnerships, and is pleased to offer more in-depth global health education and experience to interested residents. It is the goal of this program to engage highly motivated residents from diverse specialties in better understanding the health disparities that exist throughout the world. Valuable mentor relationships will be fostered between faculty and residents that inspire long-term commitment to global health issues.

- Improve educational programs/processes AND high quality outcomes.

- Improve educational programs/processes
  - Campus Planning Theme: Teaching and Learning
  - Secondary Goals:
  - Sub Unit:
  - Time Frame: Ongoing

Actions taken for 2009-2010:

In August 2010 Mary Ellen Gusic, M.D. was appointed Executive Associate Dean for Educational Affairs succeeding Stephen B. Leapman, M.D., who retired in June 2009.

IUSM continued its medical student enrollment and program expansion.

In July 2009 the new, state-of-the-art clinical education simulation center opened in Fairbanks Hall.

IUSM continues work on curriculum revisions to the medical student program to enhance clinical skills evaluation and ensure the highest degree of quality and consistency in education across all IUSM campuses.

IUSM Graduate Medical Education Unit received notification from the Institutional Review Committee of the Accreditation Council for Graduate Medical Education (ACGME) that it achieved the most sought after outcome of a 5-year accreditation cycle. Additionally, ACGME Institutional Review Committee commended the institution for its demonstrated substantial compliance with the ACGME’s Institutional Requirements without citation.

Evidence of Progress for 2009-2010:
The above table represents the plan for achieving curriculum revision to the medical student program, as stated in the section above. We are currently in Phase I. A draft guiding principles document for curricular change has been developed.

Ft. Wayne, South Bend, Terre Haute centers began to host 3rd year clinical clerkships.

Activities planned for 2010-2011:

Continue with the processes of curriculum change and medical student program expansion across the state. Host an interim site-visit committee from the Liaison Committee on Medical Education (LCME) in May 2011 to review both of these initiatives.

Infrastructure to support research mission.

Development of a Clinical Translational Sciences Institute and achieving an NIH CTSA grant award.

**Campus Planning Theme:** Research, Scholarship and Creative Activity, Collaboration

**Secondary Goals:**

**Sub Unit:**

**Time Frame:** FY 2007-08 and ongoing.

Actions taken for 2009-2010:

In May 2008 The National Institutes of Health awarded a five-year Clinical and Translational Science Award (CTSA) of $25 million to the IU School of Medicine, which will fund CTSI activities at IU and Purdue. A total of $56 million will be invested in the Indiana CTSI by IU and Purdue, the state of Indiana and Eli Lilly and Co., which is underwriting the cost of a senior faculty position for three years.

The NIH created the clinical and translational science awards as a high priority effort to improve the process by which basic science laboratory discoveries are transformed into new medical treatments and products – a process called translational research.

The CTSI will implement the NIH initiative in Indiana with new programs to accelerate translational research, train new translational researchers, interact with community health-care professionals and the public, build research resources and technologies, and leverage Hoosier resources with health care, business, government and foundation partnerships.

The Indiana CTSI’s statewide collaboration involves university scientists in Indianapolis, Lafayette and Bloomington. However, the initiative also includes community partners such as Carian Health, Eli Lilly and Co., BioCrossroads, Cook Group, Roche, WellPoint, the Indiana Economic Development Corp., the Indiana Department of Health and the Marion County Health Department.

**Evidence of Progress for 2009-2010:**

**Activities planned for 2010-2011:**

**Indiana CTSI** researchers named co-investigators on $7 million grant from the National Institutes of Health’s Human Microbiome Project.

**Indiana CTSI** director to travel to India for state’s first economic development mission

**Indiana CTSI** offering trial period for GeneGo biologic drug development research tool

**IU Researchers Receive Grant to Curb Sexually Transmitted Disease**

- **Indiana CTSI** Starts New Collaboration with Australian National University
- Increase funding available to support administrative and facilities infrastructure of IUSMs research mission.

**Campus Planning Theme:** Research, Scholarship and Creative Activity

**Secondary Goals:**

**Sub Unit:**

**Time Frame:** FY 2003-04 and ongoing.

**Actions taken for 2009-2010:**

Research Institute III opened spring 2009, adding 254,000 new gross square feet of research space.

Glick Eye Institute nears completion and is scheduled to open in spring 2011.

South Bend Harper Hall Cancer Research Center dedication will take place March 8, 2011.

In December 2009 IUSM received a $60 million grant from Lilly Endowment for the Indiana Physician Scientist Initiative, to develop intellectual capital for translational research.

**Evidence of Progress for 2009-2010:**

See above.

**Activities planned for 2010-2011:**

Joint long-term strategic planning is underway between IUSM and IU Health (nee Clarian Health). Research planning is a major portion of this effort, with the goal of strengthening both the research and clinical enterprises through continued enhancement of the bench to bedside research continuum begun with the Clinical Translational Sciences Institute (CTSI).

Part of this strategic planning effort will be the development of research metrics and a research dashboard meant to focus on improving resource utilization, return on investment, accountability, and improve IUSM’s ability to compete for grant
To promote a diverse and inclusive environment where all members of the community can succeed to their highest potential.

Establish a prominent and visible presence for diversity and multicultural affairs.

**Campus Planning Theme:** Teaching and Learning, Research, Scholarship and Creative Activity, Campus Climate for Diversity

**Secondary Goals:**

**Sub Unit:**

**Time Frame:** Ongoing

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**Actions taken for 2009-2010:**

The Diversity Outreach Comprehensive Science (DOCS) Initiative has been established. DOCS provides programming aimed at identifying and attracting students from underrepresented backgrounds and from varying socio-economic backgrounds to the biomedical science pipeline in preparation for careers in Medicine, Dentistry, biomedical basic science and clinical research, and allied health professions. Math, Science and Language Arts preparation and enrichment as well as career awareness/exploration is the bedrock foundation and curricular framework for a series of academic year and summer training experiences that begin as early as elementary school with additional entry points along the pipeline to careers in the health care profession.

A $662,000 five-year grant from the [Howard Hughes Medical Institute](http://faculty.medicine.iu.edu/offices/da/initiativesDOCS.html) is enabling IUSM to encourage underrepresented minority students to pursue careers in science.

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**Evidence of Progress for 2009-2010:**

Increasing diversity in the health care workforce has been cited as a solution to narrowing the gap in health care disparities disproportionately experienced by racial and ethnic individuals underrepresented in medicine and individuals of low socioeconomic status.

IUSM ranks as a top ten medical school in terms of graduating african-american medical students. 11% of the student body are students from underrepresented backgrounds. 16% of 2010 matriculants were from underrepresented backgrounds.

The DOCS Initiative has already produced the following programs: Brain Link, Middle School Academy of Science and Health Sciences (MASH), Camp MD Summer High School Enrichment, Health Career Clubs, the Carson Scholars, Ben Carson Reading Rooms, and others. For more information, see: [http://faculty.medicine.iu.edu/offices/da/initiativesDOCS.html](http://faculty.medicine.iu.edu/offices/da/initiativesDOCS.html)

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**Activities planned for 2010-2011:**

Continued recruitment efforts, as well as maturation and enhancements of the programs listed above are the primary activities and goals for 2010-11.

IUSM will host the 2011 SNMA annual medical education conference, April 20-24. The Student National Medical
Association (SNMA) is the nation's oldest and largest independent, student-run organization focused on the needs and concerns of medical students of color. Membership includes more than 8,000 medical students, pre-medical students, residents and physicians.

Fiscal Health

IUSM ended FY 2009-10 with a general fund net operating margin of $725,444 even though its' state appropriations were reduced $2.3 million below the previous fiscal year's actual appropriations and $3.3 million below the FY 2009-10 base budget. This positive net margin was achieved primarily through an almost $4 million increase in indirect cost recoveries from ARRA grants and a reduction of expenses and transfers from FY 2008-09. June 30, 2010 year-end general fund balance (reserve) was 13.6% of budget.

Non-general fund balances increase by $50 million between 6/30/2009 and 6/30/2010. Agency funds increased by $1.9 million temporarily because student health insurance premiums were not paid to the insurance provider until the new contract was fully executed. Auxiliary funds increased by $2.7 million due an increase in both volume of tests run and new (additional) tests, or services, provided by the Newborn Screening Laboratory in the Department of Pathology. An additional factor within this fund group was leaving staff positions vacant for extended periods of time to reduce expenses. Contract and grant funds increased by $38.9 million due to the receipt of the $60 million physician scientist initiative grant from the Lilly Endowment. $37 million of the grant is for recruitment of new M.D./Ph.D. senior scientists. It will take more than one fiscal year to complete this recruitment initiative. Designated funds increased by $5.6 million due to the transfer of excess indirect cost recovery revenues (over budget) from the general fund into the designated fund for the purpose of creating reserves to be used for bridge funding between grants, new research faculty recruitment packages, laboratory equipment replacement, and minor lab renovations.

Student credit hours between FY 2008-09, budget for FY 2009-10 and actual for FY 2009-10 were very stable. For FY 2010-11 budgeted undergraduate credit hours increased by 3,426, or 34.4%. This is attributable almost entirely to the transfer of the undergraduate health policy research major from the School of Public and Environmental Affairs to IUSM's Department of Public Health as part of its ongoing transition to achieve separate, fully accredited school status. Graduate credit hours also increased by 2,435 credit hours, or 27.1% in this fiscal year. This is attributable to the success of IUSM's open enrollment graduate program, including its increased emphasis on marketing. Finally, professional student credit hours are gradually increasing because of the medical student program expansion. The goal of this expansion is to increase student enrollment by 30% over six or more years in order to meet projected future demand for physician services in the State of Indiana.

Budgeted student fee income for FY 2010-11 is up $4.74 million, or 10.9%, from FY 2009-10 actual. This is due to a 4.0% increase in medical student resident tuition, increased enrollment of graduate students, and also the transfer of the health policy research major from SPEA. State appropriations were budgeted $6.75 million higher for FY 2010-11 that the prior year. This was largely an accounting change rather than an actual increase and is more than offset by a $7.24 million increase in university and campus assessments for the year. Overall general fund income and expenses were budgeted at levels equal to FY 2009-10 actuals, or flat. Finally, budgeted FTE changes from FY 2009-10 to 2010-11 reflect and increase in faculty in order to meet the education and research needs of the school, with a slight decrease in both exempt and non-exempt staff to support that faculty increase.

Considering base budget reductions and other economic hardships in the environment, IUSM had a stable year in FY 2009-10 and will have another such year in FY 2010-11, based upon actual activity for the first seven months of the year. However, with a new biennial state budget being negotiated in the state general assembly, as well as potential reductions in the NIH budgets, the next biennium could be much less stable.

Reallocation Plan
In FY 2009-10 IUSM received $1,200,000 in Chancellor’s reallocation funding to support the new, state-of-the-art, multi-disciplinary education simulation center at Fairbanks Hall. $750,000 of additional funding was received to increase the base budget of the Department of Public Health to advance its ability to achieve separate, fully-accredited school status. A $5,000 Glenn Irwin Research Scholar Award was awarded to John I. Nurnberger, Jr., M.D., Ph.D. in the Department of Psychiatry and a Chancellors Professor award was granted to Kurt Kroenke, M.D. in the Department of Medicine.

In FY 2010-11 IUSM received an additional $250,000 of base funding for Public Health. A $5,000 Chancellors Professor award was granted to Thomas Hurley, Ph.D., in the Department of Biochemistry and Molecular Biology and a $5,000 Glenn Irwin Research Scholar Award was awarded to Larry R. Jones, M.D., Ph.D., Department of Medicine.

**Other Question(s)**

1. Please describe faculty/staff participation in the planning process in your unit. What factors strongly influence your budget and planning priorities? Please give examples, which might include attracting and retaining undergraduates, strengthening graduate programs, building collaborative partnerships, increasing diversity in faculty and student populations.

Each academic department, regional medical campus, and central support unit (dean’s offices primarily) meets once each year with the Dean and the Executive Associate Deans (EADs) of the School of Medicine. The purpose of the annual meeting is to review the unit’s progress toward its goals over the past year and to perform strategic and tactical planning and goal setting for the upcoming year. The department chairs or directors are encouraged to bring with them their leadership teams, both faculty and staff.

Prior to the meeting both the departments and the Dean’s Office generate a great deal of data on all three academic missions of the department, as well as on faculty productivity and satisfaction. The financial status of the department is also a focus of these materials and of the meeting itself. The department chairman must prepare an executive summary of the department’s performance and its goals for presentation at the meeting. Much like this report and meeting, the executive summary must contain responses to specific questions posed by the dean and EADs. These questions vary from year to year and are focused on the School’s mission specific goals and priorities at that time.

With approximately sixty departments/units meeting separately with the Dean and EADs each year, this becomes an extremely large and resource consumptive process. Partly for this reason and partly to engage department chairs and others in more strategic planning, for the upcoming department annual review (DAR) cycle, department chairs are being asked to provide the metrics and peer institution benchmark data (if any exists) by which they feel their department or unit should be evaluated.

The Dean and EADs also meet monthly in a large group setting with all of the chairs, directors, and unit heads. Important and timely information is shared by all, and priorities are discussed and decided. In addition, each EAD meets regularly with her/his leadership team, which consists of associate and assistant deans most of whom are full-time faculty with this part-time administrative responsibility. This structure provides a very short feedback loop to the Dean and EADs in priority setting.

Other committees and workgroups enable faculty and staff participation into focused but important issues within the School. One of these committees is the 3-D Steering Committee. The label of this group is somewhat misleading. In addition to overseeing the School’s 3-D faculty effort reporting tools and infrastructure, this group also oversees the School’s responsibility center (RC) budget allocation process. This process entails a model for allocating general fund base budget to academic departments.

The model contains a separate allocation for tuition revenues that is based upon each department’s relative amount of faculty teaching effort. Eighty percent of that tuition is allocated to the academic departments and twenty percent is retained by the dean’s offices to cover central school costs. Similarly, seventy-five percent of indirect cost recoveries (ICR) are distributed back to academic departments based upon each department’s relative generation of that ICR on a rolling three year average
Allocations are made to departments based upon relative numbers of PhD students and residents/fellows. Methodology changes to the model require discussion and approval of the 3-D Steering Committee. This committee is comprised of the Dean, EADs, and several department chairs and directors.

The RC allocation model only partially addresses the distribution of resources (general fund base budget) between the academic departments and the dean’s offices/central support units. This is often where decisions about School priorities take place, as well as the recognition of unavoidable costs, such as campus assessment increases. Assessment increases are distributed as budget reductions. The academic departments represent about seventy-five percent of the total non-fixed general fund base budget, therefore they cover that much of the assessment increase.

With regards to new programs and initiatives, such as the establishment of the School’s Office of Diversity a few years ago or the construction of a new research facility, the programmatic priority is established via the process described in the paragraphs above. If the program or initiative is a central School responsibility and there is not new, dedicated funding provided externally, the budget for the program is created by reducing all School unit budgets through the allocation process described immediately above.

Factors that strongly influence the budget and planning priorities of the School include doing what is right, such as the establishment of an Office of Diversity, state-wide medical student program expansion, curriculum reform, the establishment of the leadership in academic medicine program (LAMP), or the development of a faculty strategic plan. Other factors are influenced by what is necessary, such as the construction of new research facilities because the School cannot meet its goals without them, or the potential elimination of programs due to annual budget reductions and assessment increases.

2. How do the plans within your unit align with the President’s Principles of Excellence and the Chancellor’s Guideposts? Please describe your process for integrating your unit’s plans with those of the campus.

The School of Medicine’s missions, goals, and plans essentially are the President’s Principles of Excellence and Chancellor Bantz’s guideposts, namely excellence in education, research, healthcare, and faculty.

3. What longer-term trends (5-10 years) exist in your discipline/field that will affect your unit?

- Continued need to expand the medical student program across the state in order to train enough future doctors to meet the projected future demand for those doctors by the residents of this state. That expansion, unfortunately, is contingent upon the necessary resources being made available by the State for this purpose.
- Continued need to expand and upgrade research facilities in order to meet demand and to remain competitive with peer institutions. Along with this comes the need to replace aging and inadequate administrative space as well.
- The increasing need to recruit and retain top-level faculty. This costs money.
- The decreasing ability of the School to rely upon clinical revenues to fund medical education and research. This is due to shrinking reimbursement rates and potential changes in revenue streams due to healthcare reform. This is true across the nation, but more so for IUSM because of its very low net state appropriations.

4. If the University experiences further budget cuts, what existing and emerging programs/initiatives in your unit will be your highest priorities?

IUSM, like the other academic schools at IU, has survived the budget cuts of the past several years by sacrificing its administrative infrastructure, i.e. reducing base funding for things like telephones and printing costs. It has also kept its administrative staff as small as possible and, of course, only given raises once in the past two or more years. Finally, we have survived by not expanding. This makes us less competitive and makes us poorer as a school and as a state.

It may yet be possible to eek out a little bit more base budget in this manner to cover a small portion of the next round of general fund budget cuts, but not much and not for long. Future cuts could entail elimination of programs or initiatives, as well.
general fund budget cuts, but not much and not for long. Future cuts could entail elimination of programs or initiatives, as well as large reductions in staff. IUSM’s highest priorities revolve around the first three bullets under question 3 above.

First, the School of Medicine strives to produce outstanding educators, physicians and scientists. We will do so by providing quality education to students, residents, post-doctoral trainees, practicing physicians and the public that integrates the latest research advances with the best clinical practices. Second, IUSM strives to advance knowledge about health and behavior and to make discoveries leading to improved prevention and treatment of disease, including the education of caregivers and the delivery of health services. Research is the foundation of both medical education and clinical care. The School of Medicine will also provide outstanding clinical care that incorporates the latest advances in scientific knowledge, to all of our patients and the citizens of the State of Indiana. The quality care we provide will be done in a manner that supports and advances education and research. Third, we must continually invest in our faculty because they are the key achieving our missions and priorities.