

UConn Health Strategic Plan

FY26 – FY28



January 2026

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I. Overview & Scope

From October 2024 through August 2025, UConn Health undertook a Strategic Planning process. The effort began with a 2024 Working Vision, namely:

“Over the next 3 years, UConn Health will become a financially thriving, statewide academic medical center, increasingly relevant to our state and communities, known for clinical excellence, considered the employer of choice for healthcare professionals, and accorded national stature for education and translational and clinical research.”

We defined “financially thriving” as having the UConn Health clinical enterprise become independent of state support. When we began the Strategic Planning initiative, UConn Health’s clinical enterprise was allocated \$60 million of state support per year.

We kicked off Strategic Planning with sixteen clinical departments working through a structured process to surface, vet, and present ideas that could meet the goals of: Driving Clinical Excellence; Clinical Growth; Financial Strength; and People, Culture, and Community Engagement. As a parallel process, the School of Medicine Dean and the CEO worked together to lead strategic planning for the “translation and clinical research” aspirations of the vision.

During the planning process, we also added other strategic initiatives that pertained to the Financial Strength goal and focus areas. These included payer negotiation strategies, a financial performance improvement consulting engagement, a business plan to increase philanthropy, and public-private partnerships with other hospitals.

Because UConn Health participated in the development of the recent University-wide strategic plan “Envisioning 2034,” which set strategic goals for education, this element was not addressed in the 2024 UConn Health strategic planning.

This document will briefly describe the principles and goals behind the strategic planning effort, the process that was undertaken, and the initiatives that were identified as achievable and critical to enable UConn Health to meet its objectives.

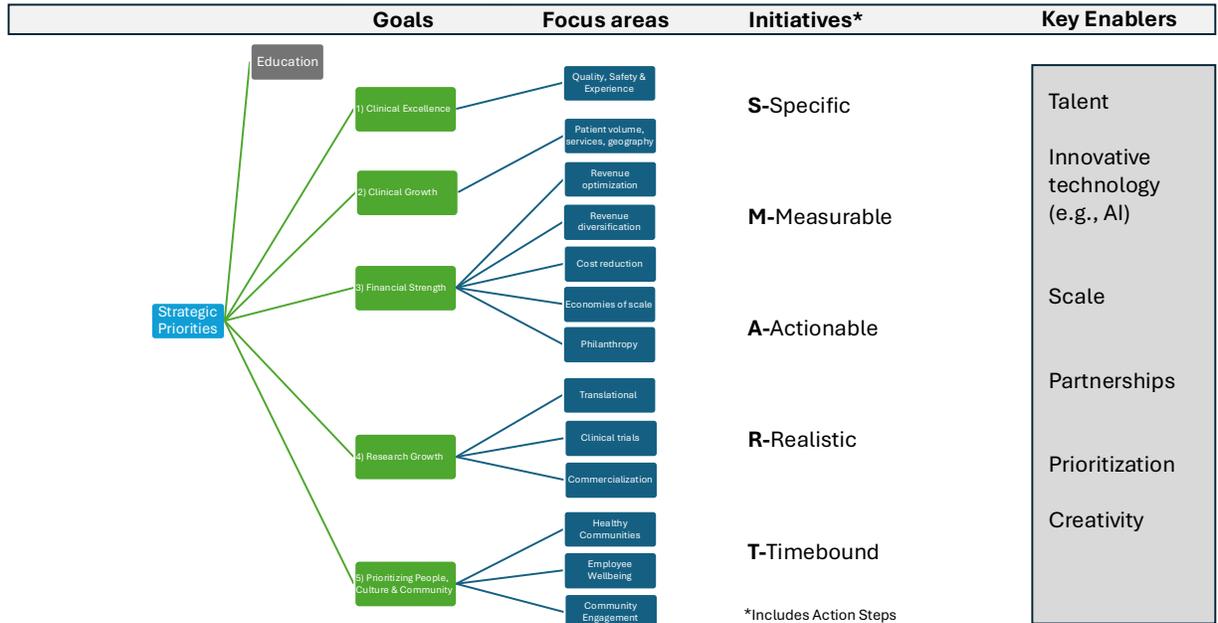
II. Principles & Goals

Our guiding principles stated that proposed initiatives must demonstrate alignment with one or more of the five overarching strategic goals:

- **Clinical Excellence:** Be the best place in Connecticut for patient care (quality, safety, and patient experience).
- **Clinical Growth:** Expand geographic scale, patient volume, and healthcare services statewide.
- **Financial Strength:** Thrive financially and reduce dependence on State funding for UConn Health’s public clinical enterprise.
- **Research Growth:** Become a top-ranking academic medical center for translational research, clinical trials, and commercialization of research.
- **Prioritizing People, Culture & Community:** Be the employer of choice and be relevant to our state and communities.

The following strategic framework was developed and shared to align and guide the work of identifying initiatives:

UConn Health Strategic Planning Framework



III. Process & Timeline

Kick-Off and the Development of Departmental Proposed Plans

The strategic planning effort was kicked off in October 2024 with a series of meetings during which Dr. Agwunobi, the Chief Executive Officer, shared the principles and goals with Deans, Department Chairs, Division and Service Chiefs, and operational leaders. Leaders were provided with templates, tools, and videos, staff support, and a professional facilitator to help them develop their individual departmental strategic plans. They performed departmental SWOT analyses and evaluated relevant market information as a foundation for their proposed initiatives. Many worked with UConn Health's Strategy and Finance offices to gather supporting data.

A Steering Committee was formed, representing key operational stakeholders. This group helped develop evaluation metrics, received departmental plans and presentations, and made recommendations on proposed initiatives.

After a period of development, leaders submitted first drafts of departmental strategic plans. They were initially reviewed for completeness and clarity, and where needed, plans were modified or refined, and resubmitted. Each final proposed departmental plan was then presented to the Steering Committee over a period of a few months. The Steering Committee met throughout this time to discuss the plans and the proposed initiatives after they were presented. At the conclusion of the presentations, in May 2025, the Steering Committee and extended senior leadership team held a retreat – professionally facilitated – to discuss the completeness and feasibility of the plans, and priorities.

Research: At the same time, the strategic planning process was kicked off with the clinical departments and centers, a parallel process was kicked off to develop strategic initiatives associated with the Research Growth goals of bolstering translational research, clinical trials, and commercialization at UConn Health. School of Medicine Dean Liang led this strategic research effort, with Dr. Agwunobi co-chairing. In addition, members from the Schools of Medicine (SoM) and Dental Medicine (SDM) and the Office of the Vice President for Research (OVPR) served on this Clinical and Translational Research Executive Committee.

As a first step in developing this clinical and translational strategic plan, Dean Liang asked members of the Executive Committee to develop a SWOT analysis. This was presented to Department Chairs and Centers in November 2024 for their feedback, and later provided to all Department Chairs and Center Directors asking them to share the draft document with their faculty for additional comments and edits.

During this process, the Executive Committee asked experts in managing clinical trials, both federally funded and investigator initiated, to describe their respective clinical

research teams, including their aims, current/past studies, and infrastructure, which included a SWOT analysis for their respective teams. Additionally, the Executive Committee met with members of the Office of Clinical and Translational Research, Research Finance, and Technology Commercialization Services to discuss the necessary infrastructure and support needed to streamline clinical and translational research.

After hearing back from key individuals, all feedback received was compiled into one document, which included strategic action items, and re-circulated on April 3, 2025, to all Department Chairs and Center Directors asking them to again to share the strategic approach with their respective faculty for feedback. In May 2025, the final SWOT and priority action items were shared with SoM faculty and SDM research leadership for their distribution.

The end goals of this work are to accelerate medical discovery from bench to bedside to improve people's health, to increase research metrics, collaborations, including grants and contracts, patents, and companies, and improve successful exits of the startups. The initiatives that are being implemented to achieve these goals will be outlined in a separate plan.

Additional Strategic Initiatives: In addition to the work being undertaken by the clinical departments and the Research Strategy group, Dr. Agwunobi and his leadership team developed initiatives that served as additional drivers of Financial Strength, employee well-being, and community.

The financial strength drivers included payer reimbursement strategies, engagement with a consulting firm to implement financial performance engagement effort, a business plan for increasing philanthropy, and to address the conclusions of the May 2024 Cain Brothers Report, UConn Health launched public-private partnership discussions with other hospitals.

In the area of People (employees) & Community, UConn Health's Human Resources department established an Office of Professional Well-Being and Engagement in January 2025. UConn Health also has active interdisciplinary groups such as the Wellness Committee and the Workplace Violence Prevention Committee, and a highly engaged Office of Inclusion & Civil Rights that collects and evaluates data and that administered organizational assessments over the past year to help UConn Health identify opportunities to improve the health and well-being of our workforce and our community. Numerous initiatives are underway and continue to be developed, and recommendations are being advanced about ways to better centralize and coordinate these efforts at the enterprise level.

Identifying Themes and Readiness

In its May 2025 strategic retreat, the Steering Committee identified 15 ideas from all submitted that aligned with UConn Health’s identified overarching goals of addressing the need for capacity/expansion, clinical excellence, financial strength, efficiency, and people. The Committee noted that some of the ideas spanned across the clinical enterprise or a number of departments, while others were focused on a single department or center.

Each idea was scored and placed into one of four quadrants to gain consensus on focus, feasibility, and timing, and to inform on the availability of needed resources. The high-level results of this work are in the following table:

Senior Team Quadrant Scoring
Highly Feasible – Ready Within Next 2 Quarters
Public-Private Hospital Partnerships
Payor Rate Improvement Strategy
Philanthropic Growth
Increase OR Capacity
Rx Expansion, Infusions & Compounding
Highly Feasible – Needs More Planning
Restructure GI
AI Institute
Peri-Surgery Support & Clearance
Wellness Programming
Acute Care Surgery, Trauma, Critical Care
Long-Term Feasible – Contingent on Other Actions
Comprehensive Pain Center
Cancer Center NCI Designation
Unified Primary Care Plan
Geriatric Focused Planning
Needs More Information or Appropriate Conditions
Commercialization and Growth of Research

Focusing In on Initiatives

The work achieved in the Steering Committee Retreat guided next steps to home in on the achievable and critical initiatives identified to reach our goals.

The CEO met again with the leaders of each Department and Center that submitted individual strategic plans and shared feedback on the initiatives presented: The department-level initiatives that were supported should continue to move forward at the department level. The enterprise-wide ideas, or those that cut across several departments, would be handled at the enterprise level – with co-leadership and/or engagement of the department leadership.

In all, over 90 initiatives were chosen to move forward either at the broad enterprise level or at the individual department level.

Budget Focus – Intersection With “Project Thrive”

Shortly after the May 2025 Steering Committee Retreat, the state adopted its biennial budget for FY26 and FY27, and UConn Health received less state funding than was anticipated. Because the institution faced a budget gap of \$46.7 million in the coming fiscal year (which was to begin on July 1, 2025), Dr. Agwunobi immediately launched “Project Thrive” to identify cost savings and revenue-generating opportunities across the enterprise to close the impending budget gap.

Project Thrive, and the need to more rapidly realize cost savings and new revenue, resulted in the team revisiting the strategic initiatives to elevate the ideas presented that would help achieve the \$46.7M financial goal of Project Thrive. Several department-level ideas were prioritized and fast-tracked,¹ and enterprise-level initiatives were kicked off. The CEO and senior executive team meet weekly to track progress on Project Thrive and strategic planning initiatives.

Space & Infrastructure

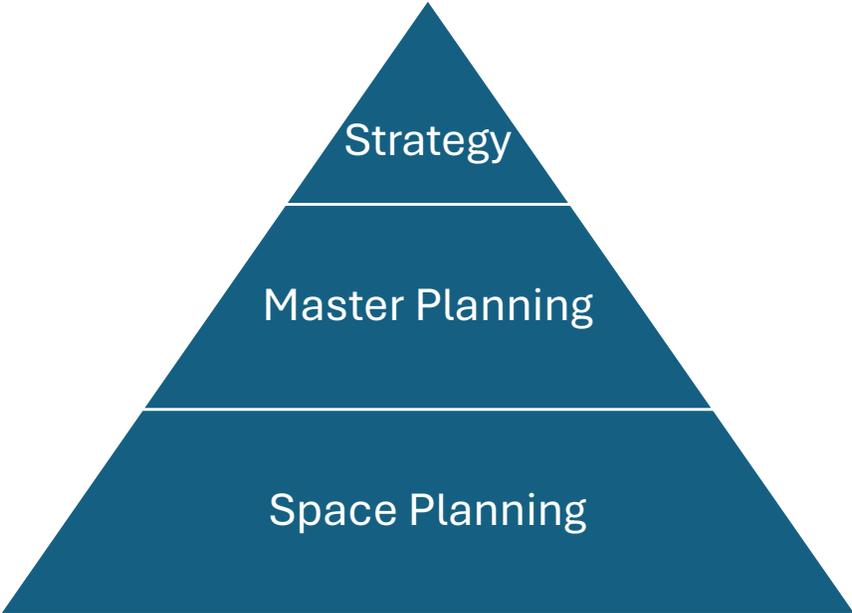
Through the strategic planning process, several large infrastructure and capacity improvement needs and projects were identified. Notable examples include the need for a new Labor and Delivery unit, replacement of the main Clinical Laboratory, replacement of the main hospital Pharmacy, and additional clinical space in the Outpatient Pavilion or elsewhere to support the Cancer Center’s plan. These (and others) are important projects that need to be addressed.

¹ Examples of department initiatives that were prioritized as a result of Project Thrive include: Reduction of Lab Test Leakage, Expansion of Esketamine, Expansion of Psychotherapy Services, Infusion Expansion, Development of a Retail Pharmacy and Opening of Watchman Program.

To understand our existing space utilization across the institution and our opportunities, UConn Health has engaged HKS to conduct a Master Plan Space Assessment. This will be the foundation for developing a unified vision that achieves commitment to strategic space utilization in support of optimal campus functionality.

Critical for any current or future space and planning strategy is ensuring that the infrastructure is up to date and properly maintained. A comprehensive Facility Condition Assessment (FCA) is also underway and will act as the roadmap for a prioritized, multi-year, physical plant plan for improvement. This effort will detail the current condition of all major systems and individual pieces of building service equipment. Capital replacement phasing will be based on this FCA.

The HKS Space Assessment will be paramount in establishing a Master Plan, which will align to UConn Health’s Strategy. Part of the master planning, which will address the strategic priorities, is how individual spaces will influence the goals. Determining where new strategic programs will be located, for example, will require sufficient review and evaluation in relation to the infrastructure. In older portions of the campus, different building occupancy classifications (i.e., healthcare vs. business) will impact the cost and return-on-investment analysis of developing the space. The HKS Space Assessment will be critical as space inventory is incorporated into the master planning effort.



Timeline

This Gantt chart depicts the strategic planning timeline:



IV. Strategy and Initiatives

Over the next 3 years, UConn Health will be focused on **enhancing the scale and excellence** of its patient care enterprise and **eliminating the need for state support for its clinical operations**.

To achieve these goals, we will enhance and grow the services that currently distinguish UConn Health, we will leverage innovation and technology to improve patient care and operational efficiencies, and we will pursue partnerships and organic growth opportunities to build access and scale.

Both **Enterprise-Wide Initiatives** and **Departmental Initiatives** will be pursued to achieve these goals. Many of these initiatives are already underway.

We will continue to use **Project Thrive** as a process to coordinate and focus budget mitigation efforts and to track progress. Departmental Empowerment meetings will also be used to track progress on departmental initiatives.

A. Enterprise Initiatives

1. Pursue Public-Private Partnerships and Joint Ventures

- Summary: A series of board and management-led initiatives to expand the reach of UConn Health's clinical operation, to provide scale for competitiveness, to expand capacity for UConn Health surgeons and providers, and to grow health care provider educational opportunities.
- Status:
 - Pursuing partnerships or acquisitions with Waterbury Health, Bristol Hospital, and Day Kimball Hospital
 - Non-binding letters of intent with a Physical Therapy partner and an Ambulatory Infusion partner
 - Non-disclosure agreement and early exploration with an Urgent Care partner
 - Transfer Center Initiative underway, to simplify transfers from partner hospitals
 - Electronic Referral initiative underway, to utilize Epic platform to move from multi-site fax referrals to a central, electronic center for tracking and processing

2. Improve Payor Rates

- Summary: A business plan developed with professional consultant support to improve UConn Health's (John Dempsey Hospital and UConn Medical Group's) average commercial reimbursement rates from last in state (according to Rand study) to midpoint. Estimated to be worth more than \$50M annually on current clinical activity. Strategy requires ramp-up over time, as UConn Health's contracts with commercial payors come up for renewal over the next few years.
- Status: Successful negotiation with ConnectiCare achieved. Currently in negotiations with Aetna with out-of-network date of December 1, 2025, and ad campaign underway. Negotiations also proceeding with Cigna and United.

3. Grow Philanthropy

- Summary: Focused business plan developed with the UConn Foundation to significantly grow philanthropic giving to UConn Health. Aspirational goal to achieve \$19M in giving in FY26 to grow incrementally year over year to \$50M by FY30.
- Status: Business plan being implemented:
 - *Strategic Hires*: Added strategic positions with the Foundation to focus on fundraising priorities; recently hired Senior AVP for Health Giving and new Director of Principal Gifts. Additional fundraiser hires with defined fundraising goals are planned going forward.
 - *Focused Individual Giving Campaign*: CEO, deans, and other key leaders engage in regular data-driven prospect review meetings with the Foundation, and meaningful engagement meetings with prospects.
 - *Grow Corporate Partnership & Philanthropy at UConn Health*: Targeted outreach to priority industries (biotech, pharma, insurance); corporate grant opportunities being pursued.
 - *Develop a Grateful Patient Program, Including an "Honor Your Caregiver" Campaign*: Honor Your Caregiver launched in April 2025, new donors and prospects identified, and over 150 stories honoring caregivers shared to date.
 - *Develop UConn Health Campaign Committee & Board of Directors Engagement*: UConn Health Director Geoff Matous recruited to lead UConn Health Campaign Committee – also serves on Core Committee; Individual meetings with Board members ongoing.

4. Develop AI Institute

- **Summary:** Organize and leverage enterprise-wide (and university wide) expertise and experience to identify and implement projects or tools that improve quality of care and/or efficiency of business processes.
- **Status:** Developing AI Steering Committee; kick-off meeting to be held in November 2025; next steps include developing charter and goals for committee and establishing workgroups for clinical, research and education use applications. Several department-level AI initiatives already in use including digital pathology and DAX Scribes; and others being explored for implementation, including AI coding.

5. Expand Pharmacy and Infusion Services

- **Summary:** Multiple initiatives centered on capturing continued growth in revenue from pharmacy and associated infusions.
- **Status:** Significant efforts in progress include;
 - *Expanding hospital-based infusion capacity:* Moving and expanding Adult Ambulatory Care Unit (AACU) for hospital-based infusions; plans being executed to open 21 ambulatory infusion chairs on CT6, by relocating the current 13 located in the Outpatient Pavilion with and adding 8 new chairs.
 - *Cancer Infusion:* Repurpose chairs and space in the Outpatient Pavilion vacated by the AACU move to CT6 to expand Cancer Center infusion capacity and volume.
 - *Partnerships:* Exploring partnership for non-hospital infusion chairs and locations.
 - *Open John Dempsey Hospital Retail Pharmacy:* Space identified and scoped; naming survey among UConn Health staff underway; licensing and credentialing with the State and insurers commenced. Timeline is on-target for opening by Fall 2026.

6. Optimize Center for Perioperative Medicine & Surgery Capacity

- **Summary:** Meaningful process improvement projects to improve the preoperative clearance process for patients, to optimize operating room (OR) utilization and throughput, and to lower patient wait times.
- **Status:**
 - CPM Workgroup kicked off in August 2025 with dedicated leaders and a charge to redesign the Center for Perioperative Medicine to implement best

practices required to develop a streamlined and professional perioperative clearance process.

- “Right Case, Right Place” initiative, an outcome of an all-surgeon retreat in December 2024, working to rebalance which surgery cases are performed in the main John Dempsey Hospital operating rooms with an aim to create capacity for tertiary service case growth. Monitored by the OR Advisory Committee. Initial work includes moving dental cases out of the John Dempsey Hospital operating rooms to the procedure center and thoughtful use of the South Road Surgery Center for select specialties and cases.
- Equipment obtained to shift urology procedures to UHSC to provide more capacity in hospital Ors.
- Focused efforts with OR leadership and clinical Division Chiefs utilizing new Epic data tools such as block management reports to maximize OR utilization.
- 2nd Hybrid OR room scheduled to be open end of December
- Negotiations underway with Optum to assist us in OR utilization improvement and efficiency.
- Partnership opportunities with external hospital and non-hospital partners, as well as planned space assessments, to grow OR capacity.

7. Create Comprehensive Pain Program

- Summary: Multiple departments noted either gaps in care, causing patients to leave the UConn Health system, or fragmented offerings. This initiative will identify gaps and open programs (or recruit providers) to retain patients in the system, speed access to care, and address patient pain issues in a system-wide offering.
- Status: Kickoff in September, commissioned smaller working group to look at who should be involved going forward, solicit thoughts, and to identify a workgroup and next steps as well as barriers. Validation of need and recommendation in early 2026 of additional offerings needed for future clinical strategic planning, partnerships, or hiring.

8. Become an NCI Accredited Cancer Center

- Summary: A longer-term goal for UConn Health, given that there are a fixed number of NCI sites, but that requires significant work to develop over time in order to achieve. Business plan to coordinate required elements, prioritize and implement them, with goal to become Becoming an NCI Accredited Cancer Center by 2031.
- Status: Specific initiatives identified to support this goal include obtaining FACT Accreditation for Bone Marrow Transplant service; developing Cell Therapy

(CAR_T) offerings; becoming a Destination Center for Melanoma; and implementing a clinical trials management system. These initiatives are all being driven by the department.

9. Leverage Unique Geriatric Expertise

- Summary: UConn Health is already a nationally recognized leader in geriatrics care and research. UConn Health will continue to build on our expertise and the services we provide through the Center on Aging to advance innovative care aimed at the improving the health, quality of life, and longevity of an aging population, in ways that grow clinical business and enhance the program's regional and national profile.

- Status:
 - Relocated the Center on Aging to a new location on South Road in Farmington to provide a highly innovative model of single-site coordinated care for older adults – the Program for Geriatrics & Health Aging - a first in the region.
 - UConn Health has obtained designation as an Age-Friendly Health Care System, the University of Connecticut was accepted into the Age-Friendly University Global Network, and our Emergency Department obtained Geriatric Emergency Department Accreditation by the American College of Emergency Physicians.
 - UConn Health was one of seven U.S. healthcare systems to pilot-test guidelines for improving the quality of surgical care for older adults for the American College of Surgeons' Coalition for Quality in Geriatric Surgery (CQGS).
 - UConn Health was chosen as site for the CMS GUIDE (Guiding an Improved Dementia Experience) program.
 - Recently submitted for NIA Pepper Center Competitive Grant Renewal to – among other things – help us to advance “precision gerontology,” an approach to aging that uses a deeper understanding of individual differences to create more targeted and personalized interventions.
 - Work underway to become the first institution in the world to seamlessly calculate the eFI (Electronic Frailty Index) for all Epic clinical encounters, while also establishing RFID (radio frequency identification)-based gait velocity measurements in selected clinics.
 - Developing a Geriatric Surgery Initiative and Accreditation.
 - Longer-term considerations include establishing a “Healthy Aging and Gerotherapeutic Clinic” and growing clinical footprint to other locations.

10. Develop a Unified Primary Care Plan

- Summary: Collaboratively with relevant departments and divisions across our health system, develop a unified primary care plan to expand patient access, enhance quality and service offerings, improve patient and provider experience, leverage innovation and new models of care, and that financially provides return on investment.
- Status: Kick-off meeting held to discuss goals and brainstorm ideas. Next steps include developing specific goals and initiatives to recommend that the workgroup focus on. Initial areas of consideration including partnering with or developing a Federally Qualified Health Center (FQHC), and new Urgent Care sites. Potential partnerships and other deals with hospital and non-hospital partners will be a factor in this plan.

11. Reimagining GI Services

- Summary: An initiative to improve GI throughput and appointment wait times; to retain GI cases referred by UConn Medical Group providers, to grow GI-related revenue; and to improve downstream cancer case volume toward ACS indicated benchmarks for population prevalence.
- Status:
 - Recruiting additional GI physicians.
 - Focused, optimization meetings with chair, chief, administration, and faculty to track GI cancellations and reasons, maximize block scheduling and procedure center utilization, and communicate key expectations.
 - Updating processes to streamline referrals and to triage high-priority cases for immediate scheduling.

12. Prioritizing People, Culture & Community

- Summary: A series of initiatives to promote employee well-being, institutional wellness, healthy communities, and community engagement.
- Status: Numerous programs and initiatives have been implemented or are underway – and still others planned going forward – to:
 - *Foster Employee Well-Being*: Examples include rolling out a Well-Being Index (a simple anonymous tool for employees to assess their well-being and to help guide UConn Health institutional well-being strategies); starting a Peer-Support Pilot in the OB/GYN and Inpatient Internal Medicine units;

relaunching Schwartz Rounds; OICR Coffee Breaks; and developing talk therapy services for employees.

- *Promote an Institutional Culture of Wellness:* Examples include re-opening the Wellness Center; EAP collaboration and Occupational Health integration; and launching the Well-Being website, an institution-wide hub for resources and recognition.
- *Support Healthy Communities through Workforce Development and Health Equity:* Just a few examples include workforce pipeline expansion efforts such as those coordinated through HCOP and AHEC, the NAACP One Million Jobs Campaign, and Project SEARCH; standing up The Joint Commission Health Disparities Working Group; and launching Social Determinants of Health (SDoH) screenings and the Health Equity Index survey.
- *Support Engagement and Health Communities through Community Benefit Work:* UConn Health providers and learners provide thousands of hours of free clinical services to the community each year, and also support other community benefits. A few examples include the Farm Worker and Urban Communities Health & Wellness Program; the Interprofessional Education Program (free community-based clinics with partners in Hartford, New London, Norwich, and Willimantic); the CT Mission of Mercy Free Dental Clinic; and our Population Health initiatives.

B. Department Initiatives

In addition to the enterprise-wide initiatives – which involve many of the clinical and other UConn Health departments working together to implement – Clinical Departments and Centers that proposed departmental strategic plans were approved to continue with a number of departmental initiatives. Below are the initiatives proposed by Departments and Centers, with notes indicating how they will be addressed.

Departments will regularly report out on progress associated with these initiatives at established Department Empowerment meetings with the CEO and leadership team.

Department of Anesthesia

1. Center for Perioperative Medicine – Will be implemented at the enterprise level.
2. Translational Pain Research - Chronic pain is a major issue for citizens of CT and the opioid epidemic is attacking the fabric of our communities. Discoveries create an opportunity for UConn Health to assume a national leadership role in these areas; commercialization of these discoveries could bring strong income to UConn Health. Referred to the Research Strategic Plan.
3. Acute and Chronic Pain – Will be implemented at the enterprise level.

Calhoun Cardiology Center

1. Build Structural Heart Program – Have a fully trained faculty member whose primary focus is to build and grow a contemporary structural heart program with initial focus on expanding existing Transcatheter Aortic Valve Replacement (TAVR), ASD/PFO closure programs, and adding Left Atrial Appendage Closure. Long-term goals will be additional mitral and tricuspid valve interventions. Support continuing work at department level.
2. Stabilize CT Surgery Program – Look to hire dedicated team, posted. Some implications to hospital PPP but work should continue with the goal of growth in volume that would support two providers is achievable.
3. Build CHF Program – Foundation in place with highly competent and independent APPs who see CHF patients in hospital and clinic, with transition of care between the two settings. Continue work at the department level.
4. Open Cardiac Rehab Program – Department believes that having a cardiac rehab program is a standard feature of most cardiology programs, even community hospitals, and we refer all our patients elsewhere. We have not been able to move forward due to inability to find space which must be proximal to physician offices. Can be done synergistically with Pulmonary, as they are also hoping to start a Pulmonary Rehab Program. This needs investigation, but generally supportive to look for space and revisit capital requirement, patient volume, and program ability to self-sustain.
5. General Cardiology Outreach Program - Hiring two providers to do outreach and build markets in Torrington, Canton, and Simsbury, with other expansions (Bristol) contingent on success and PPP. Department is encouraged to continue with filing of PTRs to the Faculty Hire Review Committee and appropriate.

Center on Aging (Geriatrics)

1. Add Frailty Index for All Epic Encounters While Establishing RFID-based Gait Velocity Measurement in Selected Clinics – Seen as ‘the sixth vital sign,’ this can fit in both the AI and Geriatric enterprise-wide goals. Needs Epic programming and collaboration with informatics.

2. Establish Reputation of High-Quality Care as an ‘Age-Friendly Hospital’ – Could be positioned as ‘elite aging center.’ Fit with enterprise-wide goal, evaluate for actions after October conference about CMS efforts.
3. Geriatric Surgery Initiative – Also listed in Department of Surgery, supported at both department levels.
4. Longer Term – Healthy Aging & Gerotherapeutic Clinic at South Road. Needs a business plan and likely integration with primary care plan.
5. Longer Term – Increase clinical footprint in Storrs.
6. Longer Term - Research opportunities in Geriatric Cardiology.

Neag Comprehensive Cancer Center

1. Melanoma Destination – Expand our scope of care to allow local patients with Stage IV melanoma receive more of their care here including clinical trials, cell therapy are possible in central CT. Build the Melanoma Research Institute at UConn Health with NIH and philanthropic funding. Work will continue at department level.
2. Bone Marrow Transplant and Other Cell Therapies – Create a regional destination of cell and gene therapy. Department is encouraged to continue work to gain FACT Accreditation and bring forward needed resources including hiring, creating of a local Apheresis team (build/buy analysis), development of a Stem Cell lab for processing and storage (\$1M support request to foundation) and looking at third party reimbursement specialists and revenue systems.
3. Community Outreach and Engagement – Department is encouraged to continue to work in communities, education and screening as opportunities and budgeted funds allow.
4. Clinical Trials Office – Issues to address include improved Clinical Trials Management System (improve infrastructure and financial oversight). Management to study proposal request.
5. NCI Designation – A long-term goal, dependent on the success of the other listed initiatives (elevated as an enterprise-wide long-term goal).

Department of Dermatology

1. Expand General Dermatology Services – Support continuing at Department Level contingent of funding and process approval. Run approvals with Faculty Position Review committee as needed.
2. Engage in External Partnerships – Continue work underway and look for more opportunities to collaborate, such as the Starling Physicians – Mohs outreach agreement for Fall ’26.

Department of Emergency Medicine

1. Space for EMTALA Care – Given capacity and volume, ER Leadership believes it will need 30 additional full-service patient care sites with space for staff (10,000 sq. ft.), support for radiology, pharmacy, care management. Estimated cost of \$6M at 500/sq. ft. would require strategic funding plan and/or philanthropy. Hold any long-term study until impact of hospital PPP is known and impact of seven new non-acute bays in Fall, 2025 is clear.
2. Urgent Care – While looking at market expansion, better align Urgent Care service with primary care and orthopedic service lines. To improve referral capture rate. This issue is in-scope for review by the enterprise initiative - Unified Primary Care Plan.

Department of Family Medicine

1. Formal Primary Care Strategy – Initiative proceeding at enterprise level as “Unified Primary Care Plan.” Department is included as part of multi-stakeholder working team. Items to discuss include developing programs to expand reach, ‘top of license scope’ and optimization ideas as well as recruitment pipeline rolls and retention.
2. Hire In-House Human Resources Talent Professional to Recruit Physicians to Improve Service and Save Expenses on Outside Recruiters – This initiative is being implemented and tracked through Project Thrive. HR anticipates hiring HR early CY 2026.
3. Hire Primary Care Informatics – Will fit as part of enterprise level discussion around AI Institute.
4. 50th Anniversary Fundraising Opportunity – Ties to Philanthropy Plan, introductions made to development team as September kickoff and broader exploration including Grateful Patient program.
5. Expand Faculty and Residency – Should continue at department level, informed by Unified Primary Care Plan at the enterprise level. Department should bring forward recruitment requests for consideration as needs and resources are available.

Department of Medicine

1. Engaging With/Development of FQHC – Have FQHC relationships to support hiring/placement of visa holder providers, additional outreach, and Medicaid access. This initiative should proceed both at the enterprise level as part of Unified Primary Care Plan and at the department level with long-term planning for the Burghdorf Clinic and discussions with the CHCACT sites around outreach and access issues.
2. Expansion of Critical Care Services – 24/7 Intensivist is goal, steps in between. Understand intersection to surgery initiatives and growing criticality of patients around trauma. Should proceed at the department level in collaboration with Department of Surgery similar initiative and hospital leadership.

3. Restructuring of the Gastroenterology Services – Elevated to enterprise level initiative.
4. Expansion of Outpatient Clinic Offerings – UConn Health should engage in activities directed to expand the use of the outpatient facilities beyond weekdays and “standard business hours” to increase capacity while containing capital investments. This should be included in the Unified Primary Care Plan.
5. Comprehensive Diabetes Management – Establishing a comprehensive (pre-surgical optimization, inpatient management, and protected discharge) diabetes optimization program, UConn Health can improve the outcomes of patients living with diabetes undergoing surgery and reduce procedure cancellations. Generally, it needs more information from department to proceed, many of issues noted will be addressed by enterprise level group on CPM.

Department of Neurology

1. Attain Comprehensive Stroke Center Status – Support, next actions need to be articulated by department. Has implications for hospital partnerships and extension of tele stroke.
2. Outpatient Infusion – Elevated as part of enterprise-wide initiative.
3. Formalize Neuroscience Line/The Brain and Spine Institute – Continued discussion about how to move The Brain and Spine Institute forward with cross functional goals and leadership. Move beyond a marketing label and space sharing arrangement to a unified program leadership model designed to be the hub for a regional network of practice affiliates.
4. Build Out of Epilepsy Program for Regional Leadership – Support at department level the goal of a regionally marketable program and achieving Level 4 (surgical) certification by National Association of Epilepsy Centers (NAEC). Leadership should bring forward requests and recommendations as needed.
5. Build Out Neuromuscular Program for Regional Leadership – With an objective to leverage current faculty expertise and reputation to, within five years, gain statewide recognition as leader, department is encouraged to continue and bring forward requests and recommendations as needed.
6. Other Division Build Outs (Headache, Vascular, Movement Disorders, MS, and Neuro-Ophthalmology – Continue at department level. Continue to foster collaborations with existing and developing UConn Health centers as appropriate (such as the Comprehensive Pain Center, Center on Aging, etc.).

Department of Neurosurgery

1. Comprehensive Pain Program – Support clinical excellence/growth/financial strength with a specialized comprehensive pain management program. Underway at Department level with Dr. Ghaly. Department to be part of enterprise-wide initiative examining need for Comprehensive Pain Program.

2. Faculty Retention and Growth – Retain current faculty and staff, hire two general neurosurgeons with any subspecialty interest within one year. Subsequently, in the following year, hire a general neurosurgeon, preferably with peripheral nerve expertise. General support, advised to bring forward to Faculty Position Review committee as timing and conditions are appropriate.
3. Create Medical Subspecialty Group – Partner with community providers when UMG cannot get timely patient and pre-op visits. Initiative on hold, pending outcome of PPP. Request should also inform UConn Health’s Unified Primary Care Plan and Center for Preoperative Medicine enterprise-wide initiatives.
4. Expansion of Surgical Sites – Gain access to OR in value alliance network hospitals within one year. Hold as ‘where’ would be best informed as hospital PPP takes shape.
5. Prioritize Community – Ongoing work on department proposals to create medical school rotation in neurosurgery, involve neurosurgery faculty in medical school curriculum, creation of neurosurgery fellowship programs, and continued community outreach.
6. Research Growth – Goal of establishing comprehensive and collaborative neurosciences research should be presented through Research Strategic Plan.
7. Finalize Designation of Neuromodulation Center of Excellence by State Statute – Explore potential federal initiatives to continue building this center.

Department of Obstetrics and Gynecology

1. Expand Access to Maternity Care – Develop a new Women and Infant Unit to address care gaps – Working with management to formalize plan and budget, and engage UConn Foundation to help with philanthropy plan. May be informed by hospital PPP with implications to service configuration. Additional work supported at a department level includes: Approaching outreach as hub-and-spoke model, expanding OB/GYN satellite clinics in underserved regions, and continuing to grow High-Risk Outreach at independent hospitals.
2. Expand Reach of Surgical Services – Leverage MIGS and Gynecologic Oncology providers and reputation to develop network beyond Farmington campus. Begin clinics and cases at potential partner hospitals (Griffin, Sharon, Bristol ++) to expand network, decompress OR access at main campus while building tertiary volume at Farmington. Proceed, direction pending outcome of PPP with hospitals.
3. Address Maternal Health Disparities – Establish telehealth programs for rural and maternity care deserts and explore midwifery program for ‘small town’ options (create program budget) if allowed regulatorily. Create a collaborative Midwifery Practice and College of Nurse Midwifery. Develop training curricula for midwifery and doula programs. Launch a Doula Training and Certification Program to support diverse communities. Partner with community organizations such as the CPQCC and local maternal advocacy groups. to reduce racial disparities in maternal outcome. Support innovating thinking and approaches; needs more information around cost and next steps.

4. Explore Opportunities for a Comprehensive Interdisciplinary Center to Serve the Health Needs of Women in Mid-Life, Including Menopause – This work would be done in collaboration with internal medicine, endocrinology, and the Center for Aging. To fund this project, a large grant proposal was submitted to the Steven & Alexandra Cohen Foundation.

Department of Orthopedics and Sports Medicine

1. Internal Efficiency Gains – Utilize Artificial Intelligence for management of assets, ORs (2-4 more cases/OR/month), IP beds (6+ new patients/bed/year), Infusion chairs, Ambulatory Schedules, Staff utilization. This should be included in the work of the enterprise-wide AI Institute Initiative.
2. Peri-Surgical Support – Create a peri-surgical department for optimizing patients prior to surgery, including surgical scheduling, medical optimization, and financial clearance. One of several departments to raise this idea, the Ortho Department is part of larger enterprise-wide initiative to develop this, with the Ortho Chair serving as co-chair of the workgroup.
3. Enhance Orthopedic Destination in Farmington – By renovating UHSC surgical suites to accommodate all hospital outpatient procedures, including arthroplasty and spine. Held pending outcome of hospital PPP and space assessments.
4. Enhance Orthopedic Destination in Farmington – By expanding into the Administrative Services Building (~48k sq. ft.) for Peri- Surgery Department, additional clinic space, and dedicated Procedure Rooms. Create Orthopedic Urgent Care location, expand PT, create another home location for ISM. Related to #3, also held pending outcome of hospital PPP and space assessments.
5. Expand Presence at Connecticut Surgery Center – For increased volume of surgeries, excellent patient experience, and financial benefit to UConn Health. In progress at department level.
6. Community Development – Create regional ambulatory centers including Primary Care, Procedure Room, Orthopedic, and other specialty shared space, Physical Therapy, Urgent Care, Imaging, Lab. Referred to enterprise-level ‘Unified Primary Care Plan’ initiative.
7. Community Development – Partner with other community ASCs for performing surgery – This is included in enterprise-level initiatives around public-private partnerships.
8. Community Development – Institute for Sports Medicine (ISM) expansion to new markets that complement UConn Health locations. Includes funding for Athletic Trainers/Community Ambassadors, access for area schools, Bump & Bruises clinic (MSK walk-in), educational seminars, and partnership with UConn. In part relates to PPP and the PT partnership that is currently under discussion; also requires further input from the Department about how this need integrates with the Women’s Center for Motion and Performance. One plan for both programs.

Department of Pathology and Lab Medicine

1. New Lab Tests – Department is encouraged to bring forward proposals that increase volume and fiscal performance as they arise and are considered a strategic priority. Work to insource testing and save on using outside labs can be prioritized if it can deliver Project Thrive impact. May have implications to PPP with hospitals and other partners.
2. New and Improved Blood Draw Stations That Are Accessible and Tied to UConn Health’s Other Services and Clinics – Proceed, and weave into enterprise-level Unified Primary Care Plan initiative.
3. Molecular Diagnostics Program – Department putting together a team of content experts, starting small. Focus on PCR-based testing and on a few select mutations BRAF, IDH1 and IDH2, cKIT, MYD88, BCR, ABL. Position lab for future expansion (NGS). Proceed – department-level work and resources currently.
4. Digital Pathology – General direction is that we should develop a high-level cost projection (needed equipment and storage) to inform further development as funds and natural replacement or renovation allows. Likely the top priority, AI will influence. Proceed, need more information but organization supportive of this direction.
5. Stop Reference Lab Leakage – Get needed IT changes to support capture, need to understand payor tier pricing. Could impact draw station longer term initiative with place and hours. Create year-over-year tracking report for progress visibility. Work to educate and change behavior before considering change in process. Should proceed and accelerate for Project Thrive impact.
6. Community – Cystic Fibrosis Testing: Continue to expand newborn screening algorithm used by UConn Health to include all births in Connecticut. Partnership with DPH to interface UConn Health and Connecticut Children’s Epic systems with newly acquired information system to simplify collection/reporting and follow-up for infants screened at UConn Health. This is a grant-funded initiative through DPH. Proceed at department level.
7. Community – Environmental Impact: Department should work with available resources on goals to reduce carbon footprint and waste management, to reduce energy usage, water, chemical use, and waste and adopt “green lab practices” while gaining energy cost savings. Proceed at department level.
8. Research – General support for the idea of forming department research committee to address weaknesses and brainstorm solutions, explore opportunities for funding (develop funding opportunities or grant mechanisms to facilitate research projects) Explore opportunities with industry, biotech, and pharma with a liaison. Needs to be considered in Research Strategic Plan.

Department of Pharmacy

1. Compound and Sterile Pharmacy Capacity Expansion to Support Infusion Growth – Needed to open home or ambulatory infusion centers (AICs). On hold (though trailer

solution at Exchange is largely approved); await transition of Home Program in-house (contingent of Epic build) and outcome of PPP around AICs. Plan to expand hospital chairs on CT6 is fast-tracked for Project Thrive; this does not require additional compounding but will put current facilities at max output.

2. Meds to Beds – Intend to align large-scale rollout with opening of John Dempsey Hospital Retail Pharmacy, inclusive of after-hours pick-up lockers available to patients, caregivers (and staff). Goals include improved Press Ganey post-discharge scores, improve Transitions of Care Pharmacist role, and handoff to Discharge Clinic for patient expansion and retention, and to grow 340B qualified claims.
3. Retail Pharmacy – Open hub-spoke retail pharmacy footprint in JDH space by end of FY26. Central fill model to maintain 340B benefit via UHIPS, enhance efficiency, and absorb volume of growth for Meds to Beds. Provide Med D exclusive vaccines. Opportunity for employee service support (e.g., flu, COVID, RSV) with ability to bill. Supported, accelerated for Project Thrive potential impact.
4. Start PBM – Long-term goal in support of lowering State employee benefit cost.
5. Warehouse Build-Out – Long-term home for UHPSI and other services once lease in the Exchange expires. Hold pending PPP, revising is Q1 26 once system scope and geography is better known.

Department of Psychiatry

1. Esketamine Expansion – Proceed at department level to adjust hours of service to meet growing patient demand.
2. Psychotherapy Expansion – Proceed with initial hiring of two new LCSWs and two new Psychologists as part of three-year plan. Additional hiring contingent on full productivity and attainment of fiscal targets. Integrate with EAP using 50% of additional capacity to address unmet placement needs.
3. Opening Inpatient Geriatric Unit – Hold, revisit once hospital PPP is known.
4. Expansion of Outpatient Geriatric Psychiatry Services – Work in synch with enterprise-level geriatric initiative, impacts on infusion initiatives as well.
5. Expansion of Child Services – Hold pending successful completion of other initiatives, seek philanthropic funding as appropriate.

Department of Radiology

1. Roll Out Gadolinium Switch – Continue department-level initiative underway.
2. Develop Brand of “AI Health Center” – Include as part of enterprise-wide AI Institute.
3. Automate the Communication of “Actionable Findings” – Continue at the department level, need follow-up discussion on the needed IT help and process.
4. Post-Processing 3-D Imaging Lab to Further Develop State-of-the-Art Imaging – Does not require additional/different MRI. Department continue and develop cost revenue analysis to further inform investment requests in additional people and equipment.

5. Increase PACS Staffing – Department-level work, submit hiring requests and benefit support documentation through review channels as appropriate.
6. Grow Public-Private-Partnership (UHI model) – Included in enterprise-level PPP initiatives.
7. Increase Radiologist Staffing – Department is encouraged to continue to bring hiring requests to position committees as needed, so turnaround times are maintained without burning out faculty. Ongoing.
8. Infrastructure: IR Suite / PET / MRI – Projects already included and underway as part of facility master and capital plan to upgrade existing radiology core. No additional action is needed.

Department of Surgery

1. Optimize OR Utilization – Continuing effort from OR retreat. Supports multiple enterprise initiatives, including CPM and PPP. The surgeon-led ‘Right Case, Right Place’ work continues with reporting through the OR Advisory Committee.
2. Optimize Peri-Surgical Process – Part of the enterprise-level initiative, underway.
3. Geriatric Surgical Verification – Tied to enterprise-level initiative to leverage geriatric expertise. Work should continue at department level with creation of timeline and needed resources identified. Work ahead of expected CMS payment implications.
4. Acute Care Surgery – Generally supportive for work to continue at department level, needs to be informed and in synch with hospital leadership.
5. Optimize Quality and Reimbursement – Underway, measure impact through Department of Surgery Empowerment meetings.
6. Plastic Surgery Residency – Department brought forward timing and resources, organization is generally supportive. Should be reviewed one more time prior to next application submission deadline.

V. Communication & Monitoring

Communication is a vital element to adoption, accountability, and ultimately successfully engaging the organization in the strategy and initiatives outlined herein. UConn Health will broadly communicate the Plan to stakeholders across the enterprise, including but not limited to, through upcoming town hall meetings, Managers’ Council, Clinical Council, the weekly CEO Newsletter, and on internal and external web pages.

Leaders designated to oversee each initiative will track progress as work proceeds, and will report out such progress regularly to the CEO and senior leadership, whether at weekly Senior Executive Team meetings and/or at regularly scheduled department-level Physician Empowerment meetings. The UConn Health community, including the Board of Directors, will be periodically updated on progress.