THE UNIVERSITY OF SOUTHERN CALIFORNIA

AIM Program™ Site Visit Report

The University of Southern California
Los Angeles, California
November 29–December 2, 2016
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Site Visit Summary

The site visit by the AAHC/AAHCI Aligned Institutional Mission Program™ (AIM) to the University of Southern California and the Keck Medical Center of USC, USC’s academic health center (AMC), took place November 29–December 2, 2016. Team members included Nancy W. Dickey, MD, professor in the Department of Family and Community Medicine and the Department of Medical Humanities in the College of Medicine and professor in the Department of Health Policy and Management in the School of Public Health, Texas A&M Health Science Center, of which she is president emeritus (team lead); consultant endocrinologist Edward Hillhouse, PhD, BSC, MBBS, FRCP, formerly a professor of medicine at the University of Leeds, where he served as dean of the School of Medicine, faculty dean of medicine and health and dean for international development; and Arthur H. Rubenstein, MBBCH, professor in the Department of Medicine, Division of Endocrinology at the Raymond and Ruth Perelman School of Medicine at the University of Pennsylvania and former executive vice president of the University of Pennsylvania for the Health System and dean of the Raymond and Ruth Perelman School of Medicine. The team was supported by Christine Smith, director, International Programs at AAHC/AAHCI.

The site visit was organized in a remarkably efficient way. The consultant team is grateful to the large number of people who adjusted their schedules to meet with us and who openly shared their views, aspirations, and challenges in a constructive dialogue that was much valued.

The consultant team would like to compliment the USC leadership, and in particular Vice President of Research Randolph Hall and Silvia da Costa, director of faculty research relations, for the excellent self-assessment document for USC Health Programs that was prepared for the visit. This comprehensive 92-page overview of the history, organization, successes, and challenges for the
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institution was invaluable in terms of our preparation for the site visit and for placing the issues facing USC in perspective.

One important caveat: The constraints of time meant that the consultant team was unable to explore some key areas in depth. There was too little time, for example, to discuss USC’s knowledge transfer strategy in any detail, so comments in this report about knowledge generation are synthesized from other discussions. Similarly, the AIM team did not have an opportunity to assess medical education in all of its diverse forms. It would have been helpful to meet with the leaders of both undergraduate and postgraduate medical education. Further, while partnerships are a key element of any global academic health center and while the consultants heard much about strong local partnerships, there was too little time during the site visit to fully explore important state, national, or international partnerships. Finally, the consultants unfortunately did not have the opportunity to interact with Rohit Varma, MD, MPH, the recently appointed dean of the Keck School of Medicine of USC, who was traveling at the time of the consultant site visit.

A chart summarizing the overall findings is included at the end of this report and outlines the strengths, challenges, and opportunities found.

Comments made in this report are confidential and are meant for internal discussion. For each challenge or opportunity that is suggested, there is potential for follow-up discussion and investigation. It is the desire of the AIM program to facilitate, assist, and guide The University of Southern California to move in the direction of attaining optimal alignment and enhancement of the institution.

Overview and Context

The University of Southern California is an internationally renowned, multi-faculty university with a proud history of achievement and service to the local and international communities. It currently ranks 60th in the THES world rankings. The current university strategic plan identifies the health sciences as a key area for development.

The Keck Medical Center of USC is the clinical enterprise comprised of the Keck Hospital of USC, USC Norris Cancer Hospital, USC Care Medical Group Inc., and a number of clinics and outpatient satellites. This constellation of entities anchors USC’s vision for a top-tier academic health center that provides exceptional healthcare that is personalized, compassionate, and innovative.

While the USC medical school was established more than 100 years ago, the Keck Medical Center of USC must be viewed as relatively young since its foundational developments have taken place in the last two decades. The development of the Keck Medical Center of USC as a comprehensive academic health center essentially began about eight years ago, following significant investment from the Keck Foundation and the acquisition of the USC University Hospital and the Norris
Cancer Hospital in 2009. These two facilities complement the clinical services provided by the LA County Hospital and the Children’s Hospital Los Angeles. Further expansion took place in 2013 with the acquisition of Verdugo Hills Hospital, which provides general clinical services to the community. These facilities, the core of the Keck Medical Center of USC, are complemented by schools of dentistry, pharmacy, social work, public policy, and gerontology, together with a world-renowned school of engineering and the school of cinematography, a relatively unique asset.

During the site visit, the consultant team found a number of pronounced strengths in the academic health center. Among other noteworthy assets, there is strong support across the organization for the mission of the Keck Medical Center of USC and for its top leadership. The strategic planning process currently under way is an essential building block for the academic health center’s future. The academic health center is strengthened overall by strong external relationships, including those with regional medical facilities, other institutions of higher learning, and the community writ large. A committed and diverse team of faculty is helping to lead the academic health center’s advances in interprofessional education. There is abundant evidence of success in the transfer of knowledge generated at USC.

The consultant team also identified some areas that could further strengthen the academic health center’s work. Broadly speaking, for example, the team urges USC to differentiate the academic health center’s mission and particular strengths in ways that can help strengthen its impact, effectiveness, and reputation. There is an opportunity to build a nursing program, which would be a useful addition to USC’s core facilities. The team believes better communication and closer programmatic coordination between the academic health center and the health sciences would be advantageous. In terms of strategic planning, consultants believe particular attention is needed around program prioritization. It is recommended that transparent and ongoing conversations about the funding that is needed for the academic health center to fully realize its ambitious goals. In terms of administration and governance, it is believed that sustained progress in the future will require more rigorous evaluations of faculty and staff in key leadership positions. In terms of external relationships, the team believes the academic health center has substantial opportunities to do more to “tell its story” and share knowledge about its accomplishments with key local, state, national, and international stakeholders. The appointment of a new associate vice president for community engagement provides significant opportunities to expand partnerships with USC’s multiple external communities. In terms of interprofessional education, more clearly defined leadership and more intentional cross-communication and curricular convergence would help advance IPE at USC. And finally, the team believes that the knowledge transfer enterprise could be strengthened through team building and strategic investment, and that all scientific programs related to health should be required to demonstrate integration into the healthcare delivery system.
With those fundamental observations as context, this report examines five key areas: mission alignment, internal accountability, external accountability, interprofessional education and practice, and knowledge sharing, outlining strengths, opportunities, and challenges in each area.

**MISSION ALIGNMENT**

This section reviews the strengths of the Keck Medical Center of USC in mission alignment and suggests some opportunities and challenges.

**Strengths**

- There is strong support across the organization for the mission of the AMC and for its top leadership.

An organizational chart provided to the consulting team includes Thomas Jackiewicz, MPH, Senior vice president and chief executive officer for Keck Medicine of USC, who reports directly to USC president C. L. Max Nikias, PhD, and the newly appointed dean of the Medical School, Rohit Varma, MD, MPH, who reports to Michael Quick, PhD, USC provost and senior vice president for academic affairs. Based on the consulting team’s discussions, it appears that the leadership at the academic health center (including the senior vice president for health affairs, dean, provost, president, vice presidents for research, senior vice president for finance, and others) have the confidence of the chairs, other faculty leaders, and the faculty. Overall, the consulting team found that leadership through the ranks exhibits a very positive commitment to the future of USC, loyalty to the institution, and enthusiasm for increasing future success.

**Challenges and Opportunities**

- There is an opportunity at USC to build a nursing program.

While the Keck Medical Center of USC’s core facilities are complemented by schools of dentistry, pharmacy, social work, public policy, and gerontology, it is noted that USC lacks a school of nursing. Currently the hospitals receive undergraduate nursing students from the Los Angeles County College of Nursing and Allied Health, a public community college owned and operated by the County of Los Angeles; and, recently, postgraduate nursing has been incorporated into a new department at the School of Social Work. In view of this gap, there is a clear opportunity for further discussion around the future and shape of clinical nursing and research in the USC.
Further work to differentiate the mission of the Keck Medical Center of USC could strengthen its impact, effectiveness, and reputation.

The consultant team was very impressed with USC’s vision for the Keck Medical Center and with the quality of leadership, facilities, and opportunities for collaboration with other faculties. There is a deep commitment to the academic health center from USC President Nikias and his leadership team, who clearly understand the importance of medicine and health-related disciplines to the community and the university. This commitment, however, must be sustainable. The academic health center requires continued investment and support, and must be organized in ways that can thrive during inevitable changes in leadership.

Currently, the Keck Medical Center of USC is ranked 8th among medical centers in California, and competes with several prominent, world-class institutions in the state. The consultant team believes there is great opportunity to identify clear points of differentiation from these other institutions, such as gerontology or health informatics, while maintaining and developing distinguishing capabilities in key core specialties, such as cancer, cardiovascular, gastroenterology, and neuroscience. To fully realize such opportunities, the academic health center leadership should clarify where and how it can be truly world-leading.

As a specific example, one area that requires strengthening is clinical trials, which can provide opportunity across multiple specialties and health professions. This will require some clear strategic thinking and new leadership supported by significant investment. This could be integrated into the development of the medical specialties. If implemented correctly, a clinical trials initiative should bring in significant income on a reasonably short time-scale. The new dean of the medical school should play a key role in this process and consideration should be given to potential leadership changes in key areas, as a prerequisite to a step change in performance in the key medical sub-specialties.

Closer integration and communication between the academic health center and the health sciences could ameliorate potential drawbacks inherent in physical separation.

The separation of the Keck Medical Center of USC from the health sciences campus is a potential problem, but one that should be surmountable by building strong relationships and using contemporary forms of communication. Other related potential issues result from the federated nature of the academic health center. In that regard, the consultants detected some tension between the medical school and the two main hospitals in the Medical Center, generated in part...
by the competition for staff and resources. In mature systems, such tensions are typically managed through a robust governance structure and resource allocation committee. This implies, however, that there is a shared resource system, which is not the case at USC. The academic health center would benefit from such a system, as well as from a more transparent governance structure and clearer formal and informal lines of communications across institutions.

- Closer attention to effecting cultural change and managing faculty expectations would be advantageous.

Two recurring themes throughout the consultant team’s interviews were the need to build a more research-intensive culture in the hospitals and the concomitant need to “manage faculty expectations” about available resources, particularly in light of media reports regarding significant endowment gifts to the university. While the former is being managed well, it will require sustained effort and probably more leadership change to become transformational. The latter can be managed through the governance system, the communications strategy, and a transparent plan for future investment and development.

INTERNAL ACCOUNTABILITY

Looking separately at strategic planning, resource planning, and administration/governance, this section reviews the strengths of the Keck Medical Center of USC in internal accountability and suggests some opportunities and challenges.

Strategic Planning
A strategic planning process for the Keck Medical Center of USC and the Keck School of Medicine at USC is under way. Together with the appointment of the new dean for the medical school and the hiring of an experienced consulting firm, AMC Strategies, this process is vitally important to the future success of the USC and its medical school and to the role of the academic health center within the context of USC as a whole. The team met with several of the key leaders involved in the strategic planning endeavor, including Helena Chang Chui, MD, chair of Neurology, Andrew P. McMahon, PhD, director of the Eli and Edythe Broad Center for Regenerative Medicine and Stem Cell Research, and Pinchas Cohen, MD, dean of the School of Gerontology.

- Vigilance is needed around program prioritization.
Recognizing that considerable work in this regard has no doubt already taken place that could not be fully explored during the site visit, the consultant team nonetheless urges continued attention to program prioritization. Targeted investment in selected areas will help create several world-class programs that will help the Keck Medical Center of USC retain and recruit the most outstanding faculty, students, and grants, and which will help the academic health center distinguish itself from the other high-caliber institutions with which it competes. Among the areas heard about, but did not have time to evaluate in detail, were gerontology (including programs across the lifespan); stem cell biology; neurology/neuroscience/neurogenetics/Alzheimer’s disease (including its basic science basis, related translational medicine programs, and clinical trials of new therapies); and convergence bioscience programs with the university (especially with the school of engineering and programs in population health and health informatics, among others).

- *Close programmatic coordination between the academic health center and USC as a whole will be imperative.*

The consultant team would also like to stress the importance of continued close coordination of the academic health center’s and medical school’s strategic planning initiatives with the major themes and initiatives that the USC provost’s office is supporting. Many of the provost’s priorities have direct overlap with programs/faculty/students in the academic health center. Concerted efforts to ensure that the provost’s areas of emphasis and those of USC’s schools are as closely aligned as possible with those of the academic health center will be critically important in terms of both faculty/student involvement and commitment as well as allocation of financial and other resources.

- *There is an ongoing need for strong coordination between central and federated planning.*

Another obvious challenge will be the balance between centralized and more individualistic planning. This is always a challenge, but the best strategic plans are able to bridge these important constituencies and encourage real participation by as wide a variety of stakeholders as possible. The culture at USC until now has been tilted towards individualistic, outstanding faculty and their own programs. This unique atmosphere at USC must be maintained (it is the reason many outstanding faculty have been attracted to the institution), but as the institution matures and the demand for resources grow, a careful balance between centralized planning and direction and individual entrepreneurship needs to be fostered to ensure institutional direction and success.
**Resource Planning**

USC and its academic health center have made tremendous advances in the past decade. The Keck Medical Center of USC is a vibrant institution with its own hospital and expanding physician/hospital network, important relationships with Children’s Hospital Los Angeles and LAC+USC Medical Center, and a growing referral network of physicians in practice. These successes only serve to underscore that if the academic health center is going to remain competitive in the already highly competitive Los Angeles market—where key players include UCLA, Cedars Sinai, other major community hospitals, Kaiser Permanente, and other entities—it will need to secure significant financial resources over the next decade or two.

- **Ongoing development of the Keck Medical Center of USC’s programs as delineated in the strategic plan mandate realistic resource estimates and planning.**

During the consultant team’s site visit, a number of large scale projects came up in discussion. These include a new and expanded university hospital, a state-of-the-art outpatient facility, a new research building, resources for retaining and recruiting the most outstanding faculty and students, expanding signature programs as part of the strategic plan and the Provost’s initiatives, and more. In addition, improving the infrastructure for communication between the different campus sites would also be very advantageous to faculty and their programs. The team also heard from several leaders that there are great needs in the Department of Medicine to make it competitive and share in the growth of clinical and research programs in the Medical Center. Cardiology and Gastroenterology were specifically mentioned as needing major investments to bring them into a competitive position in their own right and also to support increasingly successful surgical subspecialties. Although the consulting team cannot analyze these initiatives or detail or determine their realistic costs, the projected costs for these initiatives will obviously amount to many hundreds of millions of dollars over the next two decades.

Creating transparency regarding funds flow and potentially seeking some input from various shareholders in determining and modifying the funds flow is one way to create a sense of internal accountability. A transparent and ongoing discussion of the finances needed to support identified strategic priorities is important in order to enlist faculty leadership in support of projects, with a full understanding of their scope, a sense of where different projects are on the list of priorities, and also an understanding of why it might not be possible to support a given project at a given time. To this end, the team recommends development of a funds flow template to facilitate faculty and institutional leaders’ understanding for and appreciation of the budgeting process and sources of funds.
**Administration and Governance**

The consulting team believes operations at the Keck Medical Center of USC would be well served by making certain adjustments in current administrative and governance practices.

- **Sustained progress in the future will require more rigorous evaluations of faculty/staff in key leadership positions.**

It appears at this time that many senior administrative leadership positions are appointed without clearly defined expectations for reviews or provisions for reappointment or termination of individuals and their programs (e.g., department, institutes, centers). In many instances, critical appointments of chairs and other key leadership positions appear to be open-ended and lacking a formal review process. In general, more definition of expectations is needed in policies concerning the appointment of key leadership positions, including more clarity around internal and external reviews and such other factors as term limitations.

The consulting team strongly advocates for more rigorous, formal, and regularly scheduled reviews and evaluations of individual performance in key positions and for evaluation of the programs that those individuals lead. There are a number of approaches to achieve this outcome in a constructive and collegial manner—including in-depth personnel reviews, evaluation of progress against stated goals, rates of faculty/students/residents successes or failures, and so on. Such comprehensive reviews should be structured to provide the USC’s top administrators with valuable information about how well their direct reports and programs are performing.

(Typically an outside review of two or so days in length is most valuable in this regard. This approach could be discussed in more detail if the USC leadership is interested.)

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**EXTERNAL ACCOUNTABILITY**

This section reviews the strengths of the Keck Medical Center of USC in external accountability and suggests some opportunities and challenges.

**Strengths**

The abundant strengths of the Keck Medical Center of USC in terms of external relationships have contributed to the successes of USC to date, including decades-long partnering with the LAC+USC Medical Center, the growing partnership with CHLA, and collaborations with many community...
organizations. USC has strong relationships with academic institutions in the area, including Cal Tech, which brings opportunity for diverse and substantive skills to impact academic programs and research. Additionally, USC has recently taken a very visible step to demonstrate its commitment to external relationships by appointing an associate vice president for community engagement. This position creates a very visible linkage for communication, planning, and accountability.

**Challenges and Opportunities**

- *The Keck Medical Center of USC has substantial opportunities to do more to “tell its story” and share knowledge about its accomplishments with key local, state, national, and international stakeholders.*

While USC has a well-deserved global reputation, the Keck Medical Center still has some significant work to do to enhance its reputation as a major entity within California’s highly competitive environment. It should not be assumed that publicizing USC’s reputation and accomplishments will happen by chance. Rather, a significant strategic communications initiative is needed. This will require some deep strategic thinking combined with significant staff engagement and commitment, and should be led by the new dean of the medical school. Such communication should be intentionally two-way: The academic health center needs to engage with and listen to the community, remembering that potential donors, as well as patients and their families, are interested in supporting clinical and scientific excellence.

- *The Keck Medical Center of USC should leverage the appointment of the new associate vice president for community engagement to expand partnerships with USC’s multiple external communities.*

The many partners to which the Keck Medical Center of USC is accountable create a highly challenging dynamic, not only because different partners seek different relationships and make and expect different contributions, but fundamentally because of the very breadth of the partnerships. While that breadth speaks well for the institution’s outreach, more than one of the individuals with whom the team met suggested that the community often perceives that USC is paternalistic and colonial and not genuinely interested in partnerships around innovation or in support of community needs. The university has taken an important step in the recent appointment of an associate vice president for community engagement. This individual has an opportunity to expand the breadth of the academic health center’s existing relationships and to further develop genuine partnerships that are vital for true community-based learning.
One of the goals of community partnerships and outreach is to expand the perspective of the health learner such that learners begin to appreciate the variety of factors that impact health. With USC serving a significant portion of the underserved community of Los Angeles, the academic health center is in a good position to have a role in addressing the social determinants of health. Background material supplied to the consultants identified a variety of outreach programs, including the high school outreach to attract underserved students into STEM programs and then assist them to succeed in a desired pathway.

- **Improved community programs will be dependent upon enhanced communication and developing a sense of shared goals between USC and community organizations.**

Growth and excellence of community outreach is often dependent upon joint planning, communication regarding impact and effectiveness of existing programs, and a sense of shared responsibility for impact. There apparently used to be a formal mechanism to bring community organizations and the university together. During a leadership change, however, that process went away and has not been reinvigorated. While in the current system there are a variety of outreaches, it appears to be somewhat uneven—some do well and some not so well. A process whereby identified needs in the communities served and those within USC itself—with possible solutions, such as workforce, volunteers, education programs, and research opportunities—could help maximize results for all involved. The provost’s list of “wicked problems” also offers meaningful opportunity to reach into the community. Whether there are a handful of programs or a plethora, communication between the community and USC is important for transparency and accountability.

- **Some important relationships appear to need particular attention in order to ensure ongoing mutual benefit.**

The relationship with LA County is perhaps one of the most challenging of USC’s partnerships. This partnership has been a cornerstone of the clinical teaching of USC for decades. Success for one partner seems tied to success for the other. However, several of the individuals with whom the consultant team met acknowledged tension between the partners. There does not appear to be bilateral understanding of the many issues nor insight or commitment to seeking potential solutions. The consultant team felt that the importance of this relationship suggests a strong need to clarify the expectations and needs of both partners as well as the need to create a governance process involving senior leadership from each side to enhance ongoing communication and provide a template for future problem solving.
Many opportunities exist to enhance the positive relationships with clinical partners and to build upon current strengths; transparent and shared leadership and planning may assure continued and expanded successes.

Beyond the community at large and the significant number of organizations with which USC interfaces, a number of important clinical partnerships have existed for many years. The perceived quality of the relationships with those partners is highly variable. The Cancer Center has always had both an academic bent and a good relationship with the academic leadership. The drug discovery and clinical trials activities apparently represent the lion’s share (62 percent) of such work by USC. They have a strong Phase I facility and it serves the entire university. Being recognized as a comprehensive cancer center is important to the center and its future, but some concern was expressed regarding the current conversations about building an expanded Keck Medical Center and the placement/status of the cancer center in those plans.

The relationship with Children’s Hospital Los Angeles appears to be cooperative and effective. Leadership of CHLA meets regularly with the dean and provost and periodically with the president. There is a shared IRB built by both partners. There is a perception of good synergy and leadership top to bottom. However, there are opportunities to improve even in this strong relationship. There was discussion about ongoing tension around the Saban Research Institute, for example, and the perception was voiced that CHLA perceives that their successes are not always stressed by USC in a manner consistent with the importance of the contribution.

The ownership of the Keck Hospital and the Verdugo Hills Hospital offer the chance for a different perspective of clinical care. These issues will require careful planning, transparency for those impacted, and integration into the larger strategic plan of what USC wants to be and how it chooses to get there.

The strategic planning process provides yet-untapped opportunities for engagement with external partners.

The fact that the Keck Medical Center of USC and the Keck School of Medicine are engaged in strategic planning offers an opportunity to enhance the sense of partnership and potentially the transparency for several partners. Including representation from some of the more important external partners in the planning process would assure that the perspective of outside organizations is heard, might enhance joint goal setting, and could help underscore the value of teamwork that is vital to success in today’s academic health center.
INTER-PROFESSIONAL EDUCATION AND PRACTICE

This section reviews the strengths of the Keck Medical Center of USC in interprofessional education and practice (IPE) and suggests some opportunities and challenges.

**Strengths**

Health professions education and academic health centers that are committed to training the next generation of professionals have increasingly recognized the value and increasing necessity of working effectively by delivering team care. The abundant strengths of the Keck Medical Center of USC in terms of interprofessional education include a committed and diverse group of faculty who spend time together planning curricular opportunities, advancing necessary changes to meet accreditation standards, and serving as advocates for the importance of interprofessional education. Case Studies, a grass roots effort from faculty and students, has provided an opportunity to look at the team in healthcare delivery. The consultant team was also told about a number of student-run activities.

Some of these activities have been quite innovative and potentially trend-setting, such as the emerging graduate school of nursing being located in the school of social work. This interesting co-location was described as working at one of healthcare's intersections and encouraging students to look at problems from different perspectives with particular attention to the social determinants of health. In addition, the historic and effective process of creating centers and institutes has led to some powerful convergences across different areas of study, such as engineering and medicine and cinematography and medicine. Several of these offer interesting and unusual opportunities to look at medicine and healthcare through very different lenses.

**Challenges and Opportunities**

- More intentional cross-communication and curricular convergence would help advance IPE at USC.

The traditional curricula in medical schools, like much of the practice of medicine, has often been siloed. However, the leading academic health centers of tomorrow will likely be those that educate their learners both about other professions and about how to work most effectively with those professionals. At USC, however, many professional relationships remain distant from one another. For example, little cross-communication or joint education appears to exist at present between the USC School of Medicine and the dental and pharmacy schools. Fundamentally, the
concept of an academic health center includes interface of the medical education process across not only the clinical institutions or clinical affiliates but also across health professions and into the communities served. In this case it appears that USC could and should be doing more to get these silos to interact more effectively.

- **Stronger leadership channels will help advance IPE at USC.**

Successful IPE programs are longitudinal, and require strong, ongoing faculty-to-faculty and student-to-student communication and cooperation toward a common goal. To that end, inculcation of IPE at USC will require direction from someone in leadership who can drive the changes needed for USC to demonstrate a real curricular and educational commitment to IPE.

Leadership for interprofessional education at USC currently comes from a dedicated and engaged group of faculty and staff volunteers who are committed to building interprofessional education. Observers, however, perceive a lack of support or sense of priority from deans for the ad hoc group that is working to build IPE. Moreover, there is no one recognized individual or office that is charged with developing a vision for interprofessional education at USC.

According to several interviewees, efforts to create interprofessional education activities have met with significant resistance. Like many health professions institutions, the various schedules make any form of joint learning challenging. The comment was made that at USC, there is so much independence that no one is willing to change to allow schedule cooperation. Leadership from the top might facilitate improved joint scheduling as well as communicating IPE as an important aspect of the education process.

When the emerging, insightful leadership is paired with the many relatively unique opportunities offered by USC, interprofessional education could potentially become one of the defining characteristics of the academic health center. The proposed Center of Excellence in Interprofessional Education in the Health Sciences could potentially provide a locus for those activities. One specific objective for USC might be asking how interprofessional care teams addressing particular issues can help USC meet one or more of the provost’s “wicked problems.”

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**KNOWLEDGE SHARING**

This section reviews the strengths of the Keck Medical Center of USC in knowledge generation and suggests some opportunities and challenges.
The generation and transfer of knowledge is a core competency for any academic health center. Without knowledge transfer there can be no continuous improvement of clinical services, which is the raison d’être for both research and continuing education. Knowledge generation is therefore the glue that holds the entire tripartite mission together. As mentioned above, the constraints of time during the site visit left too little time to fully discuss USC’s knowledge transfer strategy; accordingly, the comments in this section are synthesized from both the preparatory material and from perspectives derived during the breadth of interviews, as opposed to interviews directly addressing knowledge transfer.

**Strengths**

USC has clear examples of excellent knowledge transfer, both into the local community and globally. The best examples are to be found in the publication of new scientific knowledge in leading academic journals. There are other pockets of excellence, such as in the Children’s Hospital and in population health.

**Challenges and Opportunities**

- *The knowledge transfer enterprise may require some team building and strategic investment.*

The knowledge transfer enterprise is embedded across various departments and constituent bodies of the academic health center. It would benefit, however, from a coherent strategic approach led by a well-resourced team tasked with building the knowledge transfer capacity and capability and enhancing institutional reputation.

- *All scientific programs related to health should be required to demonstrate integration into the healthcare delivery system.*

In many cases, the new knowledge generated by the USC is not necessarily reaching clinicians, patients, or the local community. Accordingly, the consultant team found that the USC has opportunities to do more to share knowledge gained more widely. An example is the excellent discovery program in gerontology, where opportunities to disseminate new knowledge more widely than scientific publications has not been fully optimized. Health informatics is another good example where USC has a clear advantage over its competitors in terms of scientific discovery, but where that advantage has not been fully optimized through integration into the health delivery system.
NEXT STEPS

Action Plan

Upon reviewing this report, The University of Southern California will determine areas to develop an action plan for self-improvement. Following this review, the Association of Academic Health Centers International (AAHCI) will arrange for a virtual review of the report between AAHCI, the AIM consulting team, The University of Southern California site lead, and other designated leaders.

As a follow up to that conversation, The University of Southern California will then spend eight to twelve weeks preparing an action plan for the consulting team to review. The plan will indicate actions and enhancements being implemented to achieve alignment, including:

- Timeline
- Resources
- Responsible parties
- Metrics

AAHCI and the consulting team will be accessible to The University of Southern California during this time for feedback.

Annual Reporting

Once the action plan has been put into place, AAHCI will check in with USC and work with the leadership to gain updates on any changes that may have occurred, the implementation plan to date and achievements, modifications to the action plan, etc.

ACKNOWLEDGEMENTS

AAHCI would like to thank Dr. Randolph Hall for his hospitality and participation in the AIM Program™, Ms. Dale Odano for her excellent support and organization of the site visit, and for the hospitality of their teams.
### Annex 1 Summary Chart – Strengths, Challenges & Opportunities

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<th>Internal Accountability</th>
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<td>• Vigilance is needed around program prioritization.</td>
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<td>• Close programmatic coordination between the academic health center and USC as a whole will be imperative.</td>
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<td>• There is an ongoing need for strong coordination between central and federated planning.</td>
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<td>• Ongoing development of the Keck Medical Center of USC’s programs as delineated in the strategic plan mandate realistic resource estimates and planning.</td>
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| **Sustained progress in the future will require more rigorous evaluations of faculty/staff in key leadership positions.** | **External Accountability**  
- The Keck Medical Center of USC has substantial opportunities to do more to “tell its story” and share knowledge about its accomplishments with key local, state, national, and international stakeholders.  
- The Keck Medical Center of USC should leverage the appointment of the new associate vice president for community engagement to expand partnerships with USC’s multiple external communities.  
- Improved community programs will be dependent upon enhanced communication and developing a sense of shared goals between USC and community organizations.  
- Some particularly important relationships appear to need particular attention in order to ensure ongoing mutual benefit.  
- Many opportunities exist to enhance the positive relationships with clinical partners and to build upon current strengths; transparent and shared leadership and planning may assure continued and expanded successes.  
- The strategic planning process provides yet-untapped opportunities for engagement with external partners. |
| **Interprofessional Education**  
- More intentional cross-communication and curricular convergence would help advance IPE at USC.  
- Stronger leadership channels will help advance IPE at USC. | **Knowledge Sharing**  
- The knowledge transfer enterprise may require some team building and strategic investment.  
- All scientific programs related to health should be required to demonstrate integration into the healthcare delivery system. |