Welcome, attendees!

• If you are attending virtually:
  • Your microphone and camera will remain off
  • The chat feature is turned off for this event (except for faculty vote portion)
  • Use the Q&A feature to send your questions

• If you are attending in person:
  • Raise your hand during the Q&A session and someone will bring you a microphone

• This meeting is being recorded

Land Acknowledgment

We acknowledge that the land our university and school stands on is ancestral Ho-Chunk land.
Spring Faculty & Staff Meeting

April 27, 2022
Agenda

• Welcome
• Faculty Vote to Award Degrees to Graduates & Research Honors Program
  – Elizabeth Petty, MD
• Match Outcomes & Clinical Education
  – Dave Bernhard
• Institute for Clinical & Translational Research (ICTR): Status and Future Goals
  – Allan Brasier, MD, and Elizabeth Burnside, MD, MPH, MS
• Financial Update
  – Ken Mount
• Town Hall
• Celebratory Reception in Health Sciences Learning Center (HSLC) Atrium
Faculty Vote to Award Degrees / Match Outcomes & Clinical Education

Elizabeth M. Petty, MD
Senior Associate Dean for Academic Affairs
Dave Bernhard, MS
Director of MD Student Services
Faculty Vote to Award Degrees to SMPH Graduates

Motion:

“The Faculty recommends to the Regents for their respective degrees those students certified whose names are submitted by the Dean as having completed the requirements for their respective degrees.”
Match Summary 2022

Dave Bernhard
Director of Student Services
dbernhard@wisc.edu

Elizabeth Petty
Senior Associate Dean, Academic Affairs
Professor, Pediatrics
epetty@wisc.edu

All photo credits to Todd Brown, Media Solutions, SMPH
It Takes a Village

**Director of Career Advising & Wellness**
Brian Núñez

**Academic & Career Advising Program**
Carol Diamond, MD
Christopher Hildebrand, MD
Blaise Nemeth, MD, MS
Sam Lubner, MD
Pam Ryan, MD

**Associate Dean for Students**
Gwen McIntosh, MD, MPH

**Faculty Advisors, Educators, Residency Program Directors, Letter Writers, & Mentors Across SMPH Departments and Statewide Academic Campuses**
Another Year of Record NRMP Figures

<table>
<thead>
<tr>
<th>Total Applicants*</th>
<th>Total PGY1 Positions*</th>
</tr>
</thead>
<tbody>
<tr>
<td>42,549 (+0.1%)</td>
<td>36,277 (+3.1%)</td>
</tr>
<tr>
<td>80.1% (+1.6%)</td>
<td>93.9% (-0.9%)</td>
</tr>
</tbody>
</table>

34,075 (+2.2%) Matches*

6,272 More Applicants Than Positions

* Denotes highest number on record

2022 NRMP US MD Senior Match Rate ~93%

**Highest on Record**

**Increases or declines reflect absolute percent changes since 2020**


<table>
<thead>
<tr>
<th>U.S. MD Seniors Submitting Program Choices**</th>
<th>19,902</th>
<th>↑ 36</th>
<th>0.2%</th>
</tr>
</thead>
<tbody>
<tr>
<td>U.S. MD Seniors Matched to PGY-1 Positions**</td>
<td>18,486</td>
<td>↑ 51</td>
<td>0.3%</td>
</tr>
<tr>
<td>Percent of U.S. MD Seniors Matched to PGY-1 Positions***</td>
<td>92.9</td>
<td>↑ 0.1%</td>
<td></td>
</tr>
<tr>
<td>Percent of PGY-1 Positions Filled by U.S. MD Seniors***</td>
<td>51.0</td>
<td>↓ 1.4%</td>
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</tbody>
</table>

2022 Rate of 92.9% for US MD Seniors Increased by 0.1% (92.8% in 2021)

2022 Rate of 91.3% for US DO Seniors Increased by 2.2% (89.1% in 2021)

2022 Rate of 61.4% for US IMGs Increased by 1.9% (59.5% in 2021)

2022 Rate of 58.1% of Non-US IMGs Increased by 3.3% (54.8% in 2021)

Match Rates Increased More for US Dos, US IMGs, and Non-US IMGs

than it did for US MD Seniors...

Thus, matching for US MD Seniors is growing more competitive
Unmatched Students & SOAP

Reasons Why Students Do Not Match Varies

• Marginal academic record (poor national exams, extended curriculum)
• Professionalism concerns (rare)
• Poor quality application or interviews
• Highly competitive specialty (applicants > positions )
• Limited geographical options
• Too few applications, interviews, or ranked programs
• Did not follow advice or received conflicting advice
• Really bad luck

Options for Students That Don’t Match

• Match into position during SOAP
• Find a position post-SOAP
• Graduate and do work in specialty area, try again
• Stay in MD program and enhance knowledge/skills, try again
Recent History: UWSMPH Match Rates

<table>
<thead>
<tr>
<th>Year</th>
<th>National-MD* Pre-SOAP</th>
<th>UWSMPH Pre-SOAP</th>
<th>UWSMPHP Post-SOAP**</th>
</tr>
</thead>
<tbody>
<tr>
<td>2022</td>
<td>92.9%</td>
<td>93.4%</td>
<td>100%</td>
</tr>
<tr>
<td>2021</td>
<td>93%</td>
<td>93.4%</td>
<td>96%</td>
</tr>
<tr>
<td>2020</td>
<td>94%</td>
<td>96.2%</td>
<td>99%</td>
</tr>
<tr>
<td>2019</td>
<td>94%</td>
<td></td>
<td>98%</td>
</tr>
<tr>
<td>2018</td>
<td>94%</td>
<td></td>
<td>98%</td>
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<tr>
<td>2017</td>
<td>94%</td>
<td></td>
<td>98%</td>
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</table>

*Post-SOAP National Data Not Readily Available

**Excludes students who elected to stay in MD program for 5th year or chose not to do residency

National Match Rates for US MD Graduates (not seniors) is only 50.5%
Thus, Matching during final year of medical school is important!
UWSMPH Match: 31% PGY1 in WI

UW and Statewide Campus results

- UW Health or SMPH DFMCH n=40
- Medical College of Wisconsin n=8
- Advocate Aurora Health Milwaukee n=2
- Gundersen Health System n=2
- Marshfield Clinic Health System n=1

Total Remaining in WI n=53 (31%)
UWSMPH Match: Midwest Cities Popular

32 Different States
from Maine to Hawaii
and Washington to Florida

Most Popular Cities

• Madison (27)
• Milwaukee (14)
• Chicago (12)
• Minneapolis (6)
• Indianapolis (6)
• Ann Arbor (6)
UWSMPH Match: 37% Primary Care

Most Popular Specialties in 2022
- Internal Medicine (17%)
- Family Medicine (13%)
- Psychiatry (12%)
- Emergency Medicine (7%)
- Pediatrics (5%)
- OB/Gyn (5%)

5-yr Primary Care Range: 37% - 45%
UWSMPH Match: 18% Surgical Specialties

- General Surgery (7%)
- Orthopedics (5%)
- Otolaryngology (2%)
- Plastics (1%)
- Urology (1%)
- Vascular Surgery (2%)
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<td>WARM</td>
<td>24</td>
<td>7</td>
<td>4</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>4</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>-1</td>
</tr>
<tr>
<td>TRIUMPH</td>
<td>18</td>
<td>4</td>
<td>4</td>
<td>2</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>1</td>
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<td>-1</td>
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<tr>
<td>MSTP</td>
<td>7</td>
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<td>1</td>
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</tbody>
</table>
# UWH PGY1 Program Match

<table>
<thead>
<tr>
<th>Year</th>
<th>Core Residency Programs</th>
<th>PGY1 slots</th>
<th>% PGY1 Slots Filled by Match/SOAP**</th>
<th>% UWSMPH graduates in PGY1 slots</th>
</tr>
</thead>
<tbody>
<tr>
<td>2022</td>
<td>24</td>
<td>143* (146 post SOAP)</td>
<td>98.6%</td>
<td>19.6%</td>
</tr>
<tr>
<td>2021</td>
<td>24</td>
<td>140</td>
<td>99.3%</td>
<td>20.7%</td>
</tr>
<tr>
<td>2020</td>
<td>24</td>
<td>135</td>
<td>99.3%</td>
<td>13.7%</td>
</tr>
<tr>
<td>2019</td>
<td>24</td>
<td>135</td>
<td>99.4%</td>
<td>14.8%</td>
</tr>
<tr>
<td>2018</td>
<td>23</td>
<td>133</td>
<td>99.2%</td>
<td>17.3%</td>
</tr>
</tbody>
</table>

*Total PGY1s is 3 residents higher than the Match data as 3 individuals were accepted post-Match & SOAP, including 1 SMPH grad

**Only a few UW Health positions open in SOAP (6 Prelim Surg, 1 Pathology, 1 Pediatric Neurology)

### UWH PGY1 Race, Ethnicity, and Gender Diversity

- 27/146 (18.5%) AI/NA, Black, Hispanic/LatinX, 2 or more Ethnic Groups (per ERAS)
- 45/146 (30.8%) above racial/ethnic groups and Asian, Arab (per ERAS)
- 78/146 (53.4%) Women (per binary data collected)
SMPH Family Medicine PGY1 Match

- 16/18 (89%) Filled in Initial Match (Baraboo RTT did not fill)
- 18/18 (100%) Filled through SOAP, including 1 SMPH grad

Inaugural National AMA Foundation – SMPH LGBTQ+ Health Fellowship Administered through Academic Affairs and Department of Family Medicine and Community Health

- 2 Fellows starting July 2022
2022 Match Summary

- UWSMPH students successful in challenging national landscape
  - Above national match rates
  - Broad range of specialties
  - Competitive program matches across the country
  - Great contribution to research

- Strong contribution to Primary Care

- Over ¼ remain in WI for residency training

- UW Health and SMPH GME Programs – Outstanding Match Results

- Ongoing CQI working with learners, staff, faculty, programs and departments for even greater success – GOAL 100% MATCH!
Thank You! Questions?
Institute for Clinical & Translational Research (ICTR): Status & Future Goals

Allan R. Brasier, MD
Senior Associate Dean, Executive Director

Elizabeth Burnside, MD, MPH, MS
Associate Dean, Deputy Executive Director

School of Medicine and Public Health
UNIVERSITY OF WISCONSIN-MADISON
The Urgency of Translational Research

• US spends more on health care yet has more chronic disease burden and a lower life expectancy than 10 developed countries.
  – Has the highest infant mortality rate of any of the industrialized nations.

• Wisconsin is
  – 33rd in state rankings of below-average health
  – 40th in maternal outcomes (low birthweight)
  – 2nd in nation in falls and deaths from fall-related injuries ($800 M/year)
Rethinking the Translational Research Paradigm

Bench-Bedside
“First in Human”

Bedside-Curbside
“Dissemination/Implementation”

Rethinking the Translational Research Paradigm

Bench-Bedside
“First in Human”

Bedside-Curbside
“Dissemination/Implementation”

36 years

How Long?

Our mission: is to discover, translate, and disseminate interventions to improve health and health care.

Our vision: is a healthy Wisconsin for all.
ICTR KL2 Training:
• Competency-Based Training
• Team Science Skills
• Leaders of Translational Teams

For more information about applying to the KL2 program, email pmhatfie@wisc.edu
Develop Translational Scientists & High-Impact Translational Teams

Team Science Focus Areas

Education & Training

Team-Based Interventions

Culture of Team Science at UW

Training Highlights of Past Year

1) Education & Training
   • Team Science Seminar for 12 TL1 Scholars, Including Two Interdisciplinary Teams
   • Three Team Science Courses

2) Team-based Interventions
   • Rollout and Enhancement of Collaboration Planning Intervention

3) Culture of Team Science at UW
   • Additional Team Science Language in Promotion & Tenure Criteria

For more information, email brolland@wisc.edu
Rethinking the Translational Research Paradigm

Bench-Bedside
“First in Human”

Bedside-Curbside
“Dissemination/Implementation”

D&I applies to all stages of translational research
ICTR - Dissemination & Implementation Launchpad

- **Dissemination**: The active and targeted distribution of information and intervention materials to a specific public health or clinical practice
- **Implementation**: The adoption and integration of evidence-based health interventions into clinical and community settings for the purposes of improving care delivery and efficient, patient outcomes, and individual and population health.

### What is offered

#### Education
- Educate researchers through annual D&I short course featuring experts
- Provide resources in D&I Theories, Frameworks, and Toolkits

#### Consultations
- Utilize D&I methods to support high quality grant application
- Assist in innovation development
- Facilitate stakeholder engagement
- Train on Design for Dissemination

#### Implementation
- Provide Evidence to Implementation Award (E2I) to support broad dissemination and sustainability (Intellectual Property, Value Proposition Business Plan, Marketing Research, Marketing & Sales Plan, Financial Proforma, Purveyor, ROI)
- Assist in Operations / Implementation Manuals and Toolkits development

For more information, email di-launchpad@wisc.edu
### D&I Science Use Case:

**Incidence and Cost:**
- Nationally (≥ 65): hospitalization every 40 seconds; ED visit every 11 seconds. (*CDC*)
- Wisconsin ranks 2nd in fall-related deaths twice the national rate. (*CDC*)
- $800 M/Y. Over 70% of these costs are paid by government insurance programs such as Medicare and Medicaid. (*Wisconsin DHS*)

**Stepping On:**
- a 7-week (once-a-week) program proven to decrease the incidence of falls.

**Outcomes**
- as demonstrated by 2 pre-post studies:
  - 40 - 50% reduction in falls\(^1\)
  - 70% reduction in ED visits for falls\(^2\)

**Reach**
- in Wisconsin in a decade:
  - 1,538 workshops
  - 69 counties and 5 tribes
  - 15,782 participants

**Adapted to Spanish “Pisando Fuerte”**: Jane Mahoney and Maria Mora Pinzon

---

**Engaged**
- **End-users**: Older adults
- **Implementers**: Coaches
- **Adopters**: Aging Agencies
- **Purveyor**: Wisconsin Institute for Healthy Aging

---

**D&I Science funded by**
- CTSA, WPP, CDC

---

**Stepping On for falls prevention**

Meets the U.S. HHS criteria for high-level evidence-based programs

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**PROVEN OUTCOMES & REACH**

- **Disseminated to 23 US states**

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School of Medicine and Public Health
UNIVERSITY OF WISCONSIN-MADISON
When will clinical trials finally reflect diversity?

An analysis of drug studies shows that most participants are white, even though trials are being done in more countries, reveal Todd C. Knepper and Howard L. McLeod.
Diversity & Equity in Translational Research

- Focus on Practical Skills/Strategies
- Reflects Equity Impact Assessment
  - Community Engagement and Health Partnerships
  - Recruitment, Representativeness, Generalizability
  - Intervention Design
  - Interpretation and Contextualization
  - Dissemination of Research Findings

For more information, contact S. Passmore passmore2@wisc.edu
National Initiatives with Major Contributions from UW

**National COVID Cohort Collaborative (N3C)**
ICTR CHI² and leaders contribute to long COVID study

For more information, contact ladick@wisc.edu

**The All of Us Initiative**
ICTR Community Engagement, CHI², leaders and investigators contribute to Precision Health

For more information, contact allofus@hslc.wisc.edu
ICTR Activities & Impact Fostering Cross-Campus Collaboration

ACTIVITIES
- Community & Collaboration: 86 pubs, 252 implementation sites
- Dissemination & Implementation: >590 in Short Course, 722 consults, 7 projects
- Translational Endeavors: 504 trainees, 51 CTSA, 333 pilots, $153M extramural grants
- Research Methods & Informatics: >800 sites, 87 grants, $156M
- Hub Research Capacity: 2 CoPs, 9000 in AoU (60% URPs)
- Network Capacity: 37 TIN EOs, 59 multisite CTS

IMPACT
- 1650 Investigators
- >50 Universities
- 32 COVID CTs
- 3700 projects
- $19M pilots
- 2006 articles

Wisconsin Partnership Program
UNIVERSITY OF WISCONSIN
SCHOOL OF MEDICINE AND PUBLIC HEALTH
Contacts:

Website: ictr.wisc.edu

Email: info@ictr.wisc.edu

Phone: (608) 263-1018

Twitter: @UWICTR

LinkedIn: @UW ICTR
Financial Update

Ken Mount
Senior Associate Dean for Finance &
Chief Financial Officer
The Big Picture
FY21 Annual Expenditures

- WFAA: $305M
- SMPH: $726.6M
- UW Madison: $3.4B
- UW Health: $3.5B
SMPH FY21 Expenditures by Source of Funds
$726.6M

Includes Operating and Capital Expenditures

- Federal Grants: 35%
- UW Health: 30%
- Chargeback Accounts: 6%
- Outside Hospital Agreements: 1%
- State (101): 1%
- Tuition: 5%
- Gifts, Endowments: 5%
- WARF: 2%
- Wisconsin Partnership Pgm: 2%
- Cap Ex & Non-Fed ICR: 1%
- Non-Federal Grants: 7%
- Other: 1%
SMPH Major Revenues

• Grant Funding (Direct & Indirect Costs)
• Clinical Funds (UW Health Funding)
• Tuition
• State Support
• Gifts and Investment Earnings
• Fee for Service Revenues
• A little over 2/3 of SMPH UW revenues are derived from grants and UW Health funding
• The remaining 1/3 comes from all other sources
Clinical Funds

Clinical Funds fall into two major categories:

- Unrestricted Funds to the Dean
  - Unrestricted Funds to the Dean are tied to UW Health revenues.

- Funds to Specific Departments/Units
  - Funds to specific departments/units are budgeted annually

- As with most medical schools, this has been the fastest growing source
Grant Funding

• For FY 2021, SMPH grant revenues were
  $252 million from Federal awards
  $53 million from Non-Federal awards
  This amount has been steadily increasing

• Through 9 months of FY 2022, grant revenues are up 15% from FY 2021

• SMPH faculty and staff continue to generate over 1/3 of total UW-Madison grant revenues
  – Our share continues to increase
SMPH Expenses

By major category, FY 2021 expenses in SMPH were as follows:

- Salary & Fringe $475M 68%
- Supplies & Services $184M 26%
- Capital & Building $14M 2%
- Financial Aid $24M 3%
• Grant revenue changes are tied to specific new and ending grant awards
  – Also, some impact from F&A rate

• Unrestricted clinical funding is tied to UW Health revenues. Specific clinical funding mostly tied to clinical faculty growth

• State/Campus revenue changes are almost exclusively tied to pay plan changes and fringe benefit costs
Overall Budget Prognosis

• Grant activity continues to grow
  – Clinical trials are growing along with federal awards
  – There is the possibility of increased collaborations with WI DHS

• Pandemic, labor and insurance issues have impacted UW Health and will continue to exert pressure
  – This impacts Dean’s Funds

• State/campus increases are expected to remain modest and mostly associated with the pay plan
Open for Questions

• If on Zoom, use the Q&A feature to submit
• If in person, raise hand and wait for microphone