Welcome, attendees!

• If you are attending virtually:
  • We are using the SMPH Video Library: videos.med.wisc.edu/live
  • Use the chat feature to send your questions for the Q&A
  • This meeting is being recorded, and your Q&A submissions will also be saved for follow-up as needed

Land Acknowledgment

We acknowledge that the land our university and school stands on is ancestral Ho-Chunk land.
• Welcome Remarks
• Dean Search
• Faculty Vote to Award Degrees to Graduates
• 2024 MD Program Match and SOAP Outcomes
• Financial Update
• Fetal Diagnosis & Treatment Center
• Strategic Framework Mapping and Monitoring
• Town Hall: Questions, Comments, & Discussion
Search Update: Dean of SMPH and Vice Chancellor for Medical Affairs

Allison Golden, MA
Chief of Staff
Search Update:
Dean of SMPH and Vice Chancellor for Medical Affairs

• Background
  – Dean Golden intends to serve until his successor starts
  – Search is being run out of the Office of the Provost, with close consultation between Provost Isbell and Chancellor Mnookin

• Current status and timeline

• How can you be involved?
  – Candidate nominations
  – Listening sessions
  – Interview process / public presentations
Faculty Vote to Award Degrees to Graduates

Elizabeth Petty, MD
Senior Associate Dean for Academic Affairs
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.”
2024 MD Program Match & SOAP Outcomes

Dave Bernhard, MS
Director of MD Student Services
### 2024 National Match – U.S. MD Seniors

<table>
<thead>
<tr>
<th>Category</th>
<th>Number</th>
<th>Change</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>U.S. MD Seniors Submitting Program Choices</td>
<td>19,755</td>
<td>↑ 7</td>
<td>0.0%</td>
</tr>
<tr>
<td>U.S. MD Seniors Matched to PGY-1 Positions</td>
<td>18,465</td>
<td>↓ 33</td>
<td>0.2%</td>
</tr>
<tr>
<td>Percent of U.S. MD Seniors Matched to PGY-1 Positions</td>
<td>93.5</td>
<td>↓ 0.2%</td>
<td></td>
</tr>
<tr>
<td>Percent of PGY-1 Positions Filled by U.S. MD Seniors</td>
<td>48.0</td>
<td>↓ 1.4%</td>
<td></td>
</tr>
</tbody>
</table>

**Highest on record**

***Increases or declines reflect absolute percent changes since 2023***
### 2024 UW SMPH MD Match / SOAP

**174 Students Participated in 2024 Match**

<table>
<thead>
<tr>
<th>Match Status</th>
<th>Match Monday 8:30am</th>
<th>SOAP Thursday 8:00pm</th>
</tr>
</thead>
<tbody>
<tr>
<td>Students fully matched</td>
<td>159</td>
<td>163</td>
</tr>
<tr>
<td>Matched to PGY-1 position, no advanced position</td>
<td>1</td>
<td>9</td>
</tr>
<tr>
<td>Matched to advanced position, no PGY-1</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>No Match / GME</td>
<td>13</td>
<td>0</td>
</tr>
<tr>
<td>Extend MD Education at SMPH</td>
<td></td>
<td>2</td>
</tr>
</tbody>
</table>

**Match Rate (Full / Categorical + PGY1 only)**
*excludes students choosing to extend studies and not graduate*

- **92%**
- **100%** of graduating students

*School of Medicine and Public Health*
*UNIVERSITY OF WISCONSIN-MADISON*
2023 MATCH CLASS REVIEW & UPDATE

Students Extending SMPH Education  3

Students Who Matched to Desired Specialty in 2024  3

SUCCESS!
### 2024 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>2024</td>
<td>24</td>
<td>148 (150 post-SOAP)</td>
<td>100%</td>
<td>25.3%</td>
</tr>
<tr>
<td>2023</td>
<td>24</td>
<td>148* (149 post SOAP)</td>
<td>100%</td>
<td>30.0%</td>
</tr>
<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>
</tbody>
</table>
Most Popular Specialties

- Family Medicine (16.3%)
- Internal Medicine (12.2%)
- Pediatrics (9.3%)
- Emergency Medicine (8.7%)
- General Surgery (7.6%)
- Psychiatry (7.6%)

Primary Care: 32.6%
In Wisconsin: 40%
"The doors aren’t just opened for you but are held wide open by others willing to take you with them."

– Hannah Cress, MD '24

Thank You to All!
Financial Update

Heidi Conrad, MBA
Chief Financial Officer
Big Picture

$6.1B

$2.9B

$905M

$290M

$4.5B
SMPH Funding Sources for Expenditures
FY23 $904,704,097 Includes Capital & Operating

Federal Grants 37%
UW Health 30%
Outside Hospital Agreements 1%
Chargeback Accounts 4%
Tuition 5%
State (101) 6%
Cap Ex & Non-Fed ICR 2%
Non-Federal Grants 7%
Gifts, Endowments 4%
WARF 1%
WPP 2%
Other State 1%
Non-Federal Grants 7%
% Expenditures by Fiscal Year for Select Funds
FY 2019 - FY 2023

- Federal Grants
- UW Health
- Non-Federal Grants
- Tuition
- Gifts, Endowments
- State
Expenditures by Category All Funds (dollars in millions)

- Compensation Expense
- Non-Compensation Expense
- Capital Exp & Special Purpose
- Sales Credits

FY19
- Compensation Expense: 664.6
- Non-Compensation Expense: 435.5
- Capital Exp & Special Purpose: 258.2
- Sales Credits: -64.0

FY20
- Compensation Expense: 682.1
- Non-Compensation Expense: 459.8
- Capital Exp & Special Purpose: 273.1
- Sales Credits: -16.7

FY21
- Compensation Expense: 685.7
- Non-Compensation Expense: 475.0
- Capital Exp & Special Purpose: 271.1
- Sales Credits: -16.3

FY22
- Compensation Expense: 772.6
- Non-Compensation Expense: 506.2
- Capital Exp & Special Purpose: 335.6
- Sales Credits: -82.9

FY23
- Compensation Expense: 861.6
- Non-Compensation Expense: 553.6
- Capital Exp & Special Purpose: 362.2
- Sales Credits: -80.3

How do we Spend our Funds?

- Compensation & Benefits - 65%
  - Faculty growth
  - Staffing increases with increased funding & faculty
  - Base building and performance

- Non-Compensation Expenses – 42%
  - Grants – indirects up $11M
  - Fee for Service growth – radiology, Wisconsin reading center, etc.

- Capital Expenditures – 3%
  - WARF
  - WISPIC
  - Med Micro
SMPH Employee Growth on Select Funding

Other Academic/University Staff by Job

- **Faculty**: Growth from FY20 to FY21 is -14.0, from FY21 to FY22 is +8.0, and from FY22 to FY23 is +288.0.
- **Limited**: Growth from FY20 to FY21 is -14.0, from FY21 to FY22 is +8.0, and from FY22 to FY23 is +288.0.
- **Instructional (General)**: Growth from FY20 to FY21 is -4.0, from FY21 to FY22 is +116.0, and from FY22 to FY23 is +116.0.
- **Post-Degree Training Staff**: Growth from FY20 to FY21 is -12.0, from FY21 to FY22 is +6.0, and from FY22 to FY23 is +6.0.

- **Research**: FY23: 523.4, FY24: 542.5
- **Health and Wellness Services**: FY23: 254.1, FY24: 266.3
- **Information Technology**: FY23: 196.3, FY24: 220.2
- **Human Resources**: FY23: 169.5, FY24: 176.8
- **Financial**: FY23: 94.1, FY24: 98.4
- **Sponsored Programs, Grants & Contracts**: FY23: 88.0, FY24: 89.4
- **Acad Srvc & Stdnt Experience**: FY23: 79.1, FY24: 84.7
- **Communications and Marketing**: FY23: 70.4, FY24: 74.1
- **Compliance Legal & Protection**: FY23: 48.0, FY24: 53.7
- **Animal Care Services**: FY23: 39.4, FY24: 38.5
- **Outreach Ed & Com Engagmt**: FY23: 37.5, FY24: 40.4
- **Other Academic/University Staff**: FY23: 31.9, FY24: 31.9
- **Other**: FY23: 52.9, FY24: 57.2
### FY 25 Budget Requests

**Capital Requests**
- Support the Cyclotron Investment

**One Time Operating Requests**
- IT Infrastructure
- Graduate Student Stipends and Consortium

**On-Going Operating Requests**
- Restore our Base Budget Reduction

**Other**
- Transfer of seg fees to other campuses
- Improve R & D turnaround times

#### GPR (Fund 101) Central Commitments

<table>
<thead>
<tr>
<th></th>
<th>FY22</th>
<th>FY23</th>
<th>FY24</th>
<th>FY25</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Base Budget Reduction</strong></td>
<td>$(3,184,834)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Omics Research</strong></td>
<td></td>
<td>$2,000,000</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Biobanking System &amp; Freezerworks Expansion</strong></td>
<td>$603,460</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Instructional Budget Model</strong></td>
<td>$(235,392)</td>
<td>$(8,067)</td>
<td>$(201,345)</td>
<td>$(251,561)</td>
</tr>
<tr>
<td><strong>Research Budget Model</strong></td>
<td>$(24,480)</td>
<td>$129,365</td>
<td>$127,440</td>
<td>$106,245</td>
</tr>
</tbody>
</table>
Key Takeaways

• We are a strong and growing contributor to the Campus

• We are part of the team and must continue to steward our resources wisely

• FY25 will be a bit challenging and exciting
  – Navigate the administrative cap
  – Prepare for the WorkDay Implementation
  – Prepare for a new budget approach
UW Health Fetal Diagnosis & Treatment Center

Inna Lobeck, MD, FACS
Director of the UW Health Fetal Diagnosis & Treatment Center
Conditions Treated

- Amniotic band sequence
- Bilateral multicystic dysplastic kidney
- Bladder extrophy
- Bladder outlet obstruction
- Bronchogenic cyst
- Bronchopulmonary sequestration
- Cleft lip/Cleft palate
- Cloaca and cloacal extrophy
- Congenital diaphragmatic hernia (CDH)
- Congenital heart disease
  - Congenital high airway obstruction syndrome (CHAOS)
  - Congenital lobar emphysema (CLE)
  - Conjoined twins
- Cystic pulmonary airway malformation (CPAM)
- Duodenal atresia
- Dysgnathia / Agnathia
- Esophageal atresia
- Fetal lung lesions
- Fetal neck masses
- Gastrochisis
- Hydrocephalus
- Hydronephrosis
- Hydrops fetalis
- Imperforate anus
- Intra-abdominal cysts
- Laryngeal atresia
- Lower urinary tract obstruction (LUTO)
- Micrognathia
- Monochorionic twins
- Obstructive uropathy
- Omphalocele
- Pleural effusions
- Posterior urethral valves
- Sacrococcygeal teratoma
- Selective intrauterine growth restriction
- Small bowel atresia
- Spina bifida
- Tracheoesophageal fistula
- Twin-to-twin
  - Transfusion syndrome (TTTS)
- Twin reversed arterial perfusion (TRAP) sequence
Fetal Imaging Program

Shardha Srinivasan
Fetal Cardiology

Eric Monroe
Interventional Radiology

TTTS
Congenital Heart Defects

TRAP Sequence

Tess Chapman,
Diagnostic Radiology

Myelomeningocele
CPAM, CDH, abdominal wall defects

Mike Beninati
MFM

Imaging for all conditions
Twin Reversed Arterial Perfusion (TRAP) Sequence

**Definition:** One twin develops normally, the other develops with no head or heart and is essentially a parasitic mass.

**Prognosis:** As the mass grows, the healthy twin’s heart works harder to pump blood for both, which could lead to fetal demise.

Maternal Mirror Syndrome: Mom can also go into heart failure

**Interventions**

Microwave or Radiofrequency ablation of umbilical cord of acardiac twin when size of acardiac twin significant and pump twin develops beginning signs of heart failure
Maternal Fetal Medicine

Mike Beninati
Director of Obstetrical Services
for Fetal Surgery Center
Twin-to-Twin Transfusion Syndrome

**Definition:** Twin pregnancies that share a placenta often share blood vessels as well. If the blood flow is not balanced, one twin becomes very dehydrated and anemic and the other becomes fluid overloaded.

**Prognosis:** Without intervention, TTTS has 100% mortality.

**Intervention:** Fetoscopic laser ablation of communicating placental vessels
- Survival for 2 twins 50-60%
- Survival for 1 twin: 70-80%

We have had 100% dual twin survival!
Rare operations saving babies still in the womb

Twin boys, Carter and Shea born healthy after fetoscopic ablation of communicating placental vessels at 21 weeks gestation for stage III Twin Anemia Polycythemia Sequence
Perinatal Airway Program

Mike Puricelli
Pediatric ENT
Director of Perinatal Airway Program

Inna Lobeck
Pediatric Surgery

Mike Beninati
MFM

EXIT to Airway
Fetoscopic Endoluminal Tracheal Occlusion for CDH

UW Health

School of Medicine and Public Health
UNIVERSITY OF WISCONSIN-MADISON
Ex-Utero Intrapartum Treatment (EXIT)

**Definition:** When a baby is at risk of being born with narrowed air passages from a tumor or other mass and likely won’t be able to breathe or get intubated easily, an EXIT is done whereby we deliver baby’s head, neck and one arm and either get a breathing tube through the mouth using special techniques, tracheostomy or resect the mass while the baby is still connected to the mom on “placental support”

**Prognosis:** Without an EXIT, baby would have a very high chance of death at delivery

**Intervention:** EXIT to airway, EXIT to resection or EXIT to ECMO
Multi-institutional, interdisciplinary collaborative to determine variation in current management and develop a best-practice algorithm for EXIT procedures.
Fetal Neurosurgery Program

Inna Lobeck
Pediatric Surgery

Mike Beninati
MFM

Raheel Ahmed
Pediatric Neurosurgery
Fetal
Myelomeningocele repair

Fetal Neurosurgery Program
**Spina Bifida**

**Definition:** Spinal cord and nerves develop outside of the body and are contained in a fluid filled sac.

**Prognosis:** Fluid on the brain requiring tubes to drain, inability to walk, inability to control bowels or bladder.

**Intervention:** Fetal spina bifida (myelomeningocele) repair.

With repair, chance of needing tubes is significantly lessened and chances of walking are much improved.
FETAL UROLOGY PROGRAM

Vinaya Bhatia
Director of Fetal Urology Program

Rachel Engen
Pediatric Nephrologist

Kelly Collins
Transplant Surgeon

Obstructive uropathy
Posterior urethral valves
Bladder Outlet Obstruction
Hydronephrosis
Bilateral Multicystic Dysplastic Kidney
Lower Urinary Tract Obstruction (LUTO)

**Definition:** Blockage in the urinary tract of a developing fetus, often due to small valves at the exit of the bladder.

**Prognosis:** Pressure from large bladder leads to back-up into the kidneys and kidney failure. If blockage is complete, this can lead to lack of amniotic fluid, which lungs require for growth and not be compatible with survival.

For survivors: Potential need for dialysis / kidney transplant

**Interventions**
- Vesicoamniotic shunting (if kidneys still working)
- Serial amnioinfusions vs placement of amnioport for anhydramnios
- Fetal cystoscopy with ureteral stent + vesicoamniotic shunt placement
Neonatal Services

Lydia Wraight
Director of Neonatal Services
Jessica Rock  
Director of Maternal-Fetal Anesthesia  

Benjamin Whidden  

Benjamin Walker  

Cari Meyer
FETAL HEART PROGRAM

Shardha Srinivasan
Fetal Cardiology
Director of Fetal Heart Program

Josh Hermsen
Pediatric Cardiothoracic Surgeon

Petros Anagnostopoulos
Pediatric Cardiothoracic Surgeon
NEONATAL SURGERY TEAM
Research Endeavors

**Fetal Imaging Program**
- 4D flow MRI for LUTO
- 4D flow MRI for complex twins
- TRAP Sequence review

**Perinatal Airway Program**
- NAFTNet EXIT Survey
- NAFTNet EXIT Delphi Study
- NAFTNet EXIT Registry/prospective cohort

**Fetal Urology Program**
- LUTO Delphi Study
- Collaborative fetal cystoscopy registry with U-Miami, CCHMC, Colorado Children's

**Fetal NSG Program**
- NAFTNet Myelomeningocele Registry

**Fetal Heart Program**
- Long term outcomes of cardiomyopathy in TTTS
- Cardiac Output in TTTS Prognosis
- Maternal Hyperoxia for CDH

**General Fetal Surgery**
- Social Determinants of Care in Access to / Outcomes of Fetal Surgery in WI
- NAFTNet Complex Twin Registry
- International Congenital Lung Malformation registry
- Gastroschisis Outcomes of Delivery Study(GOOD)
Vision

- Halo effect

- Improve maternal, fetal and neonatal care in Wisconsin

- Increase patient complexity care that we can handle in the future
# Trends in Referrals

<table>
<thead>
<tr>
<th>Diagnosis</th>
<th>2019</th>
<th>2020</th>
<th>2021</th>
<th>2022</th>
<th>2023</th>
</tr>
</thead>
<tbody>
<tr>
<td>Complex Twins: TTTS, TAPS, sIUGR, Conjoined</td>
<td>3</td>
<td>1</td>
<td>7</td>
<td>10</td>
<td>37</td>
</tr>
<tr>
<td>Lower Urinary Tract Obstruction (LUTO)</td>
<td>1</td>
<td>1</td>
<td>3</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>Myelomeningocele (MMC)</td>
<td>2</td>
<td>0</td>
<td>1</td>
<td>4</td>
<td>8</td>
</tr>
<tr>
<td>Congenital Diaphragmatic Hernia (CDH)</td>
<td>2</td>
<td>2</td>
<td>3</td>
<td>3</td>
<td>6</td>
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</tbody>
</table>
Fetal Surgery Referrals
Taking the next step

- One thing to work on: high risk maternal and fetal delivery and fetal surgical center connected to or within the Children’s Hospital

- This will allow us to become the highest level of maternal delivery center as well as highest level of fetal surgical center and improve safety for high-risk moms and fetuses

- Advantages
  - Take better care of moms and babies we see now
  - Increase complexity of patients we can handle: We are currently the ONLY Fetal Surgical Center in WI and one of 21 in N America offering open fetal surgery
  - Solidify our position in the region as a maternal and neonatal referral center: Through creation of a high-risk delivery center, we can grow our market share
Strategic Framework
Mapping and Monitoring

Megan Heneke
Director of Education Accreditation & Compliance
MISSION: Together, we are advancing health and health equity through remarkable service to patients and communities, outstanding education, and innovative research.

VISION: Healthy people. Healthy communities.

VALUES:
- Integrity and Accountability – Every person, every action, every time.
- Compassion – Treat all with kindness, understanding, and empathy.
- Diversity, Equity, Inclusivity – Advance health and health equity by respecting the rights, dignity, and differences of all.
- Excellence – Strive for the very best in all we do.
Strategic Framework

Pillars

- Promoting Health and Health Equity
- Pursuing Excellence in Teaching and Learning
- Advancing Innovative and Impactful Research and Discovery
- Becoming an Anti-racist, Diverse, Equitable and Inclusive School Community
- Creating the Future Together
- Committing to the Success and Well-being of Each Other
### Mapping & Alignment

#### STRATEGIC FRAMEWORK PILLARS

<table>
<thead>
<tr>
<th>Strategic Framework Pillars</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Promoting Health and Health Equity</td>
<td>67</td>
</tr>
<tr>
<td>Pursuing Excellence in Teaching and Learning</td>
<td>74</td>
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<tr>
<td>Advancing Innovative and Impactful Research and Discovery</td>
<td>82</td>
</tr>
<tr>
<td>Becoming an Anti-racist, Diverse, Equitable and Inclusive School Community</td>
<td>51</td>
</tr>
<tr>
<td>Creating the Future Together</td>
<td>56</td>
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<tr>
<td>Committing to the Success and Well-being of Each Other</td>
<td>43</td>
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<tr>
<td>Unit Specific</td>
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**Total** 420

**As of 8 Apr 2024**

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<th></th>
<th>Aligned</th>
<th>Unit Specific</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>89%</td>
<td>11%</td>
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</tbody>
</table>
Strategic Framework Monitoring Strategic Initiatives & Accreditation Committee Procedure

1. The Dean’s Leadership Team (DLT) member responsible for overseeing progress on department/center/program (Unit) strategic plans relevant to SMPH strategic pillars reports annually on department/center/program process to the SI & Accreditation Committee.

2. The longstanding Strategic Initiative & Accreditation Committee will review the records collected and look for common themes or issues that require attention and report back to DLT annually.

3. If issues in progress are identified, they may be monitored more frequently based on DLT member and SI & Accreditation committee findings in collaboration with Unit leader.
<table>
<thead>
<tr>
<th>Membership</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dean’s Chief of Staff</td>
</tr>
<tr>
<td>Associate Dean for Medical Education &amp; Student Services</td>
</tr>
<tr>
<td>Senior Associate Dean for Academic Affairs</td>
</tr>
<tr>
<td>Administrative Associate Director of Medical Student Education &amp; Services</td>
</tr>
<tr>
<td>Chief Financial Officer</td>
</tr>
<tr>
<td>Associate Dean for Public Health &amp; Community Engagement</td>
</tr>
<tr>
<td>Associate Dean for Basic Research Training</td>
</tr>
<tr>
<td>Administrative Director &amp; Business Manager of Academic Affairs</td>
</tr>
<tr>
<td>Associate Dean for Faculty Affairs &amp; Development</td>
</tr>
<tr>
<td>Director of Education Accreditation &amp; Compliance</td>
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<tr>
<td>Chief Communications Officer</td>
</tr>
<tr>
<td>Assistant Dean for the Office of Multicultural Affairs</td>
</tr>
<tr>
<td>Associate Dean for Medical Education</td>
</tr>
<tr>
<td>Director of the Health Professions Program</td>
</tr>
<tr>
<td>Associate Dean for Students</td>
</tr>
</tbody>
</table>
A medical school engages in ongoing *strategic planning* and continuous quality improvement processes that establish its short and long-term programmatic goals, result in the achievement of measurable outcomes that are used to improve educational program quality, and ensure effective monitoring of the medical education program’s compliance with accreditation standards.
Town Hall

Open for Questions

• *In person*: Raise hand to receive microphone

• *Online*: Use the chat feature to submit