

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.



Building Community
UNIVERSITY OF WISCONSIN
SCHOOL OF MEDICINE AND PUBLIC HEALTH

Every person.
Every action.
Every time.

Spring Faculty and Staff Meeting

April 15, 2024



Agenda

- 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



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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



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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



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2024 National Match – U.S. MD Seniors

U.S. MD Seniors

U.S. MD Seniors Submitting Program Choices	19,755	↑ 7	0.0%
U.S. MD Seniors Matched to PGY-1 Positions	18,465	↓ 33	0.2%
Percent of U.S. MD Seniors Matched to PGY-1 Positions***	93.5	↓ 0.2%	
Percent of PGY-1 Positions Filled by U.S. MD Seniors***	48.0	↓ 1.4%	

**Highest on record

***Increases or declines reflect absolute percent changes since 2023

2024 UW SMPH MD Match / SOAP

174 Students Participated in 2024 Match

	Match Monday 8:30am	SOAP Thursday 8:00pm
Students fully matched	159	163
Matched to PGY-1 position, no advanced position	1	9
Matched to advanced position, no PGY-1	1	0
No Match / GME	13	0
Extend MD Education at SMPH		2
Match Rate (Full / Categorical + PGY1 only) <i>*excludes students choosing to extend studies and not graduate</i>	92%	100% <i>of graduating students</i>



MD Education Extension Strategy

2023 MATCH CLASS REVIEW & UPDATE

Students Extending SMPH Education	3
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Students Who Matched to Desired Specialty in 202 <u>4</u>	3
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SUCCESS!

2024 UWH PGY1 Program Match

Year	# Core Residency Programs	# PGY1 slots	% PGY1 Slots Filled by Match/SOAP**	% UWSMPH graduates in PGY1 slots
2024	24	148 (150 post-SOAP)	100%	25.3%
2023	24	148* (149 post SOAP)	100%	30.0%
2022	24	143* (146 post SOAP)	98.6%	19.6%
2021	24	140	99.3%	20.7%
2020	24	135	99.3%	13.7%
2019	24	135	99.4%	14.8%

UW SMPH Top Specialties 2024

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%



It Takes a Village

"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!

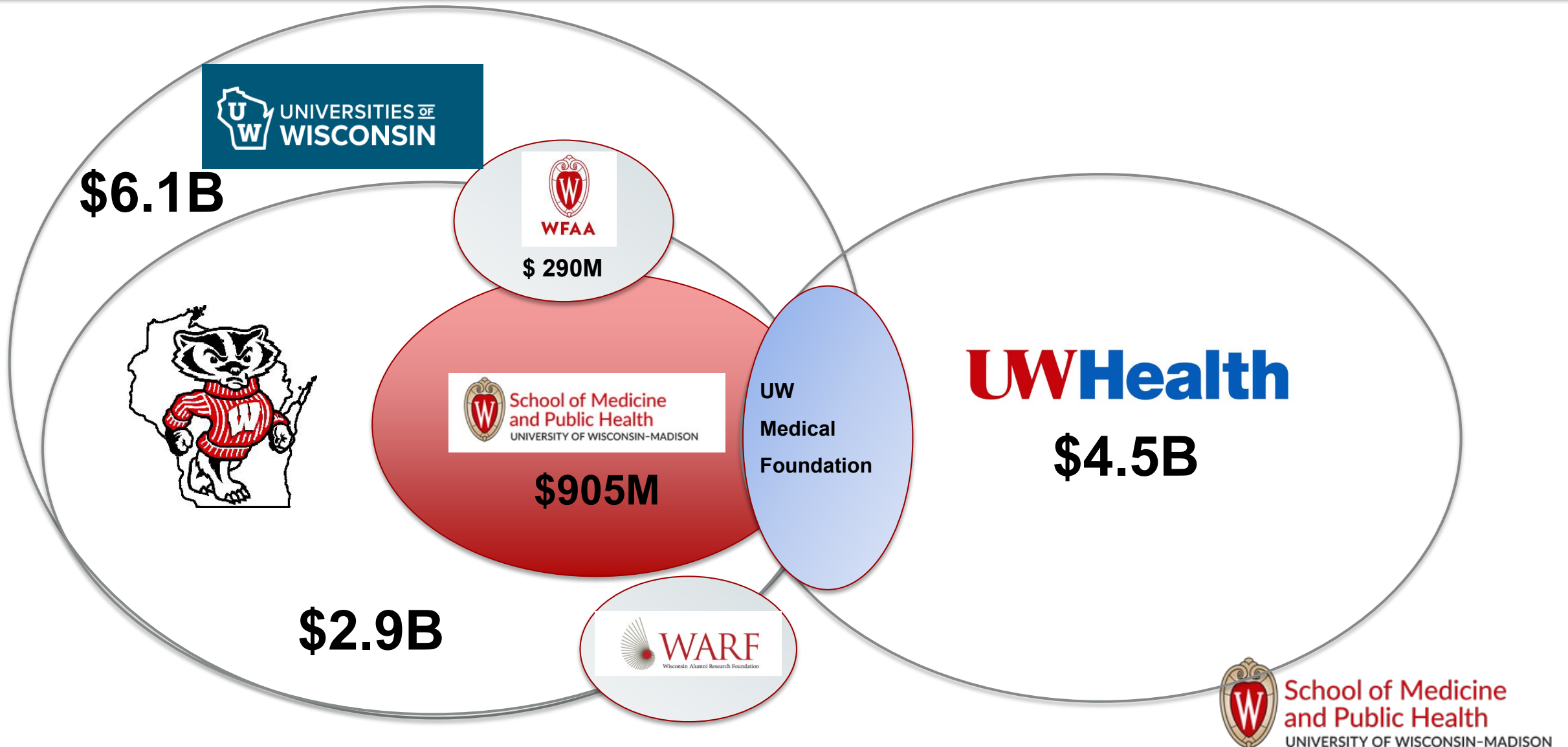
Financial Update

Heidi Conrad, MBA
Chief Financial Officer



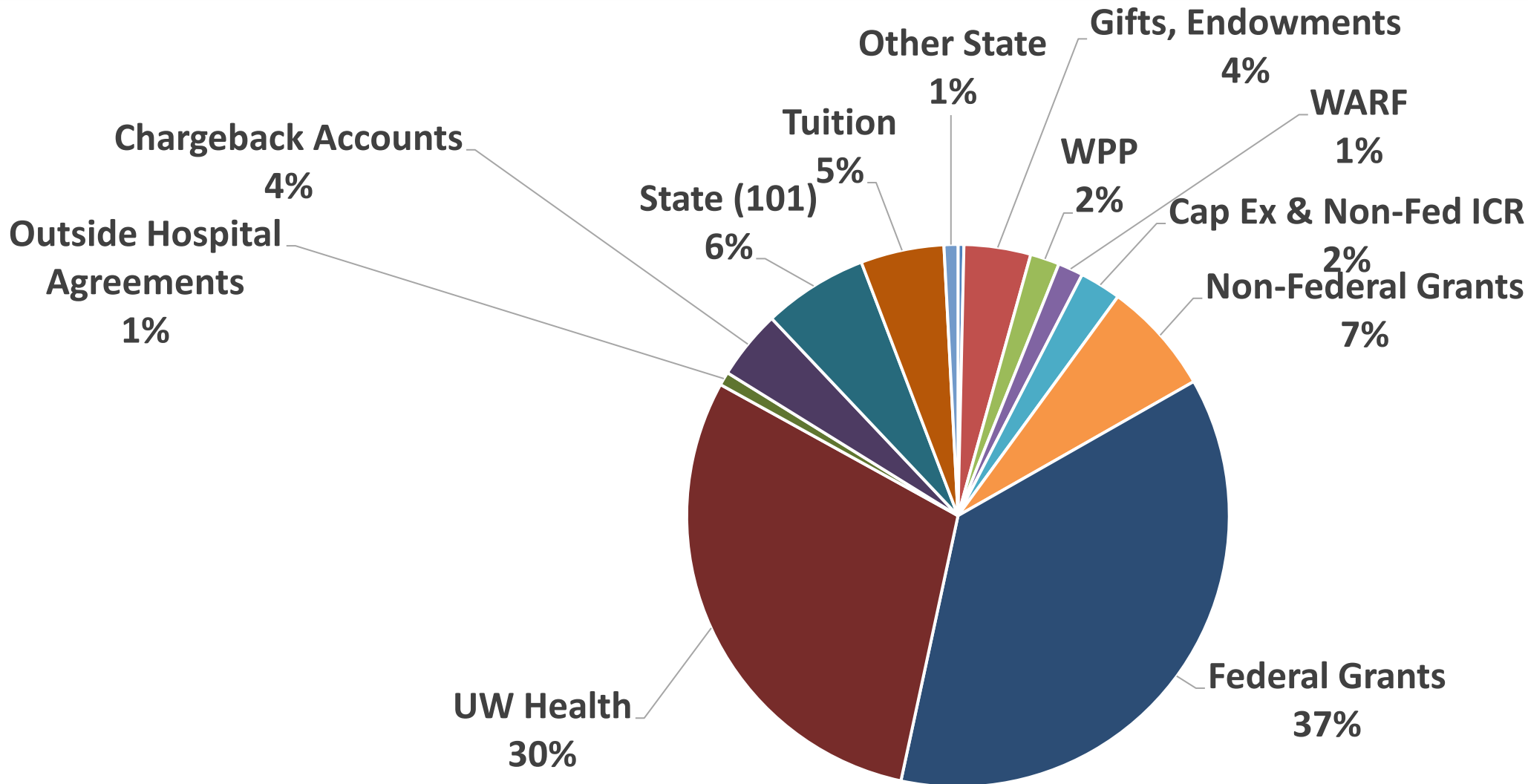
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Big Picture



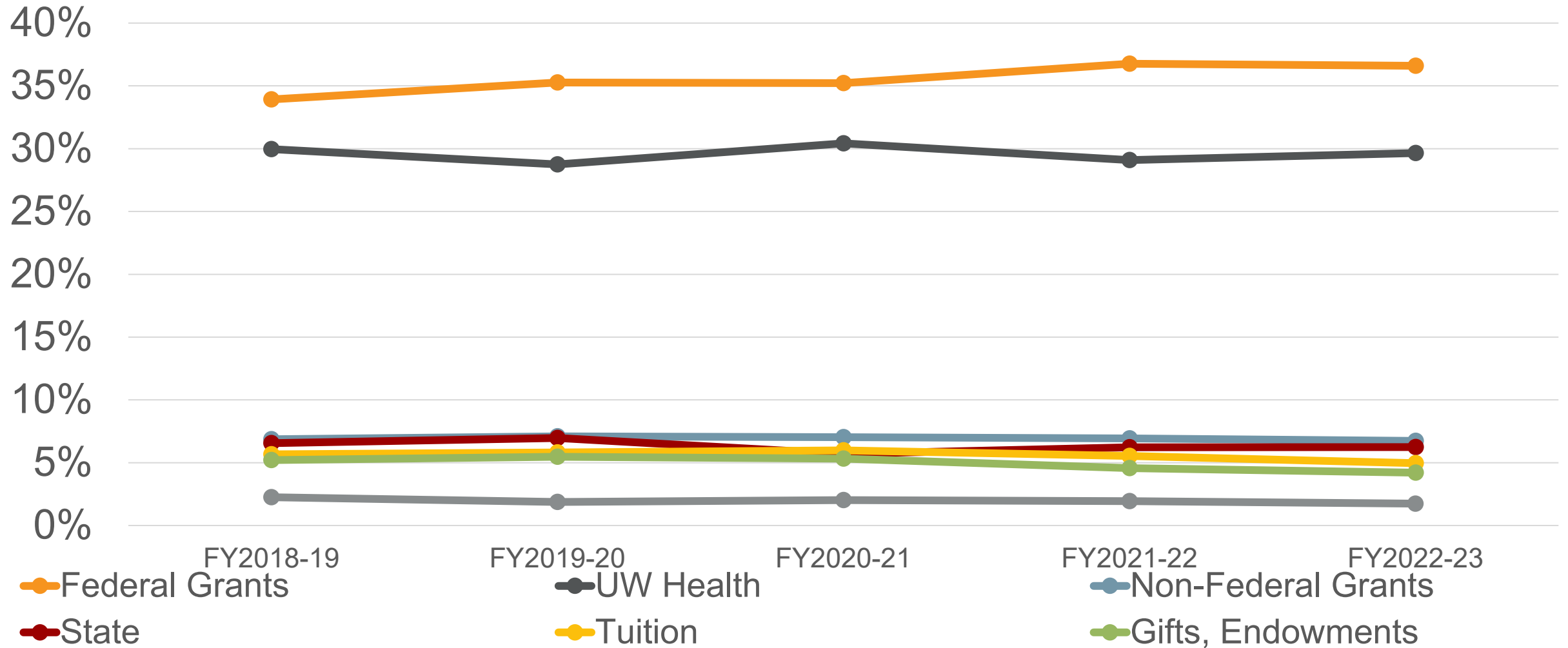
SMPH Funding Sources for Expenditures

FY23 \$904,704,097 Includes Capital & Operating

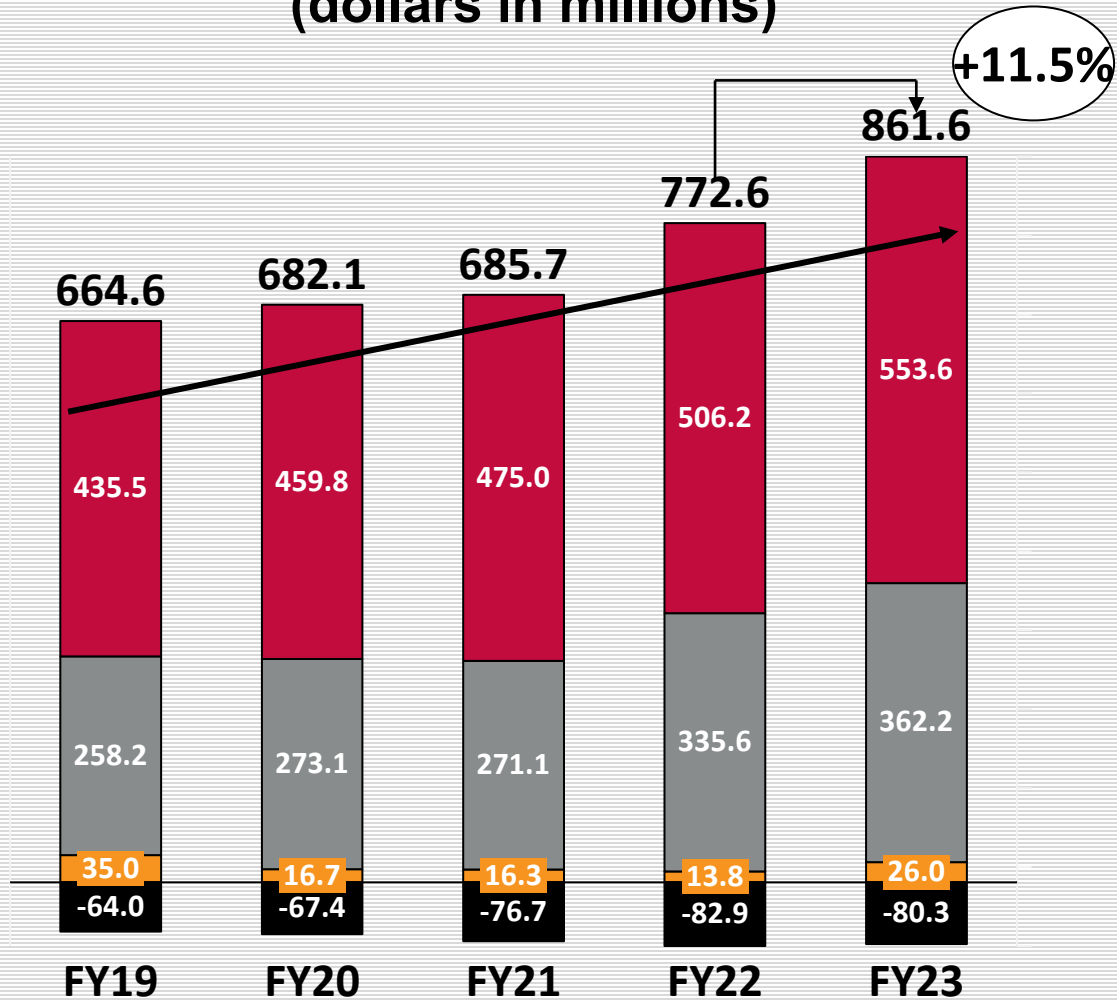


% Expenditures by Fiscal Year for Select Funds

FY 2019 - FY 2023



Expenditures by Category All Funds (dollars in millions)

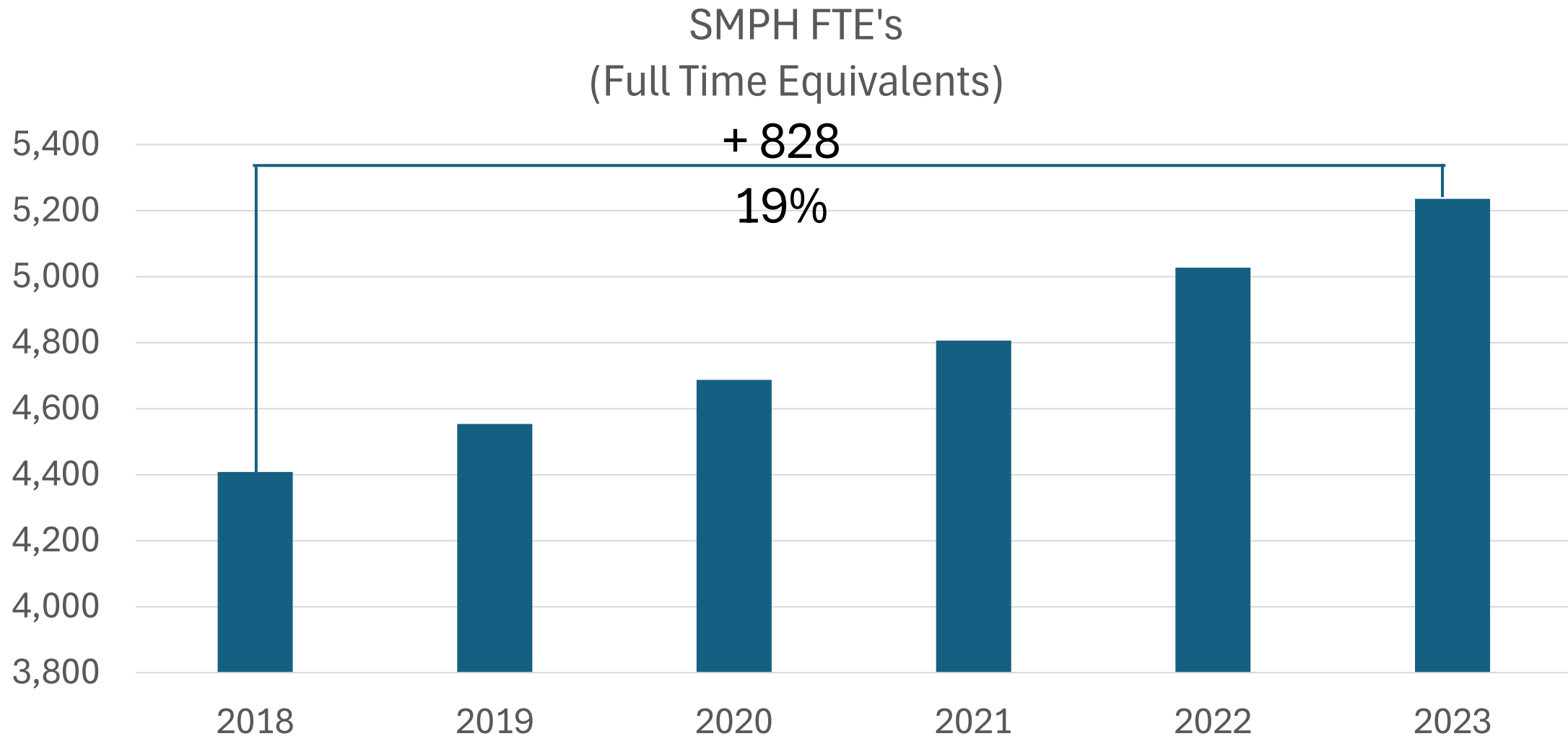


■ Compensation Expense
 ■ Capital Exp & Special Purpose
 ■ Non-Compensation Expense
 ■ Sales Credits

How do we Spend our Funds?

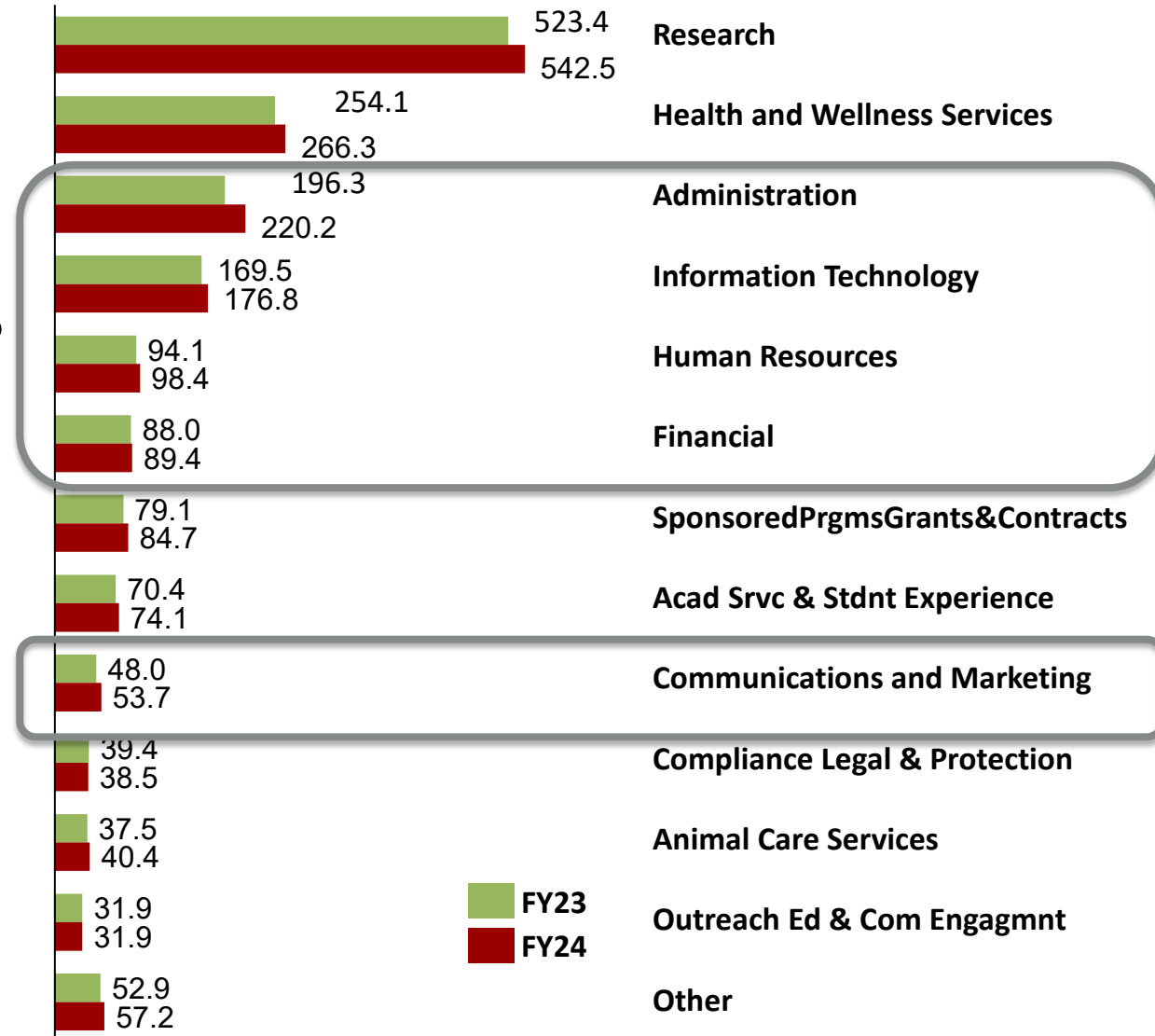
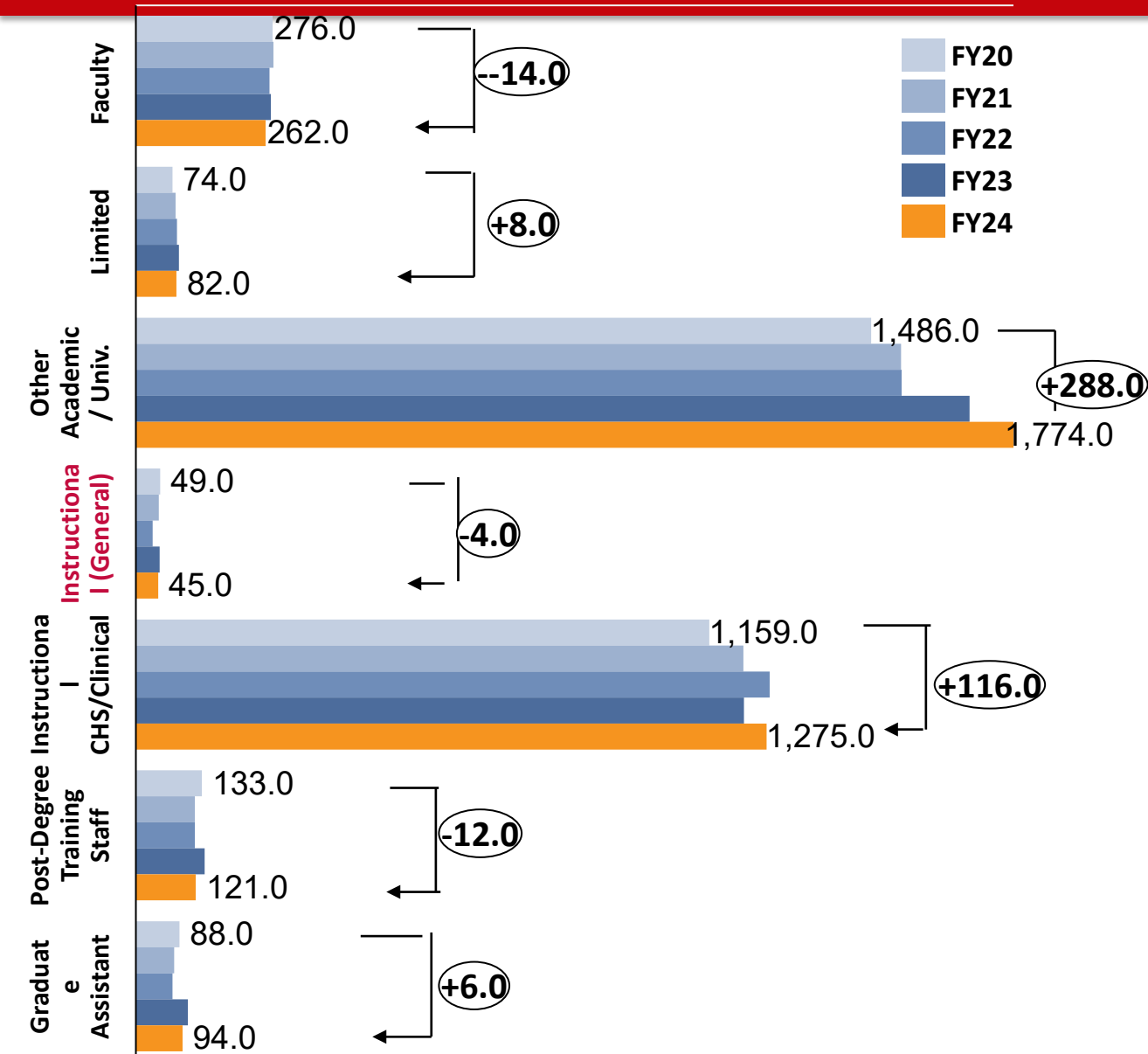
- Compensation & Benefits - 65%
 - Faculty growth
 - Staffing increases with increased funding & faculty
 - Base building and performance
- Non-Compensation Expenses – 42%
 - Grants – indirects up \$11M
 - Fee for Service growth – radiology, Wisconsin reading center, etc.
- Capital Expenditures – 3%
 - WARF
 - WISPIC
 - Med Micro

SMPH FTE Growth

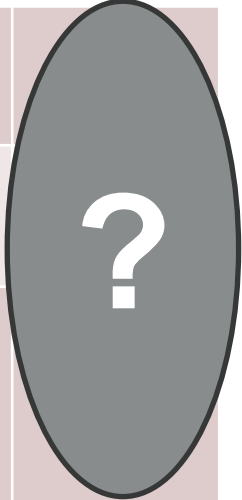


SMPH Employee Growth on Select Funding

Other Academic/University Staff by Job



GPR (Fund 101) Central Commitments

	FY22	FY23	FY24	FY25
Base Budget Reduction	\$(3,184,834)			
Omics Research			\$2,000,000	
Biobanking System & Freezerworks Expansion			\$603,460	
Instructional Budget Model	\$(235,392)	\$(8,067)	\$(201,345)	
Research Budget Model	\$(24,480)	\$129,365	\$127,440	\$106,245

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

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



**COME TO THE
FALL
FACULTY/STAFF
MEETING!!**

UW Health Fetal Diagnosis & Treatment Center

Inna Lobeck, MD, FACS

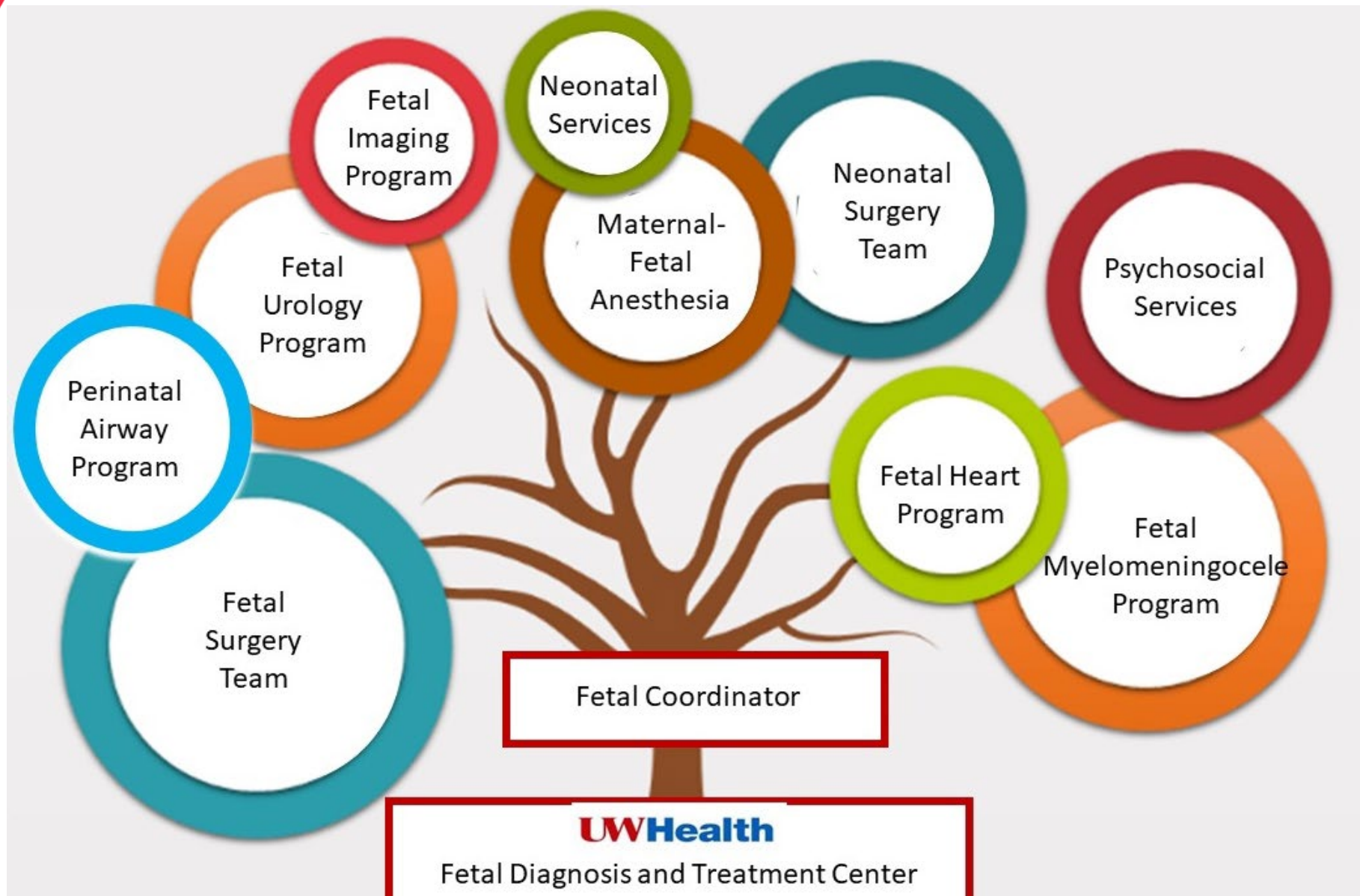
Director of the UW Health Fetal Diagnosis & Treatment Center



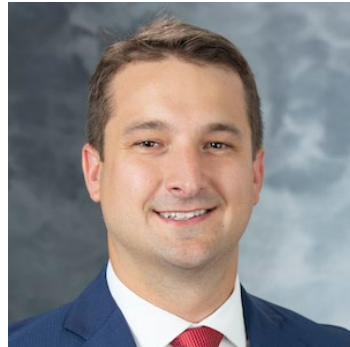
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Conditions Treated

- Amniotic band sequence
- Bilateral multicystic dysplastic kidney
- Bladder exstrophy
- Bladder outlet obstruction
- Bronchogenic cyst
- Bronchopulmonary sequestration
- Cleft lip/Cleft palate
- Cloaca and cloacal exstrophy
- 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
- Gastroschisis
- 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



Eric Monroe
Interventional
Radiology

TRAP Sequence



**Mike
Beninati**
MFM

Imaging for all
conditions



TTTS

Congenital Heart Defects

Shardha Srinivasan
Fetal Cardiology



Tess Chapman,
Diagnostic
Radiology

Myelomeningocele

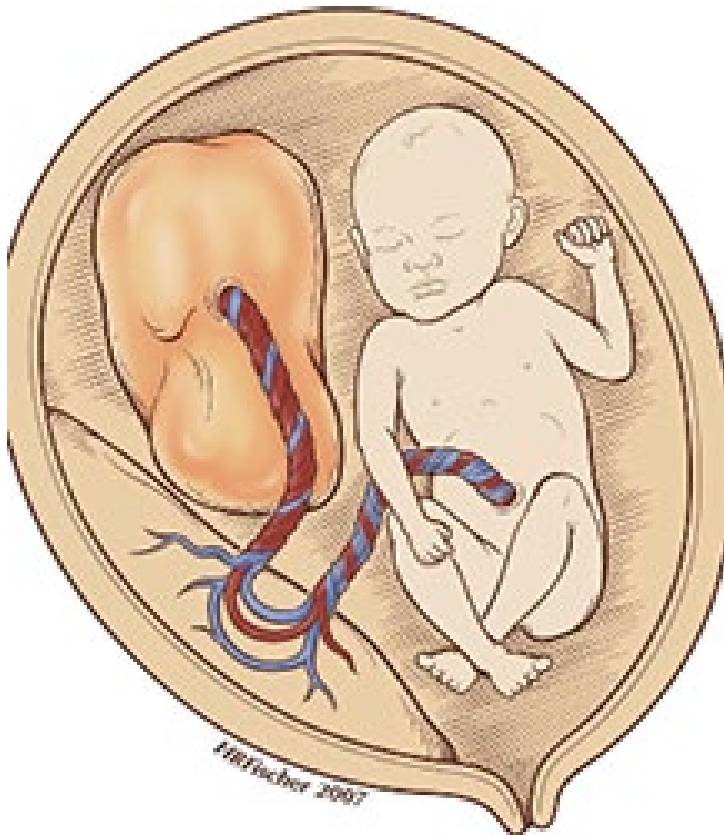
CPAM, CDH, abdominal wall defects

UWHealth



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Twin Reversed Arterial Perfusion (TRAP) Sequence



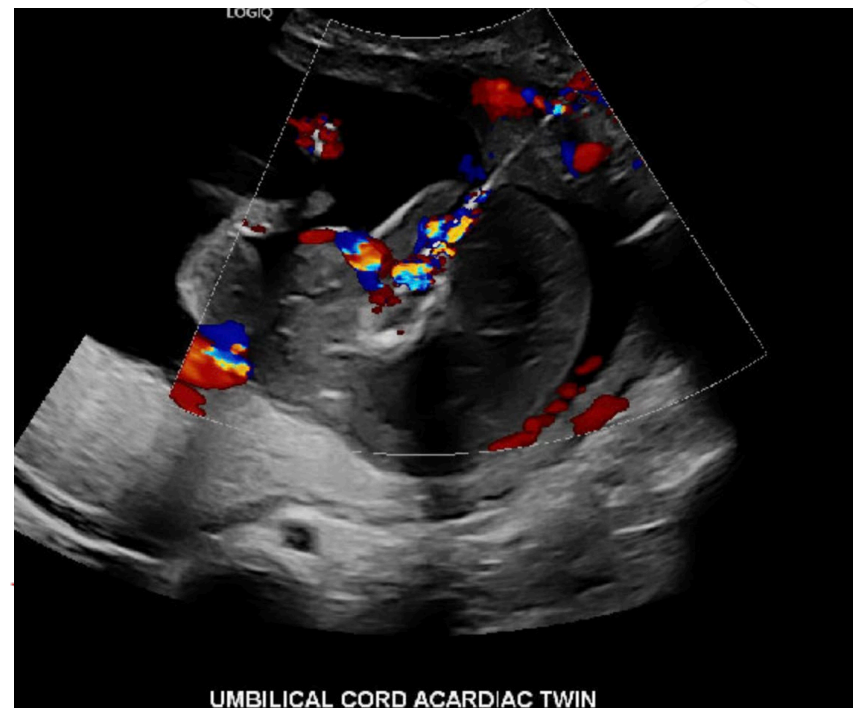
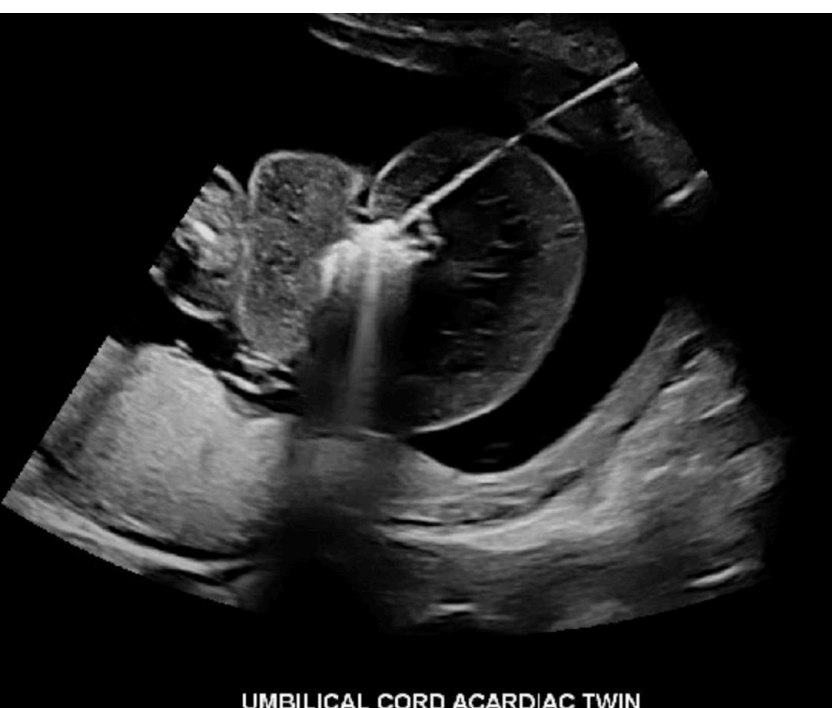
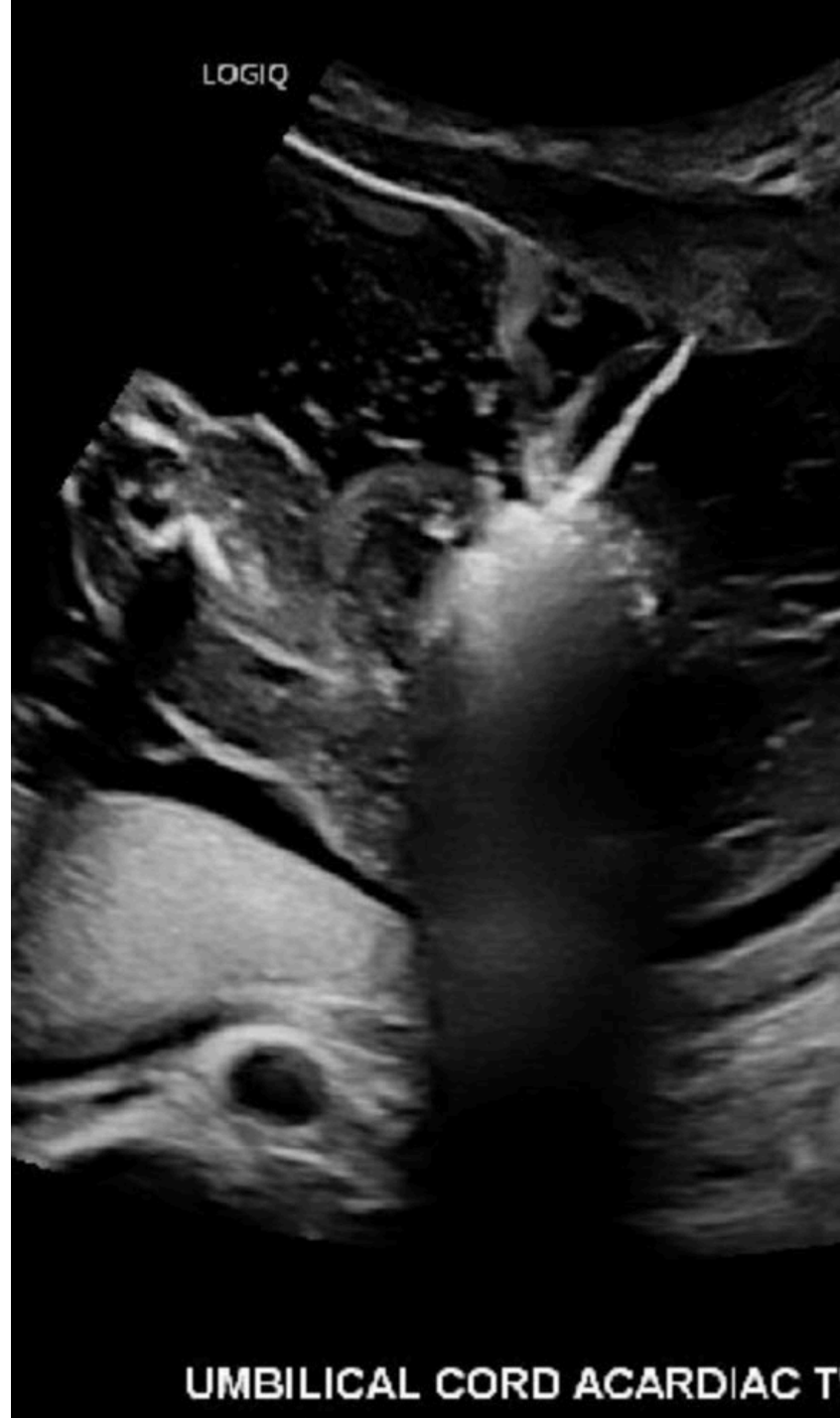
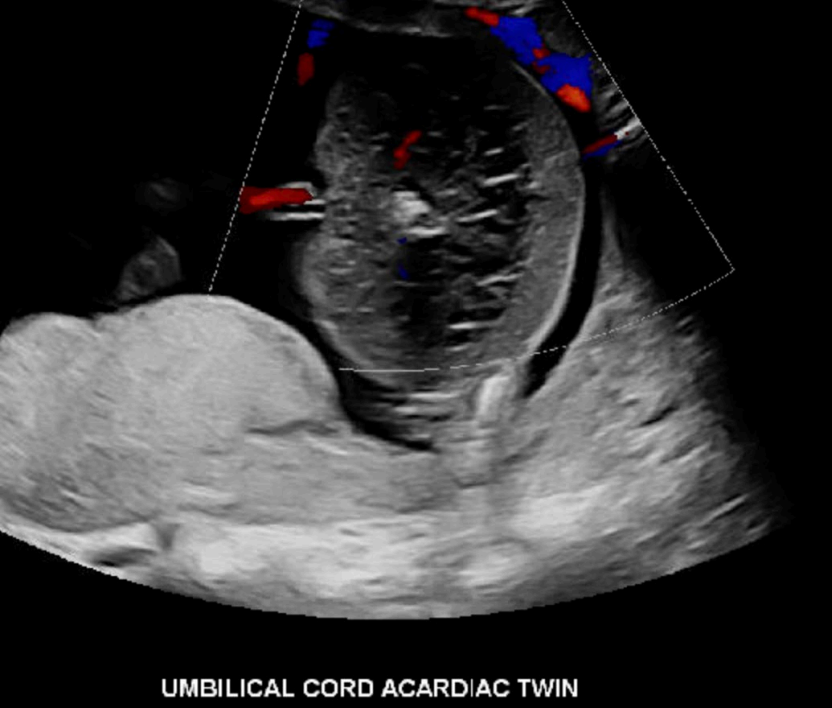
Definition: One twin develops normally, the other develops with no head or heart and is essentially a parasitic mass.

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



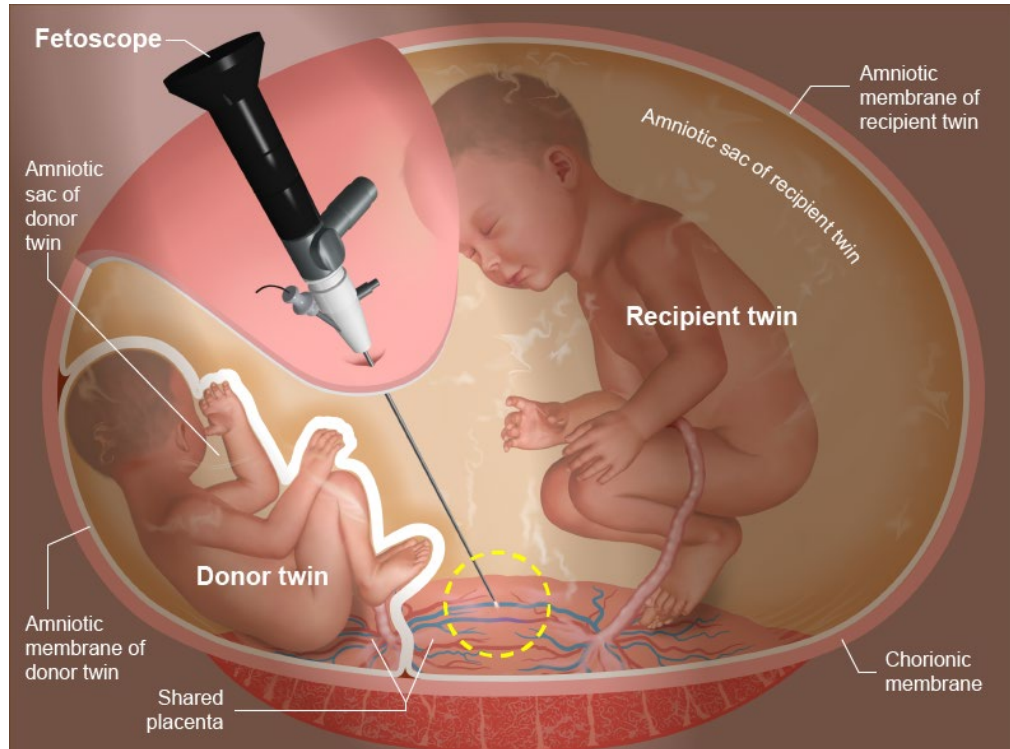
Maternal Fetal Medicine



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!



Paul and Phoebe Andrieu are raising healthy twin boys in Wisconsin, Michigan, after fetal surgery in August at Denver hospital in Madison, Wis. together with Lamphong Health Center, treated during fetal surgery in Madison, Wis. Andrieu and Phoebe Andrieu.

Rare operations saving babies still in the womb

Michigan, just north of Madison, Wis., is home to a rare medical procedure that has saved the lives of two babies still in the womb. The twins, born Nov. 10 in Madison, are the first of their kind, born with a rare condition called Twin Anemia Polycythemia Sequence (TAPS). The condition is caused by an abnormal connection between the blood vessels of the two fetuses, which can lead to one fetus becoming anemic and the other becoming polycythemic. The twins were born at Lamphong Health Center in Madison, Wis., and were treated at the University of Wisconsin-Madison Hospital. The twins are now healthy and thriving.



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

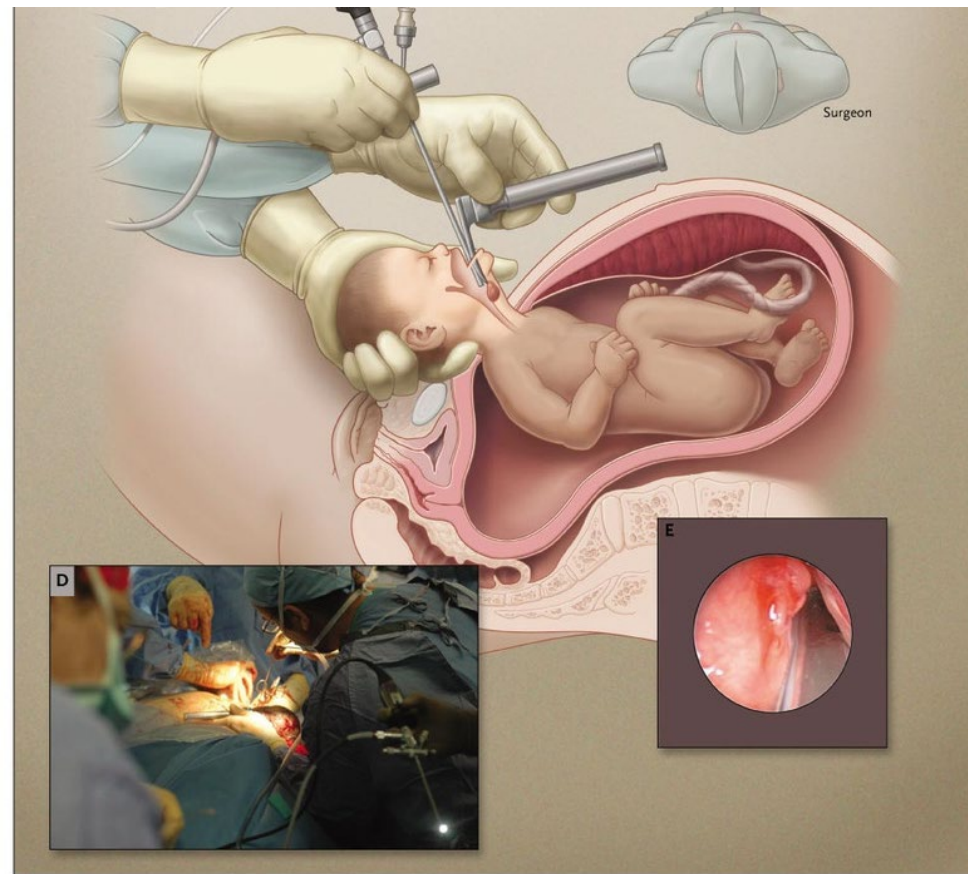


Ex-Utero Intrapartum Treatment (EXIT)

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

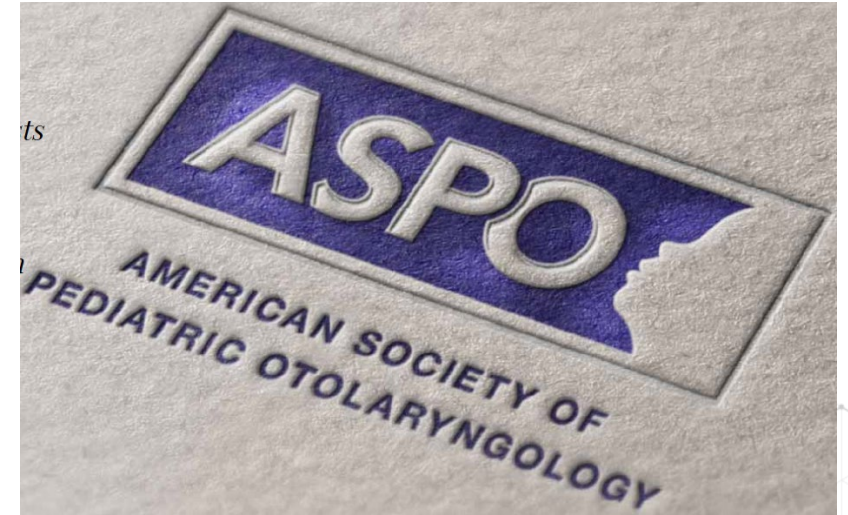




International Research Collaborative



Multi-institutional,
interdisciplinary collaborative to
determine variation in current
management and develop a
best-practice algorithm for EXIT
procedures



IFMSS

International Fetal Medicine and Surgery Society

UWHealth





Inna Lobeck
Pediatric Surgery



Mike Beninati
MFM

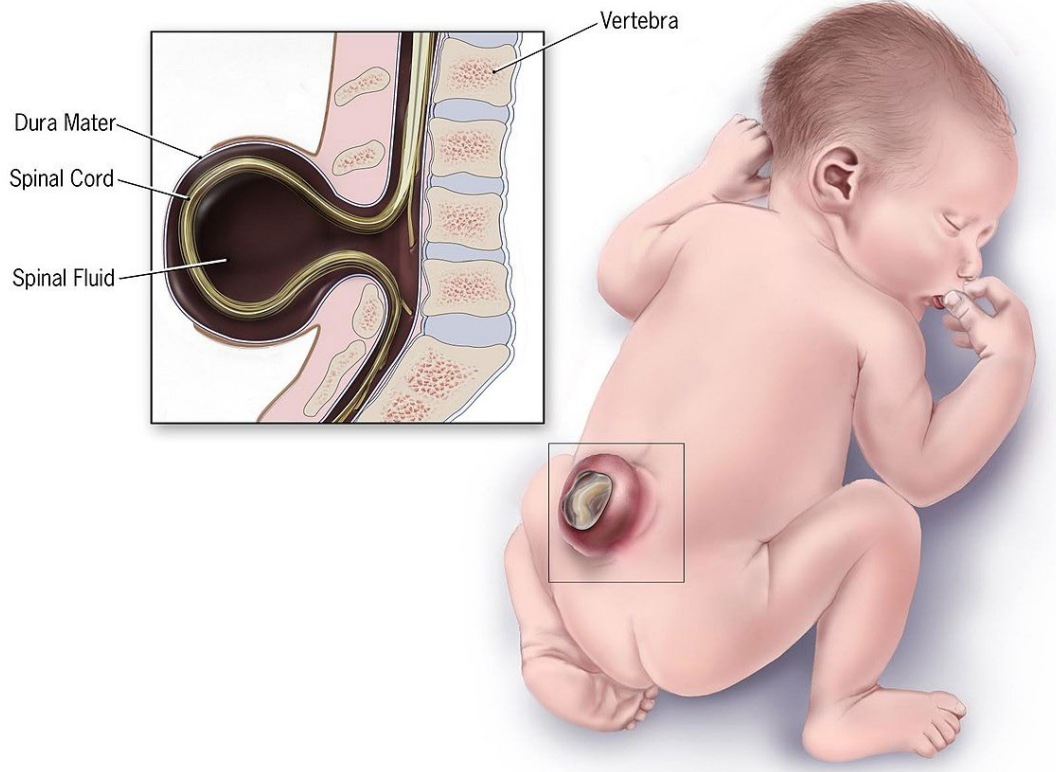
Raheel Ahmed
Pediatric Neurosurgery
Fetal
Myelomeningocele
repair



Fetal Neurosurgery Program

Spina Bifida

Spina Bifida (Open Defect)

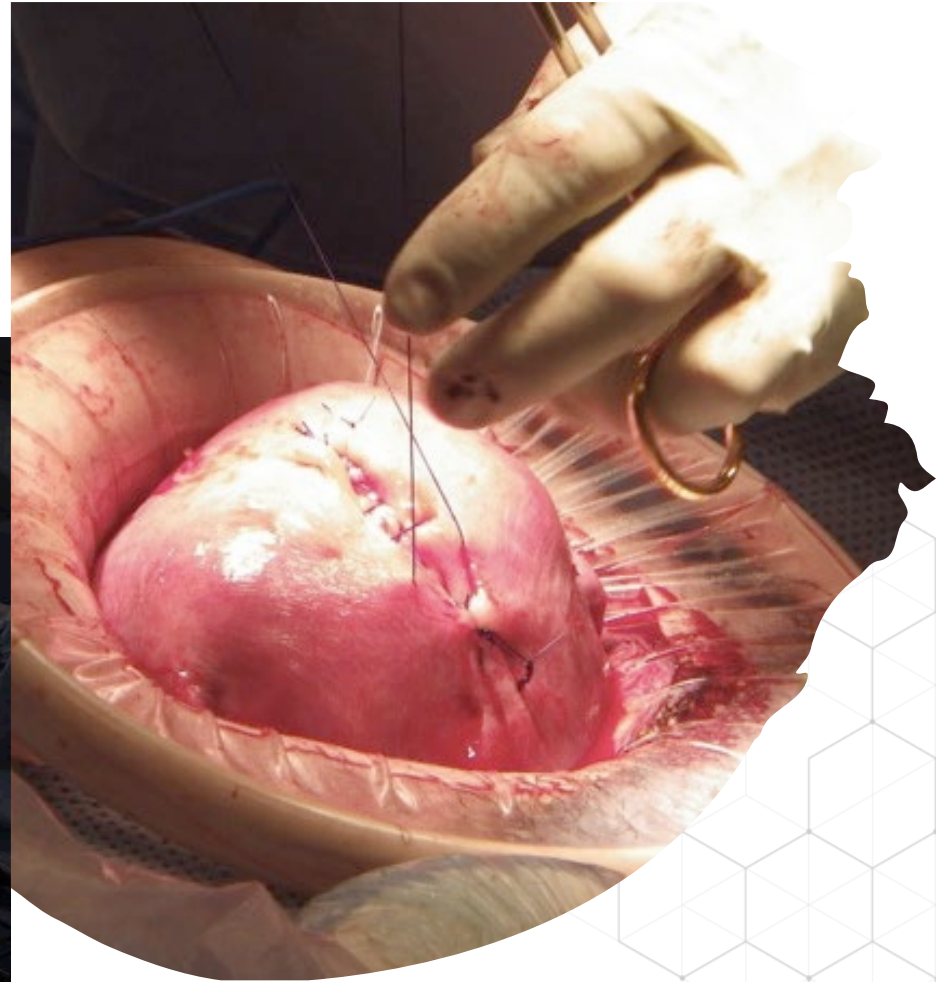
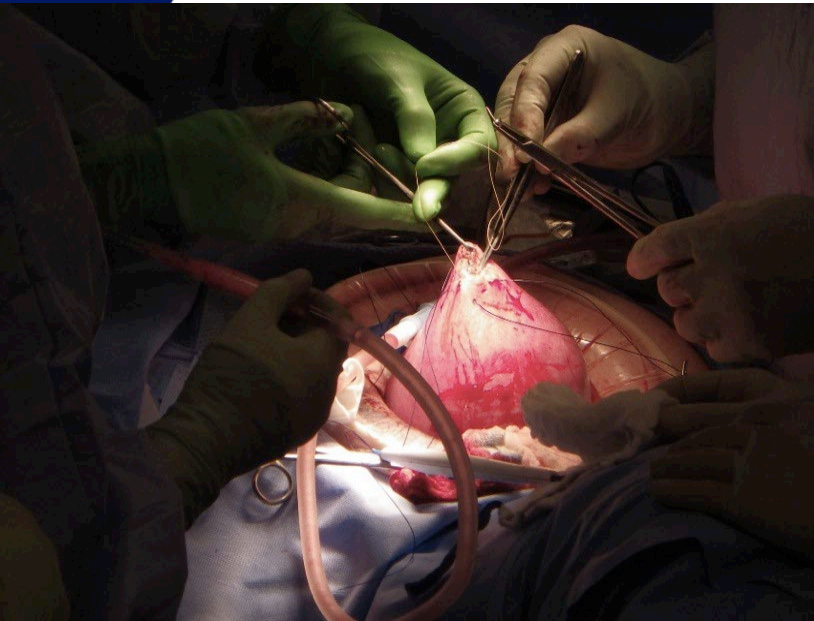


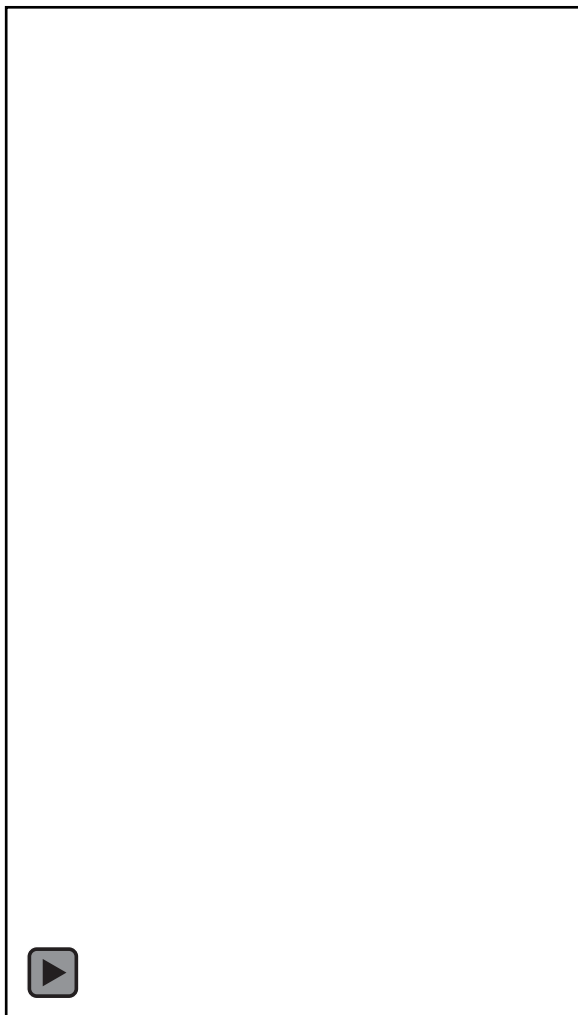
Definition: Spinal cord and nerves develop outside of the body and are contained in a fluid filled sac

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







Vinaya Bhatia
Director of Fetal
Urology Program



Rachel Engen
Pediatric Nephrologist

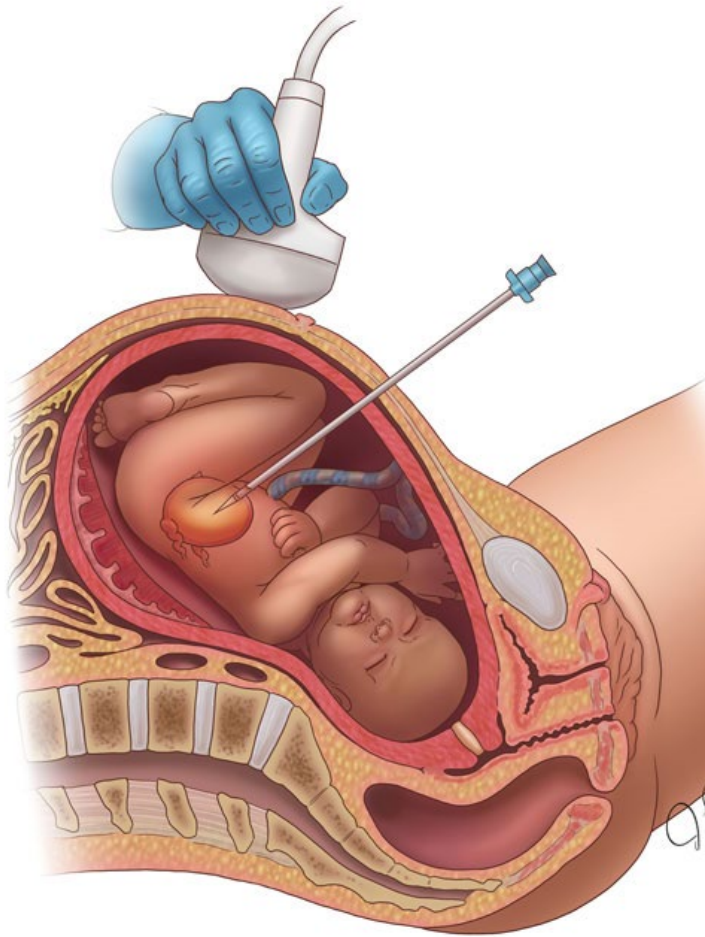


Kelly Collins
Transplant
Surgeon

FETAL UROLOGY PROGRAM

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



**Maternal-Fetal
Anesthesiology
Team**



Jessica Rock
Director of Maternal-Fetal
Anesthesia



Benjamin Whiddon



Benjamin Walker



Cari Meyer



Shardha Srinivasan
Fetal Cardiology
Director of Fetal Heart Program



Josh Hermesen
Pediatric Cardiothoracic
Surgeon



Petros Anagnostopoulos
Pediatric Cardiothoracic
Surgeon

FETAL HEART PROGRAM

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NEONATAL SURGERY TEAM



UWHealth



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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



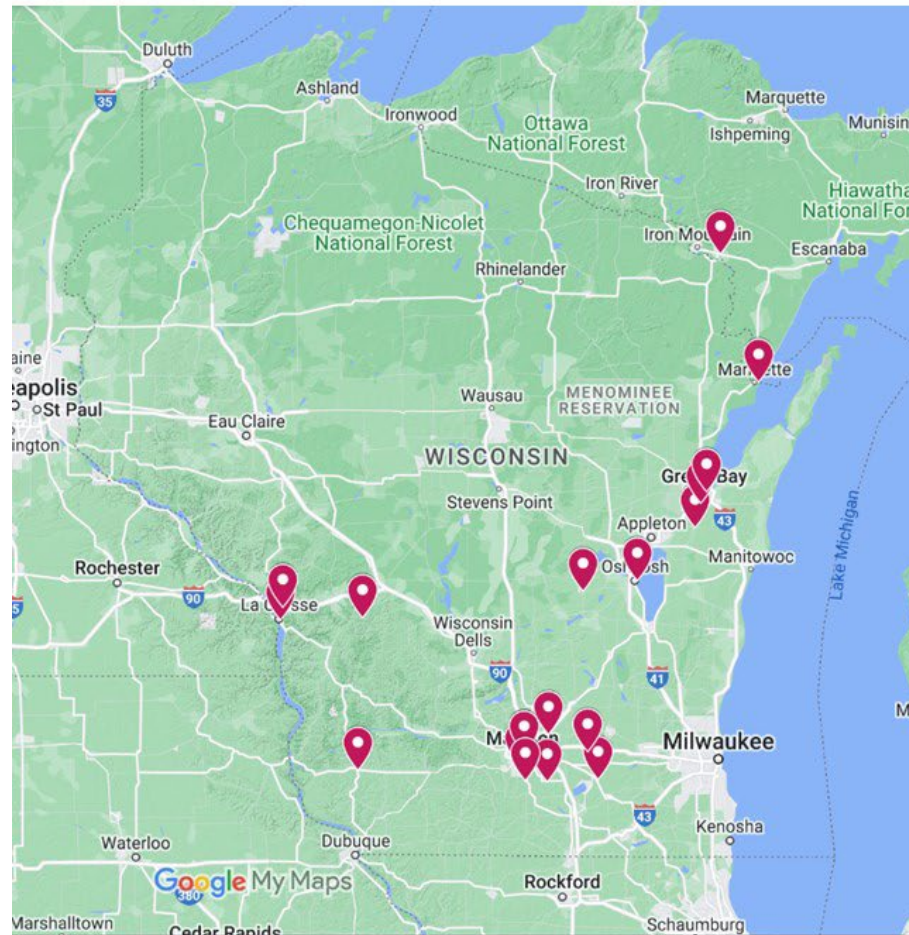
- Halo effect
- Improve maternal, fetal and neonatal care in Wisconsin
- Increase patient complexity care that we can handle in the future

Trends in Referrals

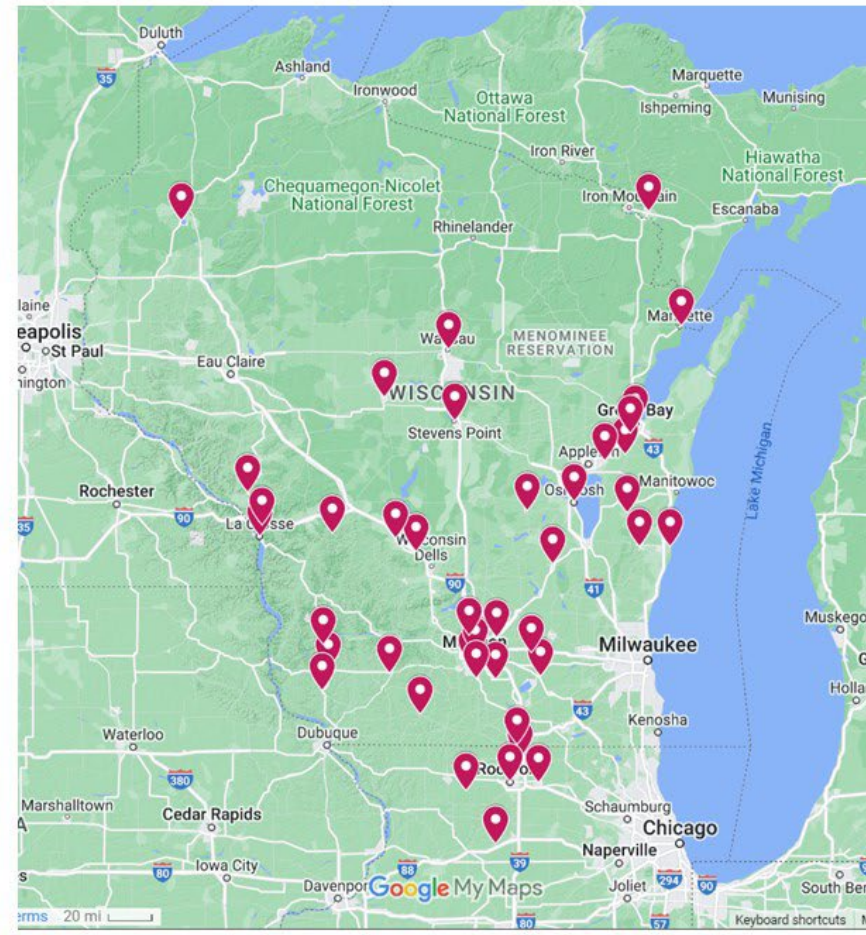
Diagnosis	2019	2020	2021	2022	2023
Complex Twins: TTTS, TAPS, sIUGR, Conjoined	3	1	7	10	37
Lower Urinary Tract Obstruction (LUTO)	1	1	3	5	5
Myelomeningocele (MMC)	2	0	1	4	8
Congenital Diaphragmatic Hernia (CDH)	2	2	3	3	6

Fetal Surgery Referrals

October 2022



January 2024



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



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Mission, Vision & Values

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

▪ Promoting Health and Health Equity	67
▪ Pursuing Excellence in Teaching and Learning	74
▪ Advancing Innovative and Impactful Research and Discovery	82
▪ Becoming an Anti-racist, Diverse, Equitable and Inclusive School Community	51
▪ Creating the Future Together	56
▪ Committing to the Success and Well-being of Each Other	43
<i>Unit Specific</i>	<i>47</i>
Total	420

As of 8 Apr 2024

Aligned	89%
Unit Specific	11%



Monitoring

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 progress 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.



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Strategic Initiative & Accreditation Committee Membership

- Dean's Chief of Staff
- Associate Dean for Medical Education & Student Services
- Senior Associate Dean for Academic Affairs
- Administrative Associate Director of Medical Student Education & Services
- Chief Financial Officer
- Associate Dean for Human Resources
- Associate Dean for Public Health & Community Engagement
- Associate Dean for Basic Research Training
- Administrative Director & Business Manager of Academic Affairs
- Associate Dean for Faculty Affairs & Development
- Director of Education Accreditation & Compliance
- Chief Communications Officer
- Assistant Dean for the Office of Multicultural Affairs
- Associate Dean for Medical Education
- Director of the Health Professions Program
- Associate Dean for Students



Strategic Planning Accreditation Requirement

LCME 1.1 Strategic Planning and Continuous Quality Improvement

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