A Quest for Excellence:

The Morehouse School of Medicine
Strategic Plan
(Covering the Period F Y’ 2003 - 2005)

Presented To:

Board of Trustees
Morehouse School of Medicine

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I. Introduction

This Strategic Plan for the Morehouse School of Medicine (MSM) for the period FY’ 2003 - 2005 is intended to identify definitive strategies and actions necessary to sustain the growth and development of MSM; to support the continuous improvement of all MSM programs; to promote quality in all areas; and to expand the MSM resource base. This version of the Plan also carries forward key components of the original Strategic Plan approved by the Board of Trustees in October, 2001, incorporating the work of the following work groups:

- Class Size Expansion and Composition: The operational, quality, and financial implications of the planned expansion of the medical school class from 32 to 64 students;

- Research Expansion and Enhancement: The expansion of the MSM research program, as well as the enhancement of internal infrastructure, systems, and procedures that support the research enterprise;

- Clinical Business Development: The continued expansion of revenue-generating clinical services programs and selected clinical business ventures, principally through the MSM faculty practice plan, Morehouse Medical Associates, Inc. (MMA); and

- Advancement and Institutional Positioning: The initiation of expanded advancement activities to secure new institutional resources, coupled with concurrent activities to more effectively position and promote MSM and its programs among multiple external constituencies.
II. Strategic Assumptions

This section details a series of Strategic Assumptions regarding the Morehouse School of Medicine; its structure and operations; and characteristics of the external environment in which MSM must operate during the designated three-year planning period addressed in this document (e.g. FY’ 2003 - 2005).

1. There will continue to be a strong demand for the training of minority physicians, particularly primary care practitioners. This situation will continue to support and confirm the mission of MSM, in which MSM is clearly succeeding.

2. MSM will continue to operate in a highly-competitive, resource-constrained environment, in which active and focused efforts to maximize external funding from all sources will be essential to the institution’s future survival and stability.

3. MSM will continue to maintain its core educational programs, leading to the M.D., M.P.H., M.S. and Ph.D. degrees.

4. MSM will meet all accreditation requirements set for by the Southern Association of Colleges and Schools (SACS), and will monitor these and future changes to assure compliance.

5. Funding from the federal sector will remain dynamic, unpredictable, and highly changeable, in ways that can be both advantageous and detrimental to MSM’s short- and long-term interests.

6. MSM will be challenged to retain and enhance funding from the State of Georgia. The funds in question are principally used to underwrite costs associated with the core educational programs (the M.D. program in particular).

7. Future success in maintaining and growing operational funding from federal and state sources will be built upon sound and sustainable relationships, the ability to demonstrate the value and uniqueness of MSM’s multi-faceted mission, and a consistent investment in government affairs activities.

8. The need to establish and adhere to clear institutional priorities; disciplined cost control procedures; definitive criteria for launching new projects; and measures to ensure optimal institutional effectiveness and efficiency.

9. MSM will face stiff competition in identifying and recruiting the most talented and ambitious students. Prospective students will look to MSM to demonstrate a commitment to quality teaching and research. In large part, this competition will be driven and decided by the availability of resources for scholarships and/or grants-in-aid to defray tuition and other costs.
10. Recruitment of talented faculty and staff will be driven and influenced by MSM’s ability to offer competitive salaries and provide incentives for productivity.

11. Generating consistent clinical services revenue will continue to be a challenge for Morehouse Medical Associates (MMA), as managed care and Medicaid/Medicare reimbursements are pushed downward.

12. MSM will face increasing difficulty in maintaining mutually-beneficial relationships with acute care hospital partners and other healthcare organizations necessary to support undergraduate and graduate medical education programs.

13. Growth of the MSM research enterprise will rely upon the ability of MSM investigators to secure multi-year awards, and an increased capacity within MSM to provide efficient and cost-effective administrative services to ensure consistent financial, grants management, systems, and facilities support.

14. The ability to access a substantial new volume of gifts, grants, and other commitments from the private sector -- particularly for endowment -- will have the greatest impact on MSM’s ability to achieve any measure of financial security.

15. The continued growth and support of research centers and institutes incorporating research related to health disparities among minority populations will provide the institution with enhanced visibility and funding opportunities necessary to stimulate growth and enrichment in other areas.

16. The nature of the current environment will require MSM to aggressively raise its public visibility and name recognition among key external audiences. These steps are driven by the need to support the capital campaign and to consistently deliver MSM messages.

17. Growth and change in education, research and patient care programs will create new requirements for institutional infrastructure, dedicated facilities (to replace or augment inadequate or overtaxed current facilities), and equipment.

18. The uncertain environment facing MSM -- particularly in relation to financing, clinical care revenue, and institutional relationships -- will compel MSM Department Chairs, senior officers, and the Board of Trustees to regularly and systematically evaluate institutional performance, consistent with the expectations of SACS and other accrediting agencies. These evaluations will invariably confront MSM leaders at all levels with difficult decisions regarding priority-setting and resource allocation, and will reinforce the need to establish a unified direction and purpose across all MSM operating units.
III. Mission Statement

The Mission Statement of the Morehouse School of Medicine should be retained:

“The Morehouse School of Medicine is an historically black institution established to recruit and train minority and other students as physicians, biomedical scientists, and public health professionals committed to the primary healthcare needs of the underserved.”
IV. Goals and Objectives (FY’ 2003 - 2005)

**Education**

**Goal 1: Progressively increase the size of the undergraduate class to 64 students by FY’ 2006. Objectives:**

Objective 1: Take steps to ensure that the expansion of the undergraduate class enables recruitment of the most competitive students, ensures quality in educational offerings, and maintains instructional, infrastructure and resource requirements to meet LCME and SACS accreditation requirements. (Timeframe: FY’ 2003 and continuing). Specific elements include:

- Evaluate the level of available scholarship support by December of each year, and establish the size of the next incoming class based upon that evaluation.

Objective 2: Adjust faculty time commitment and community faculty time commitment to meet requirements of the expanded class. (Timeframe: FY’ 2003 and continuing). Specific elements include:

- Evaluate feasibility of providing stipends to these faculty.
- Re-deploy MSM faculty time as need to achieve these goals.

Objective 3: Evaluate instructional, meeting, computer, and educational facility upgrades and necessary modifications to support class expansion, and proceed to determine potential costs, and avenues for accessing resources. (Timeframe: FY’ 2003 and continuing).

**Goal 2: Take steps to ensure continued and enhanced quality in all educational programs. Objectives:**

Objective 1: Enhance teaching/learning effectiveness through greater cross-disciplinary teaching, renewed emphasis on teaching skills, an integration of appropriate technology, improved monitoring of student performance, and enhanced assessment of students. (Timeframe: FY’ 2003 and continuing). Specific elements include:

- Adjust curriculum components to include integration of the basic and clinical sciences; use of standardized patients; and use of computer-based technology for all students.

- Incorporate use of standardized patients, assess level of successful integration and impact on students and teaching.
• Evaluate the desirability and feasibility of adopting a “teaching faculty” designation for selected faculty in the basic and clinical sciences, in order to further focus resources on teaching and implementation of new instructional methods as part of enhancing and adjusting the M SM curriculum. (Timeframe: FY ’ 2003 and continuing).

• Ensure compliance with all LCME, SACS, and related organizational guidelines and recommendations related to curriculum, faculty support and evaluation, and other elements of all instructional programs for all degrees. (Timeframe: FY ’ 2003 and continuing).

• Assess feasibility and funding requirements necessary for retaining support staff committed to faculty development. (Timeframe: FY ’ 2003 and continuing).

Objective 2: Implement meaningful criteria for assessing faculty teaching skills, review faculty performance evaluation procedures to ensure feedback to faculty members, timely compliance with evaluation schedules, and conformance with curricular and instructional requirements. (Timeframe: FY ’ 2003 and continuing).

Objective 3: Evaluate curricular and technology requirements to support quality instructional programs. (Timeframe: FY ’ 2003 and continuing).

Goal 3: Strengthen and enhance all GME/Residency programs, and secure and sustain operating support. Objectives:

Objective 1: Secure external funding for unfunded portions of Family Medicine and Psychiatry Residency Programs, incorporating salaries for residents. (Timeframe: FY ’ 2003 and continuing).

Objective 2: Expand access to teaching patients to support expanded class size. (Timeframe: FY ’ 2003 and continuing).

Objective 3: Identify and secure additional clinical teaching sites or expanded relationships with existing sites sufficient to support all teaching programs. (Timeframe: FY ’ 2003 and continuing).

Objective 4: Ensure Family Practice Center meets accreditation standards, including the likely construction of a new facility. (Timeframe: FY ’ 2003 and continuing).
**Goal 4: Strengthen and enhance the M.P.H. program, and secure and sustain operating support. Objectives:**

Objective 1: Continue and expand fund-raising activities to augment federal funding with private-sector resources for the M.P.H. Program, as recommended by SACS self-study. (Timeframe: FY’ 2003 and continuing).

Objective 2: Identify potential avenues to fund stipends for first-year students. (Timeframe: FY’ 2003 and continuing).


Objective 4: Ensure sufficient number of community-based teaching sites for the M.P.H. Program. (Timeframe: FY’ 2003 and continuing).

Objective 5: Evaluate long-term desirability and feasibility of establishing a School of Public Health where the M.P.H. program would reside. (Timeframe: FY’ 2005 and continuing).

**Goal 5: Strengthen and enhance the Ph.D. program, and secure and sustain operating support. Objectives:**

Objective 1: Expand program to accommodate no less than ten slots for new Ph.D. candidates each year. (Timeframe: FY’ 2003 and continuing).

Objective 2: Designate a predetermined number of first-year Ph.D. candidate slots as recipients MSM-subsidized tuition and stipends. (Timeframe: FY’ 2003 and continuing).

Objective 3: Establish capacity for addressing the specific needs of Post-Doctoral Fellows at MSM. (Timeframe: FY’ 2003 and continuing).


**Goal 6: Launch, support and evaluate operations of new M.S. in Clinical Research program. Objectives:**

Objective 1: Establish two-year program as a pilot effort, incorporating external support funds, with appropriate evaluation on an annual basis. (Timeframe: FY’ 2003 - 2004).
Goal 7: Secure resources necessary to enable major centers and institutes to support the educational programs and to become financially self-supporting. Objectives:

Objective 1: Identify sources and avenues for on-going program support necessary to progressively advance related programs to a self-funding status. Identify potential linkages and synergy with the Managed Care Institute and National Center for Primary Care. (Timeframe: FY ’2003 and continuing).

Goal 8: Expand capability to serve as a resource for health education, health maintenance, disease prevention, and related public health/consumer education issues in Metropolitan Atlanta and the nation. Objectives:

Objective 1: Maintain and expand workable linkages with Atlanta-area institutions, organizations, and public systems. (Timeframe: FY ’2003 and continuing).

Objective 2: Seek ways to broaden linkages between MSM-based research centers -- such as the Cardiovascular Institute, National Center for Primary Care and the proposed National Center for Health Disparities -- and community-based health and disease prevention programs. (Timeframe: FY ’2003 and continuing).
**Research**

**Goal 1:** Establish procedures for designating clear MSM-wide research priorities to guide program planning, investigator recruitment, and resource allocation.

**Objectives:**

Objective 1: Establish preeminence in selected research areas as a fundamental mission of the institution. Utilize these strategic areas of research concentration as a focal point for serious and sustained institutional investment. (Timeframe: FY’ 2003 and continuing).

Objective 2: Launch “Research Planning Council” composed of academic and administrative representatives to advise the President and Dean on research priorities, and to otherwise guide decision-making on major capital investments of institutional resources that will enhance the MSM research enterprise. (Timeframe: FY’ 2003 and continuing). The Council would:

- Consider over-arching role of preeminence in research at MSM;
- Identify innovative strategies for further enhancing the research productivity of the MSM faculty, including evaluation criteria for assessing specific programs;
- Review on a regular basis the strengths and weaknesses of the MSM research enterprise, as well as the opportunities and threats faced by investigators;
- Identify emerging and discrete areas of research program excellence where MSM investigators can gain added recognition and visibility;
- Serve as a coordinating body for research planning, including the periodic development of a consolidated strategic plan for research to serve as a guide for policy formulation and management, and assurance of appropriate relationship between Centers, Institutes, and Departments;
- Contribute to an ongoing process of quality enhancement, coupled with the establishment of clear and quantifiable research program goals.

Objective 3: Build on the initial experiences of the Neuroscience Institute, Cardiovascular Institute, the National Center for Primary Care, Prevention Research Center, and the proposed Center for Health Disparities as models for concentrating institutional resources to attract and focus investigator interest; to maximize synergy between clinicians and investigators; to achieve economies of scale; and to encourage centers of excellence to evolve and to develop. (Timeframe: FY’ 2003 and continuing).

Objective 4: Build on the experience of the Interdisciplinary Clinical Research Center of Excellence (CCRE) and the National Center for Primary Care as models for concentrating resources to attract and focus clinician investigator’s interests, and to stimulate investigator-initiated research protocols, particularly in areas related to health
disparities. Use strategic areas of clinical research concentration as a focal point for sustained institutional investment. (Timeframe: FY’ 2003 and continuing).

Objective 5: Develop and expand the infrastructure at the Clinical Research Center to support the growth of clinical research programs, and to enable the Center to serve as the main repository for clinical research activities, by investing in information technology systems. (Timeframe: FY’ 2003 and continuing).

Goal 2: Enhance and update policies, procedures, and guidelines to facilitate efficient recruitment and retention of accomplished and promising investigators. Objectives:

Objective 1: Increase the number of RO1 and equivalent awards to approximately twenty-five awards. In addition, increase the total direct cost of extramural funding awarded to MSM faculty by at least $3 million over the same period. (Timeframe: FY’ 2005).

Objective 2: Continue use of performance measurements and institute appropriate incentives for investigators linked to their successfully securing research program funding. (Timeframe: FY’ 2003 and continuing).

Objective 3: Establish one funded “start-up package” per year earmarked for a prospective MSM junior research faculty member; and one funded “start-up package” per year earmarked for a prospective MSM senior research faculty member. Said packages would subsidize the initial costs associated with the formation of a new research laboratory, including appropriate space, equipment, and technical/clerical support. (Timeframe: FY’ 2003 and continuing).

Objective 4: Seek out a broad array of prospective new investigators, with an emphasis on researchers whose interests complement research underway at MSM (particularly associated with the existing Institutes and Centers), and can advance interdisciplinary research activities. (Timeframe: FY’ 2003 and continuing).

Objective 5: Develop an internal “Bridge Fund” to provide limited, temporary support to previously-funded investigators if a grant application is denied. Establish appropriate application procedures and guidelines (e.g. must be investigator-initiated; 24 month maximum funding period, are examples) (Timeframe: FY’ 2003 and continuing).

Goal 3: Streamline all administrative, financial, and related research support systems to increase efficiency, timeliness, and service to the MSM research community. Objectives:

Objective 1: Develop a clear and “seamless system” for sponsored project administration that will streamline core administrative processes; eliminate duplication
between involved offices; and enhance responsiveness and customer service to the MSM research community. (Timeframe: FY’ 2003).

Objective 2: Consolidate the operations of the Office of Grants and Contracts (OGC), Office of Sponsored Programs (OSP), and Office of Research Development (ORD), in order to function in a “one voice - one contact” capacity in research administration. (Timeframe: FY’ 2003).

Objective 3: Evaluate the future data processing, electronic telecommunications, and computational needs of the MSM research enterprise. (Timeframe: FY’ 2003).

**Goal 4: Initiate selective efforts to update and maintain research equipment, facilities, and technology to enhance investigator productivity. Objectives:**

Objective 1: Identify and secure the resources necessary to invest in enabling technologies and infrastructure support to enhance existing research programs, so that they attain preeminence in their fields. (Timeframe: FY’ 2004 and continuing)

This should include additional core facilities such as:

**Short-Term Core Facility Needs**

- Molecular Biology and Genomics Core Facilities (new)
- Video Imaging Core Facility (enhancement of existing Core Facility)

**Long-Term Core Facility Needs**

- Bioinformatics/Data Management Core Facilities (new)
- Gene Sequencing Core Facility (enhancement)
- Flow Cytometry Core Facility (enhancement)
**Patient Care**

**Goal 1:** Consider and evaluate alternative configurations for the structure, expectations, and productivity targets of Morehouse Medical Associates (MMA) to enhance the reputation of MSM for providing clinical services, to warranty that every patient will have the optimum experience, and to enhance revenue provided to MSM.

**Objectives:**

Objective 1: Assess feasibility of creating a new organizational configuration.  
(Timeframe: FY’ 2003).

**Goal 2:** Assess relationships with affiliated hospitals, health systems, and other health care organizations to ensure alignment with market realities. **Objectives:**

Objective 1: Set clear and measurable expectations for the MSM/MMA - Grady Health System affiliation, based upon fundamental economic criteria consistent with the MSM mission.  
(Timeframe: FY’ 2003). Issues to be addressed should include:

- The need to formalize the relationship for space occupied currently by MSM.
- Access to patients for teaching purposes.
- Revenue projections from DSH, facilities costs, and other fiscal variables.
- The need to establish enhanced visibility for Grady-based programs.
- Identification of ways to increase MSM’s value to the Grady system.
- Enhance quality of Grady facilities to attract faculty and trainees.

Objective 2: Establish a matrix of the requirements MSM has from affiliated healthcare system, including space, funds flow, patient volume and mix, market growth potential, and the timeframe for achievement of such goals.  
(Timeframe: FY’ 2003).

Objective 3: Select future partners with strong financial track records. Define strategic and market value of MMA to negotiate effectively with prospective partners of this caliber, and possibly be prepared to make financial concessions to form new alliances.  
(Timeframe: FY’ 2003).

Objective 4: Ensure integration of graduate medical education programs with MMA Clinical practices.  
(Timeframe: FY’ 2003 and continuing).

Objective 5: Identify new opportunities to expand the MMA patient base and revenues  
(Timeframe: FY’ 2003 and continuing).
**Goal 3: Improve overall physician capacity. Objectives:**

Objective 1: Increase commitment of participating faculty time to the provision of MMA managed clinical services, in order to reach a threshold of no less than .5 FTE per primary care physician, and no less than .2 FTE per specialty physician. (Timeframe: FY’ 2003 and continuing).


**Goal 4: Enhance operations and governance policies necessary to support the delivery of efficient patient care services. Objectives:**

Objective 1: Review -- and where feasible, reassign -- key infrastructure systems and procedures to enhance effectiveness, timeliness, efficiency, and service to patients. (Timeframe: FY’ 2003 and continuing).

Objective 2: Identify the means to assure the optimum level of support for clinical practice, consistent with industry benchmark standards. (Timeframe: FY’ 2003).

Objective 3: Adopt a flexible personnel structure at MMA that is guided by the unique demands of the health care industry. (Timeframe: FY’ 2003 and continuing).

Objective 4: Evaluate the MMA governance structure, and develop clear roles and responsibilities that support the energetic growth and development of the clinical business enterprise. (Timeframe: FY’ 2003).

**Goal 5: Identify space to house clinical services, clinical education, and related administrative offices. Objectives:**

Objective 1: Link core clinical functions to ensure compliance with all related accreditation requirements. (Timeframe: FY’ 2003).

Objective 2: Expand and upgrade quality of space to improve the overall quality of the work environment for faculty, staff, and trainees. (Timeframe: FY’ 2003 and continuing).
**Advancement and Institutional Positioning**

**Goal 1:** Implement on an accelerated basis a broad-based fund raising initiative to secure short- and long-term financial resources from the private sector in support of the goals of MSM.

Objective 1: Design and initiate a multi-faceted comprehensive capital campaign effort to secure restricted and unrestricted private support and to build the MSM endowment. (Timeframe: FY’ 2003 and continuing). Incorporate the following specifications:

- Close out the 25th Anniversary Campaign (Phase I) by producing a campaign accountability document for donors and stakeholders.
- The program will be designed to identify and significantly expand the universe of qualified prospects from individuals, corporations and foundations throughout the nation.
- The resulting campaign effort will be conducted in phases. During the initial phase, significant gifts will be solicited to establish a strong foundation and the momentum needed before formally announcing the public phase of the campaign.
- While the campaign will concentrate on securing funds to support the MSM endowment, every opportunity will be taken to maximize support for programs, operations and facilities from funding sources that do not support endowment efforts.

Objective 2: Develop and sustain key strategic alliances with selected major state and national organizations for the purpose of expanding the current prospect pool for gift solicitation activities. (Timeframe: FY’ 2003 and continuing). Activities will include:

- Exploration of a strategic alliance with the 100 Black Men of America organization. Partnership would focus on building of mutual endowments and partnership in the area of health education and awareness among African American communities throughout the nation.
- Partnership with the National Medical Association to assist with the building of the MSM endowment fund and assistance with MSM scholarship needs.
- Partnership with the Georgia State Medical Association (same as above).
- Other strategic partnership opportunities as identified.

Objective 3: Recruit and organize a group of business and community leaders to serve as a Board of Visitors, in order to:

- Increase awareness of MSM in Atlanta and other markets
- Help identify and secure private support to meet MSM priorities
- Serve as advisors to MSM leadership
Goal 2: Maintain and expand federal and state government support to underwrite key aspects of MSM programs and operations.

Objective 1: Concentrate efforts to sustain federal support as much as possible on those designated priority areas most critical to MSM operations, in particular, financial aid and other forms of support for the educational programs. Pursue new and relevant federal funding opportunities accordingly. (Timeframe: FY’ 2003 and continuing).

Objective 2: Continue on-going efforts to secure state-level financial support via regular interaction with the Georgia Legislature and Governor’s Office, focusing in particular on designated priorities in the education and patient care mission areas that affect Georgia residents most directly. (Timeframe: FY ’ 2003 and continuing).

Goal 3: Launch a major and on-going “Positioning Campaign” to advance, promote, sustain the public image of the Morehouse School of Medicine among its key publics and constituencies.

Objective 1: Using market research, establish a marketing and communications plan and strategy that supports the capital campaign, and the education, research, and patient care programs of MSM, by establishing a clear and definitive “brand identity” to attract new funding resources to MSM. (Timeframe: FY’ 2003 and continuing).

Objective 2: Implement the marketing and communications plan to secure and involve corporate and community resources in support of MSM and its mission and programs. (Timeframe: FY’ 2003 and continuing).

Objective 3: Establish proactive and creative approaches to managing communications and to identifying productive media and corporate partnering opportunities. (Timeframe: FY’ 2003 and continuing).

Objective 4: Develop a policy that ensures the effectiveness, quality, style, and utility of all MSM communications, to achieve a unified, coordinated, and consistent delivery of all MSM messages. (Timeframe: FY’ 2003 and continuing).
Administrative and Financial Services

Goal 1: Align MSM’s financial resources with institutional strategic priorities to ensure achievement of core program desired outcomes.

Objectives:

1. Establish multi-year programmatic and financial plans for Education, Research and Patient Care, including related library and administrative support. (Timeframe: FY’ 2003 and continuing).

2. Re-design the budgetary process to ensure the timely allocation of financial resources to meet agreed upon program and administrative requirements. (Timeframe: FY’ 2003).

3. Develop a comprehensive facilities master plan that anticipates land, building and space requirements over the next 10 to 20 years. (Timeframe: FY’ 2003).

4. Develop a comprehensive plan with strategies for acquisition of the land and facilities contained in the facilities master plan. (Timeframe: FY’ 2003).

Goal 2: Improve efficiency and responsiveness of MSM administrative and financial services/systems.

Objectives:

1. Initiate system upgrades in order to expand and enhance institution-wide data processing and telecommunications capacity consistent with institutional priorities. (Timeframe: FY’ 2003).

2. Re-evaluate the structure of, and future demands on, the Facilities Management function at MSM. Identify organizational revisions necessary to ensure timely and effective management of the growing MSM physical plant. (Timeframe: FY’ 2003).

Goal 3: Review and revise as necessary key MSM policies and procedures across the institution to improve organizational effectiveness, productivity, and use of limited resources, consistent with accreditation requirements.

Objectives:

1. Identify ways to expand decentralized decision-making in all operational areas consistent with standing MSM policies, to ensure greater responsiveness in strategic areas. (Timeframe: FY’ 2003 and continuing).

2. Develop definitive criteria to evaluate potential new project opportunities at MSM, to ensure future projects are consistent with the MSM mission area activities and designated institutional priorities; have the capacity to be financially
self-supporting on a continuing basis; and can be managed without undue expenditure of limited institutional resources. (Timeframe: FY ‘2003 and continuing).

Objective 3: Expand performance evaluation system for MSM faculty and staff to incorporate clear performance incentives and reward systems linked to measurable unit goals, objectives, and strategies, consistent with the on-going work of the MSM Institutional Effectiveness Committee. (Timeframe: FY ‘2003 and continuing).