Approve the Establishment of the Department of Health Metrics Sciences in the School of Medicine

RECOMMENDED ACTION

It is the recommendation of the administration and the Academic and Student Affairs Committee that the Board of Regents approve the establishment of the Department of Health Metrics Sciences effective July 1, 2018.

BACKGROUND

Details related to the establishment of the Department of Health Metrics Sciences are outlined in the attachments. It is important to note that in response to requests from faculty members, the Senate Committee for Planning and Budgeting and the Provost, a Joint Work Group committee has been charged to facilitate collaboration between the School of Medicine and the School of Public Health and a position description for an Associate Chair of Collaboration for the Department of Health Metrics Sciences has been drafted to guide an appointment.

The proposed reorganization has been reviewed following the Reorganization, Consolidation and Elimination Procedures outlined in the Faculty Code (Faculty Code, Section 26-41.D).

Attachments
1. May 17, 2017, letter from Dr. Ramsey to Provost Baldasty proposing the establishment of a Department of Health Metrics Sciences in the School of Medicine.
2. March 27, 2017, letter from Dr. Unutzer to Dr. Ramsey regarding the ad hoc Committee Report on the establishment of a Department of Health Metrics Sciences.
3. February 14, 2018, letter from Professor Mike Townsend, Secretary of the Faculty, to the Voting Faculty in the School of Medicine and the School of Public Health.
5. Department of HMS Associate Chair for Collaboration Position Description.
May 17, 2017

Gerald J. Baldasty, Ph.D.
Provost and Executive Vice President
Office of the Provost
University of Washington
baldasty@uw.edu

Dear Jerry,

I write to propose the establishment of a Department of Health Metrics Sciences in the University of Washington School of Medicine (UWSoM). My consideration of this proposal began approximately three months ago when I received a document from Dr. Chris Murray dated January 26, 2017 titled “Department of Health Metrics Sciences Rationale.” A copy of this document is attached (Attachment A). Following receipt of this document, I had an opportunity to speak with you and decided to form an ad hoc committee to provide recommendations regarding the potential establishment of a Department of Health Metrics Sciences in the UWSoM. I charged this ad hoc committee chaired by Dr. Jürgen Unützer on February 10, 2017 (Attachment B). My charge letter for this ad hoc committee was distributed broadly to faculty and the ad hoc committee received extensive feedback from faculty and department chairs. The report of the ad hoc committee, dated March 27, 2017, is included as Attachment C.

Following receipt of the ad hoc committee report, I have had numerous conversations with faculty and administrative leaders. I also reviewed the process that was followed to establish the Department of Global Health. In addition, I wrote to two highly respected national academic leaders to ask their opinion of the status of health metrics sciences as a scientific discipline (Attachment D). Dr. Julio Frenk is currently the president of the University of Miami and served previously as Dean of the T. H. Chan School of Public Health at Harvard University. Dr. Victor Dzau is currently president of the National Academy of Medicine. Enclosed are brief biographical sketches for Dr. Frenk and Dr. Dzau (Attachment E) and copies of responses to my letter (Attachment F). Prior to submitting this proposal to you, I have met and received feedback from the UWSoM University Relations Council (elected faculty senators), the Medical School Executive Committee (department chairs and other leaders) and the Board of Health Science Deans.

This proposal to establish a Department of Health Metrics Sciences in the UWSoM has similarities to the proposal to establish the Department of Global Health. In 2005, the enclosed proposal (Attachment G) was submitted to the UW Board of Regents to take advantage of a unique opportunity to establish a new academic discipline of “Global Health.” The programmatic elements of the new Department of Global Health came primarily from multiple research and educational activities related to infectious diseases. The research and educational activities were
multidisciplinary and led by Professor King Holmes whose primary academic appointment was in the Department of Medicine. Many of these activities were based in the internationally recognized Center for AIDS and STD Research. At the time this proposal was made to the Board of Regents, global health had not been established as an academic department at other universities in our country. Funding for the new Department of Global Health was derived from a major grant from the Bill & Melinda Gates Foundation, appropriated funds from the State of Washington and substantial research grant funding that was primarily based in the Department of Medicine. The grant funding was moved from the Department of Medicine and a few other units to the new Department of Global Health.

Like the Department of Global Health, the proposed new Department of Health Metrics Sciences would be based on the multidisciplinary research and educational activities of a major internationally recognized research program, the Institute for Health Metrics and Evaluation (IHME). Established in 2007, IHME is administratively based within the UWSoM. The Department of Global Health is the current home for the faculty appointments for the majority of the 32 faculty members who base their research and educational activities in IHME. However, the multidisciplinary nature of the research and educational activities in IHME has also resulted in faculty appointments in clinical departments in the School of Medicine.

Since we recruited Dr. Christopher Murray, Dr. Emmanuela Gakidou, and Michael MacIntyre from Harvard University in 2007, the growth, success and impact of IHME has been exceptional. The initial budget for IHME included a large ten year grant from the Bill & Melinda Gates Foundation and appropriated funding from the State of Washington. The report from the ad hoc committee chaired by Professor Jürgen Unützer provides a brief summary of the remarkable success and impact of IHME. Most recently, we completed renewal of the core grant to support the work of IHME from the Bill & Melinda Gates Foundation. The new core grant has a budget of $279 million over the next decade. Along with the appropriations from the State of Washington for health metrics sciences research and education, the new core grant would form the financial basis for the proposed new department. In addition, faculty members in IHME have been very successful in generating other grant and contract support. If a new Department of Health Metrics Sciences is established, IHME would be administratively based in the new department. With the resources from IHME, the initial annual budget for the proposed new department would be approximately $50 million per year.

The ad hoc committee chaired by Dr. Jürgen Unützer identified multiple important advantages and opportunities related to establishment of a new Department of Health Metrics Sciences, including the opportunity to contribute to the UW's Population Health Initiative. Attachment C enumerates the advantages and opportunities identified by the ad hoc committee, including the following:
1. Groundbreaking recognition of health metrics sciences as a discipline;
2. Establishment of local, national and global leadership in this new discipline;
3. Improved capacity to recruit faculty, staff, students and postdoctoral trainees;
4. Establishment of a "sense of identity" for the 32 faculty members who are currently based in IHME;
5. Improved collaboration and participation with multiple departments in the SoM, School of Public Health, and other schools and colleges at the University of Washington;
6. Improved ability to attract external grant funding; and
7. Improved administrative efficiencies for faculty currently based in IHME related to their educational and research activities.

Based on the potential advantages and opportunities identified, the ad hoc committee recommended to me that I take the next steps in considering the establishment of a Department of Health Metrics Sciences.

As part of my consideration of the ad hoc committee’s recommendations, I have reviewed the committee’s thoughtful comments related to potential disadvantages and risks of establishing the proposed new department. Although I concur with the potential risks enumerated by the ad hoc committee, I believe that thoughtful implementation of the proposed new department can address the potential risks and if addressed appropriately, convert the risks to advantages or opportunities. I summarize below the potential disadvantages and risks identified by the ad hoc committee and include my thoughts regarding approaches to mitigate the risks.

A. Potential harm to collaboration between the School of Public Health and the SoM. To convert this potential risk to an opportunity, I would charge the leadership of a new Department of Health Metric Sciences to enhance collaborations among departments with faculty who contribute to the multidisciplinary work of health metrics sciences. Of particular importance, collaborations with departments such as Epidemiology and Biostatistics would be emphasized. The charge could include taking specific key steps to establish new collaborative opportunities with adjunct and joint faculty appointments and enhancing communication venues for collaborative research and education. The charge to the new department could also include development of regular communications with departments in the SoM, School of Public Health, and other schools and colleges on campus. These communications would be designed to identify collaborative opportunities and report on existing collaborations. I would envision that an administrative leader in the proposed new department would have responsibility and accountability for developing and sustaining collaboration in the research and educational programs.

B. Risks of potential overlaps and redundancies with existing departments. The ad hoc committee suggested that this risk could be overcome by creation of “a multi-departmental” working group that might include the new Department of Health Metrics Sciences, other
departments (e.g., Biostatistics, Biomedical Informatics and Medical Education, Epidemiology, clinical departments in the SoM, appropriate departments of other health science schools, and other departments across the university) to collaborate on "health data sciences" education. The ad hoc committee suggested that the eSciences Educational Working Group is a good example of such a collaborative effort. Since Health Metrics Sciences is a multidisciplinary effort, the creation of the department should enable the UW to capitalize on its expertise around many disciplines and apply that expertise specifically to health. Thus, faculty from the proposed new department would participate in the wider community of learners and educators in the data sciences. In addition to the creation of a strong working group, long-lasting opportunities would be stimulated by joint and adjunct faculty appointments. Each one of these appointments would be accompanied by specific aims and appropriate funding to support the research and educational work. Given the transformative changes occurring in clinical medicine, one of the major opportunities would be establishment of joint postdoctoral training programs (e.g. fellowships) with clinical departments in the SoM.

C. Potential to negatively impact existing graduate programs. Leadership in the Department of Global Health expressed concerns to the ad hoc committee that the success of the relatively small but promising new PhD program in Global Health might be harmed by the creation of a new Department of Health Metrics Sciences. This new program has two tracks, implementations sciences and health metrics. Over time, it may be best to continue this training as one program. However, implementation science is developing as a discipline that stands on its own, and it is possible that a distinct new PhD program in health metrics sciences would complement the implementation sciences program. To evaluate risks of negative impact on existing graduate programs, all UW processes for considering change in graduate education would be followed by the proposed new department. Specifically, it would be important to appoint a small working group in coordination with the graduate school to ensure that any changes to graduate education would be made with input from faculty in all related disciplines.

D. Potential adverse financial implications to the Department of Global Health and the School of Public Health. IHME is currently administratively based entirely in the UWSoM and IHME’s finances are primarily separate from the Department of Global Health. A new Department of Health Metrics Sciences would benefit from substantial administrative structure already in place at IHME. The structure and administration include financial management, grant administration, proposal development, faculty recruitment, faculty mentoring and advancement, student recruitment, and substantial resources for training. Currently, there is an allocation of indirect cost of approximately $62,000 per year from IHME to the Department of Global Health related to grants administration, per a 2014 memorandum of understanding between the respective organizational units. There is also an allocation of $25,000 per year in indirect costs from the SoM to the School of Public Health related to the same grants. As part of establishing a new department, these
allocations would be reviewed with leadership of the Department of Global Health and the School of Public Health and managed appropriately, taking into consideration the allocation of work effort related to specific grants and contracts. We would strive to avoid unnecessary duplication, but also emphasize the importance of collaboration among the different units. Efficiency and cost effectiveness would be emphasized as new arrangements were made.

In addition to identifying the potential disadvantages enumerated above, the ad hoc committee identified other issues that should be considered including the following:

A. Some faculty questioned the “uniqueness” of health metrics sciences as a scientific discipline. However, the UW has a distinguished history of recognizing the impact of multidisciplinary research and education and taking a leadership position in establishing such multidisciplinary activities within an academic department. Two examples in the UWSoM are the Departments of Global Health and Genome Sciences. When genome sciences was established as a department in 2001, the UW recognized that interdisciplinary approaches to genetics, biotechnology, mathematics, computer sciences, and molecular medicine were needed to take the next steps made possible by the extraordinary accomplishment of the Human Genome Project. Since the Department of Genome Sciences was established, the multidisciplinary nature of this work has continued to evolve and has created substantial opportunities in areas such as proteomics and precision medicine. As described above, the establishment of the Department of Global Health was recognized as an academic discipline that would require multidisciplinary faculty. Like Genome Sciences, the Department of Global Health has been very successful and continues to evolve and lead. The attached letters from international leaders in medicine suggest that the UW has an opportunity to lead in the creation of a Department of Health Metrics Sciences (Attachment F).

B. The ad hoc committee raised questions regarding the potential risks of establishing a new department with a single successful principal investigator. Although Dr. Christopher Murray has been extraordinarily successful, the proposed department initially would have 31 other faculty members who have also been highly successful with their research and educational activities, including obtaining grant funding from multiple sources. Senior faculty leaders such as Dr. Simon Hay, Dr. Emmanuela Gakidou, Dr. Stephen Lim, and Dr. Ali Mokdad are recognized international leaders in health metrics. Of the current 32 faculty members who would be part of the proposed new department, 19 are currently serving as principal investigators. I expect that a new Department of Health Metrics Sciences would focus on development of additional faculty for success with their research and teaching, and I would also ask the department to develop succession plans for leadership of the major activities. Furthermore, establishment of the new department
would provide leadership opportunities to retain a number of senior leaders who are likely to be recruited by multiple universities around the globe.

C. Some faculty asked the ad hoc committee why a new Department of Health Metrics Sciences would be located in the UWSom rather than be developed as a “joint department” such as the Department of Global Health, reporting to both the UWSom and the School of Public Health. Although the work of the proposed new department would be multidisciplinary across many schools and colleges, the primary focus on measuring the health of populations is at the core of the mission of UW Medicine to improve the health of the public. Successful healthcare reform and care transformation will depend on improved health metrics that are available to healthcare practitioners, educators, and researchers, and development of the health metrics approaches must entail strong collaboration with all clinical disciplines. A base for the proposed new department in the SoM would enable strong collaboration with all 18 clinical departments in the SoM and with leadership of the 12 basic science departments that are also focused on the mission of improving health. In addition, as indicated above, the SoM charge to the proposed new department would include collaboration far beyond the SoM departments.

D. The ad hoc committee received some expressed concerns regarding the “existing culture of IHME which seem more corporate than academic.” A major reason for the success of IHME has been its ability to operate rapidly to define aims and objectives and conduct this work with extensive global collaboration. The multidisciplinary collaboration of IHME is a key differentiator and depends on the ability to generate and analyze data accurately. In many ways the challenges faced by IHME are similar to challenges faced by clinical departments in the UWSom. Faculty in clinical disciplines are working in a highly competitive and rapidly changing environment. Thus, the environment for IHME has similarities to the environment of the SoM’s clinical departments. However, as currently established in the SoM clinical departments, it is important to support faculty academic advancement and provide trainees with the mentorship needed to develop their own projects and pursue independent professional careers. The SoM is successfully navigating this challenge with a very large number of junior faculty and trainees. Within IHME, there are also examples of individuals who began with postgraduate training who are now rising to levels of independent leadership including five individuals who have become principal investigators on their own projects.

In summary, I believe that the University of Washington has an extraordinary opportunity to establish the world’s first Department of Health Metrics Sciences. Similar to the creation of the Department of Genome Sciences and the Department of Global Health, the proposed new department would build upon internationally recognized multidisciplinary research and educational programs. I recommend that you and President Cauce consider a proposal to the UW Board of Regents to establish a Department of Health Metrics Sciences in the University of
Washington School of Medicine. I would be pleased to answer any questions that you have regarding this proposal.

Sincerely,

[Signature]

Paul G. Ramsey, M.D.
CEO, UW Medicine
Executive Vice President for Medical Affairs and
Dean of the School of Medicine,
University of Washington

PGR/mn

Enclosures
Background
Through groundbreaking scientific innovation and cultivation of a community of multi-disciplinary team members working towards common, cross-cutting research goals, the Institute for Health Metrics and Evaluation has grown the institutional core of research that is defining globally what is meant by the science of health metrics. We define health metrics sciences as an integrated scientific field that is interdisciplinary, bringing together notions, methods, and techniques from statistics, demography, epidemiology, economics, and other social sciences aimed at providing rigorous measurement, using tested and high-performing instruments, to produce indicators that provide the empirical basis to understand the levels, relationships, and trends amongst health outcomes, drivers, and systems. [Murray, CIL and Frenk, J. “Health metrics and evaluation: strengthening the science,” The Lancet, Vol 371, 1191-1192] It is a field that relies upon specialized knowledge and is deeply driven by data analysis.

The team of faculty and researchers we have forged boasts authorship of some of the highest-impact scientific publications in recent years and the uptake and use of key results among donors, government, and international agencies is ever increasing. It is now time to match the institutional success in defining a field with its fortification as an academic department to ensure a steady stream of deepening knowledge, training, and scholarship. Creating a Department of Health Metrics Sciences at the University of Washington would recognize the field as lasting and sustainable.

There is a long history of new scientific fields developing from more general roots. For example, consider the creation of bioengineering departments as an outgrowth of increasingly specific and independently-defined research and learning in biology and engineer respectively; or the creation at UW of the Genome Sciences Department from components of molecular biotechnology and genetics. In our collective schema of advancing academic investigation, universities – in particular, the way we define disciplines into departments within them – have a dramatic impact upon the resiliency and currency of a field. By organizing a field as its own department, we recognize that it has its own community of shared knowledge, interests, and scientific goals. While early innovators and adopters may come from a variety of different backgrounds, we codify the value of their collective enterprise by agreeing to formally train others in the new field, cultivating an on-going community of learners who become the next generation of groundbreaking thinkers. Without the power of indoctrination into a new field, such budding academic efforts often rely solely upon the zeal and charisma of their advocates, never gaining a true foothold with scientific journals, acolytes, or policy advocates beyond the shelf life of their original progenitors. On the other hand, when such fields are galvanized into the university’s very fabric by becoming a department with its own ability to recruit faculty, build the community, and shepherd new students into the field, then they gain the opportunity for lasting impact, welded into the frame of intellectual knowledge.
Strategic Rationale

Key Drivers
There are five key drivers defining why now is the right time to create a Department of Health Metrics Sciences at the University of Washington, situated within the School of Medicine.

There is a growing recognition by donors, research funding agencies, researchers, policymakers, and health professionals that the results of multi-disciplinary quantitative analyses are valuable – and increasingly, essential – to their work. This belief has been fueled by the globally-significant, innovative, and scientifically ground-breaking research that has been carried out by the faculty at IHME. Now is the time to capitalize upon this research growth and awareness that has led to blossoming attention to this field. In an article in the *Lancet* in 2008, Dr. Christopher Murray and Dr. Julio Frenk urged that as health rose in importance and emphasis on the global agenda, scientists had a compelling responsibility to develop ‘a scientific foundation of metrics and evaluation.’ They noted that there were positive signs that suggested such a field had good prospects, but that it would only be through concerted effort and cross-disciplinary learning that we could assure the ‘production, reproduction, and use of knowledge that is crucial to the advancement of global health.’ (Murray, Christopher JL et al. *The Lancet*, Volume 371, Issue 9619, 1191-1199)

Since that bellwether statement, there have certainly been signs that a host of different organizations and academia itself is recognizing the importance of high-caliber multi-disciplinary quantitative evidence to their efforts to improve health. The recognition of the critical importance of good metrics can be seen in the rise of acclaimed scholarship, the uptake of such metrics by intergovernmental and governmental actors, and by the investment by donors in such efforts.

For example, the Global Burden of Diseases, Injuries, and Risk Factors (GBD) study is a systematic, scientific effort to quantify the magnitude of health loss due to all diseases, injuries, and risks in a comparative way. Initially, the study was to deliver results at the regional level for 1990 and 2010. It did so, and when the findings were published, it became the first study in the history of the *Lancet* to occupy a full issue of that journal in its history. The findings were so expansive that it was also the first-ever triple-issue of the journal. The response to the estimates from policymakers and donors demonstrated clear demand to *annually update* results and to produce results at the *national level*. It also spurred the authors to produce results in select cases at the subnational level, making those results much more usable for policymakers. The collaboration that produces the GBD has now grown to over 2,000 people from more than 120 countries. The estimates are produced with cutting-edge methods. In short, the GBD has turned into the single largest epidemiological undertaking of its kind in history, and demand for more granular results, additional causes, and novel assessments of disparities, trends, and patterns continues to rise.

GBD articles are amongst the most cited in multiple high-impact journals. In *The Lancet* alone, GBD articles represent five of the top ten most cited in the last twelve months. Scholars who are leaders in the science of health metrics are now rising to lofty heights amongst their peers, as impressively, 4 of the top 20 highest-impact scientists across all disciplines as judged by Thompson Reuters last year were experts whose defining research is health metrics science.

This expansion of scholarly output and credibility has translated to policy circles as well. The World Bank has co-published reports using GBD estimates and insisted that their health sector staff be
trained using them. The Government of India has invested significant effort in contributing data never before released outside of its borders to produce subnational estimates. Public Health England has embedded burden of disease measurement into its target setting for its local health districts, requiring annual reporting. Gavi has turned to a health metrics sciences approach in its evaluation of operations, explicitly using quantitative analysis of data that was collected for the sole purpose of measuring the impact of Gavi’s programs in select countries. With Gavi as an exemplar, the Global Fund has now issued an RFP for exactly the same type of high-caliber quantitative evaluation using cutting-edge scientific methods to harness all available data. The impact of health metrics sciences extends to the more local levels as well, where representatives in Michigan have used county-level estimates of risk exposure to help understand disparities in lead exposure and advocate for action to reduce them. Perhaps most broadly—and tellingly—a consortium of institutions including the World Health Organization has recognized the increasing relevance of metrics sciences at the macro-level by issuing a shared set of guidelines, called GATHER, that are intended to outline a set of principles for transparency in publishing such data and the analytic code that goes into it. Such principles would never be needed except for the power and persuasiveness of health metrics science to the broader donor, multi-lateral, and policy communities.

Donors have reflected this enthusiasm and interest. Amongst multiple investments, we would point to the commitment made by the Bill & Melinda Gates Foundation to invest $279M over the next ten years in the Institute for Health Metrics and Evaluation and the University of Washington.

Faculty recruits to Health Metrics Sciences wish to work directly with others who have the same type of interdisciplinary interests but in a focused, integrated, and systematic way.

Recruitment for faculty at top institutions like the University of Washington is highly competitive. Decisions are made not solely on salary, but also on prestige and global academic standing. Top universities are routinely noted by academic job-seekers for the relative reputation of their different departments. Think of the University of Chicago’s dominant position in economics, Stanford University’s for physics, or Columbia University’s for political science. In each case, recruitments are aided immensely by having a strong, shared, community that is strengthened through dedicated alumnae and professors who have cultivated a robust academic environment that emphasizes exceptional achievement and a strong distinction to the work that is accomplished. Recruits want to join the “faculty of...” because it places them in an upper echelon of peers within the wider intellectual community they care most about.

Currently, academics who effectively conduct research and set newly raised bars for innovation and discovery in health metrics sciences do not have that option or strength of community. Simply put, they do not have a like-minded disciplinary home. As the nature of their work naturally cuts across disciplines, to distinguish themselves they must generally swim against the tide of their single-discipline peers in whatever department they land. It may not be a surprise, then, that a significant number of them come from clinical backgrounds from where they can practice but then have much broader remit over the type of research they do, or come from more broadly cast degrees such as computer science where there is a greater assumption that the application of research is driven by data science more than by a specific contextual topic. In these cases, the methods and the data drive the ‘fit’ with a community and research. Other accomplished health metrics contributors make their name in one place and move on to another after redefining their own research interests, finding ‘homes’ in an economics department or a statistics department where large they are left alone because they come already as full professors with individually-specific areas of prestige. Such is not
an environment that is widely accommodating or encouraging to newly minted PhD graduates seeking professorial positions.

The creation of a Department of Health Metrics Sciences would be a seminal change for the field. It would at once create a naturally compelling home for recent PhD graduates who want to pursue data science for the public good and are tied less to traditional notions of disciplinary expertise. At the same time it would help to galvanize a community of like-minded intellectuals who see this as their home and their opportunity to help elevate the standing and accomplishment of the field with which they most relate. They would be united with their peers as opposed to being the anomaly amongst them.

Students interested in health metrics sciences desire a department where the faculty, courses, seminar, and overall learning environment is directly attuned to their driving interests data science. Students increasingly want to pursue quantitative interests where the data and the data science are at the heart of the intellectual problem they are tackling. These students have graduated from a wide range of undergraduate programs, but all are motivated by answering how one best turns an increasingly wide array of data into knowledge. A recent study by Tableau indicates that analytics-oriented degree programs have been dramatically rising in US universities in the last decade. [The State of Data Education in 2016, Tableau] Top-150 universities have led the way recognizing that data science is now taking on a much more prominent role in the intellectual domain and in preparing students for how to contribute to society. The University of Washington proudly distinguishes itself in this regard, with 46 analytics-based programs, the largest single number of programs based at any one of the more than 7,000 colleges and universities who report to the Integrated Postsecondary Education Data System, as examined in the Tableau study. Yet, as the study also notes, the plurality of these programs (32%) are geared explicitly towards business applications. Companies like Facebook, Amazon, and Tableau itself are of course absorbing graduates of these programs, but so are organizations like McKinsey, American Express, and Blue Cross/Blue Shield. There are rarely programs that are specifically geared towards applying data science for the public good.

Graduates interested in data science for the public good are seeking alternative learning paths post-college. Completed applications for IHME's Post Bachelor Fellowship are at an all-time high. Recent graduates are joining non-profit organizations with missions explicitly aimed to achieve a public good while on the side using Khan Academy and other online learning services to further their coding skills. They enroll in PhDs in a given field but then also join places like Microsoft Research or other 'think tanks' internal to larger firms where the focus is not as fastidiously about delivering products to market but also on experimental creation. Google has even embedded some of this ethos into their recruitment, allowing their employees dedicated time each month to spend on coding whenever they want on company time, regardless of whether it fits into the company's explicit business mission. And obviously some graduate students enroll in more traditional PhD programs and attempt to carve out their multi-disciplinary niche, navigating red tape as they go to accomplish it at many universities and trying to placate multi-disciplinary panels of dissertation advisors who come from far-flung departments and disciplines.

There is clearly unmet demand that could be filled for graduate degree programs. Students are clearly seeking like-minded individuals to share ideas with and create new innovations. Not all interested in data science want to put their skills to use in the private sector, it just so happens that the private sector is the one to whom thus far universities seem to be catering their programs most. The University of Washington has an incredible opportunity to leverage its existing reputation as a
bastion of analytics programs by adding Health Metrics Sciences explicitly. A community of shared
learning and action would no doubt develop around this new department, seeded by those like
individuals who already apply to the Post Bachelor Fellows program at IHME and by those who have
been working at locally-based technology- and data-focused companies to develop raw skills and
competencies, but who want to apply those skills for a different set of socially beneficial reasons.

Recognizing health metrics science as its own distinct field would elevate its status amongst
traditional donors and increase the opportunities to raise additional research dollars.
We have established a history of success in raising funds for health metrics through projects carried
out by IHME. IHME's establishment itself represented a significant investment in health metrics on
the part of the Bill and Melinda Gates Foundation and the state of Washington; the recent
securement of a $279M commitment from the Gates Foundation to support the core operations and
some of the fundamental research of IHME for the next 10 years is a significant expansion on that
success. The success we have achieved has been often institutionally-driven with a carefully
coordinated strategic approach to fundraising for IHME overall. Therefore, while individual research
projects of course have Principal Investigators in a meaningful role, it is only in the last several years
that we have placed greater emphasis on individual faculty driving the ideas that they want to pursue
through grant funding to build upon the successful base.

The creation of a Department of Health Metrics Sciences would invigorate greater efforts in this
regard, help diversify existing fund bases, and we think enhance chances for awards through more
traditional funders in several ways. First, we believe that creating a department would instill a
greater sense of driving pride in individual PIs to help advance the field and not just the organization
to which they belong. This instinct would complement their own quest for promotions as time
progresses, opening up more opportunities for them. With recognition as its own department will
come a galvanizing spirit amongst investigators to help demonstrate the rigor, reach, and future
possibilities of the field through an increased number of grant applications.

Second, it is objectively true that our success thus far has been more frequently with funders who are
not as traditional in their review processes. For example, we have experienced more success with the
Bill and Melinda Gates Foundation then, say, the National Institutes of Health or USAID. Part of
the reason for that has been opportunistic. Part of the reason is because much of the research in
health metrics sciences is so cross-cutting and does not so transparently align with funding priorities
at more traditional donors. Our success with more traditional funders has already been growing as
the publication track record in health metrics grows, but the creation of a department would amplify
that. Indoctrinating health metrics sciences into the formal academic structure of knowledge as its
own department would stand as a badge of approval to more traditional donors.

Finally, funding agencies such as the US National Institutes of Health and the US National Science
Foundation, amongst others, often organize their formal review panels along discipline-based lines.
This naturally influences the success of proposals that highlight a single discipline. By recognizing and
growing the inter-disciplinary field of health metrics sciences the University of Washington we would
send an important signal to those funders and simultaneously give them a group of individuals from
whom they could select as reviewers in future. By establishing a Department of Health Metrics
Sciences we would be enhancing further our chances for success in raising more funds and
capitalizing upon research gains.
The University of Washington would assert intellectual leadership at the forefront of innovative pioneering science and demonstrate its commitment to putting ideas into action by creating a Department of Health Metrics Sciences.

When President Ana Mari Cauce announced her vision for a Population Health Initiative at the University of Washington she was opening the door to a breadth of innovative and creative activities to help define how the University fundamentally contributes to knowledge growth that translates into improvements in health around the globe. That is an ambitious and tantalizing vision. The UW already has a number of the leading lights of health metrics sciences amongst its faculty, and these individuals constitute a credible core that can be mobilized to attract the best and brightest of their peers from around the world. Health Metrics Sciences can be a pillar of that vision and indoctrinating it as its own individual academic department will demonstrate a willingness on the part of UW to transform the intellectual landscape for generations to come.

No other academic institution of the world that we know of has a Department of Health Metrics Sciences. President Cauce has already helped UW to attract the attention and praise of other institutions, the press, and donors with her announcement. She has stimulated thinking across campus from multiple disciplines in her Population Health Initiative Council. She has propitiously launched this initiative with an historic $210M gift from the Bill and Melinda Gates Foundation to create a new building expressly focused on Population Health.

With the goodwill and positive momentum created by these integrated events, there exists an opportunity to take a very concrete and university-specific step to ensuring long-term knowledge influence. By becoming the first major university to create a Department of Health Metrics Sciences, UW will become a bulwark for innovation and evolution in science that has a demonstrable impact on the public good. UW will establish itself as the mother tree for a host of branches — eventually across the world. UW-based health metrics experts currently navigate a sea of emerging data to create lighthouses of knowledge that shine across our most far-flung horizons of hope to improve lives. They train PhD students to do the same. They evaluate governmental policies and produce results that major donors use to strategically plan their investments. The current groundswell of support and goodwill about population health can be capitalized upon to propel forward these intellectual efforts, attracting even more top scientists, enlisting more students who then are trained at the intersection of data science and the public good, and producing more talented and driven individuals who can make a tangible impact in the world.

Reasons for the Department of Health Metrics Sciences being at the School of Medicine

The most established authorities in the field of Health Metrics Sciences come from a wide variety of different disciplines. The field attracts clinicians and coders in equal measure. Those doing the most cutting edge science have been trained in computer science, economics, clinical fields, statistics, engineering, survey methodology, applied mathematics, and epidemiology. It is people who want to apply quantitative competencies into applied knowledge that will improve the health of populations. Most notably, the fields tend not to be traditional public health-related fields, which increasingly pertain to direct service delivery and programmatic implementation. The School of Medicine has multiple examples of explicit departmental collaboration with the aforementioned disciplines or with hiring members of them into clinical departments to augment important research efforts. In addition, there are a host of opportunities for new research and application that could be strengthened significantly by engendering close collaboration and coordination with UW Medicine. The hospitals and clinics have a wide swathe of data that could be marshalled for new research, many clinicians have exhibited an interest in applying new practices and more effectively allocating
resources by learning from the results of health metrics research, and the care-giving environment presents a host of options for deploying new information tools. These factors strongly suggest that a Department of Health Metrics Sciences should reside in the School of Medicine. The School of Medicine, where a variety of types of data are routinely generated and put in front of students and practicing clinicians and faculty – from the results of blood tests, to death certificates, to expenditures on different types of health services – suggests an ample and appropriate cultural fit.

**Implementation Considerations**

**Mission Statement:**
The Department of Health Metrics Sciences aspires to improve the health of the world’s populations by developing and applying innovative data science to health challenges and training the next generation of exceptional, innovative and diverse leaders and scientists in health metrics.

**Management Plan**
Administratively, this Department would be staffed similarly to existing departments within the School of Medicine. We perceive that the essential areas of support provided by most departments at School of Medicine are academic development, core communications and administration, degree program support, and grants administration. In practice, the Institute for Health Metrics and Evaluation has been providing these services already. For example, staff from within IHME currently prepare academic appointment documentation, prepare academic promotions materials, and organize course syllabi for faculty associated with it but whose home departments are elsewhere. By creating a Department of Health Metrics Sciences we would eliminate a level of administrative facilitation and procedures, reducing the burden on other home departments for reviewing these materials in full after they have been prepared by IHME. The staff who support these activities currently could be shifted to the new department without any negative consequence to their remuneration, standing, or scope of work. In other cases, where IHME would continue to provide the support regardless of whether a new department was founded – such as with grants administration and research implementation – the degree to which departmental financial oversight needed to be provided could effectively be supplied in-kind from IHME.

The basic structure would likely follow the structure below:
Financial Implications
At the macro-level, we believe the creation of a Department of Health Metrics Sciences would increase federal research dollars received by the University of Washington. Federal research funding streams pay due deference to the traditional academic disciplines in their vetting process. Research review panels are often selected with representatives from different discrete disciplines in mind. This can ironically work against the aims of multi-disciplinary quantitative research proposals. These proposals often find themselves in front of research panels slanted towards one particular discipline’s perspective. By establishing a Health Metrics Sciences as its own field, we would provide donors with a more readily appropriate and available reviewer pool for such proposals. We would also signal the lasting significance of this science – bringing it in from the cold of being labeled ‘experimental’ and at the ‘edges’ of existing disciplines – to instead something that has a firm foothold in the research canon and the collective knowledge base. Both aspects would we believe lead to increased dollars from institutions like the US National Institutes of Health, US National Science Foundation, and other more traditional donors who tend to solicit and review proposals along more strictly traditional disciplinary lines.

At the micro-level, the local financial impact would only be that evidenced by the shift of faculty from existing departments to the Department of Health Metrics Sciences. It is reasonable to assume that the majority (if not all) of the faculty who would be within the newly formed Department currently have some affiliation with the Institute for Health Metrics and Evaluation. IHME, which as an independent research institution does not have academic appointment authority, has existing memorandums of understanding with departments in which its faculty currently reside which dictate financial flows of indirect dollars. It also funds the overwhelming majority of salaries of faculty in health metrics sciences. That said, IHME actually administers all research proposals and grants that are secured by its faculty, no matter their home department. This shift in indirect dollars would have a small effect on existing departments. The largest – which is hardly significant in the whole – is the Department of Global Health which received from grants administered by IHME, an allocation of $62,000 from indirect dollars in FY16. This equates with 10% of the indirect share. In a separate agreement, School of Medicine allocated $25,000 in FY16 from indirect dollars to the School of Public Health related to these same grants.

Financial Support
The Department of Health Metrics Sciences is expected to initially have few expenses, all of which will be backstopped by IHME. Salary for support staff are already paid by IHME. The Chair’s salary would be paid for by IHME. There are likely to be only 1-2 faculty within the Department with tenure and their tenure support is already covered by IHME and would continue to be so. In time, tuition dollars would flow to the Department that would be used to defray these costs.

Pathways to Promotion
We anticipate that the promotion process for faculty in the Department of Health Metrics Sciences would be similar to the current process that IHME faculty in the Department of Global Health with a primary appointment in the School of Medicine follow. That said, we also anticipate that the promotion criteria will be adjusted to reflect the highly collaborative and multidisciplinary nature of the field of Health Metrics Sciences which would make the process more attuned to what drives high achievement in health metrics sciences. As a separate field, the pathway to promotion within Health Metrics Sciences would be more encouraging of cross-disciplinary research. It would emphasize accomplishments that are not disease, condition, or intervention-specific. There would be greater affinity amongst peers for accomplishments that manifest themselves as methodological innovations.
We believe that by recognizing Health Metrics Sciences as its own discipline, the priority and emphasis given to different types of research accomplishments would be positively altered. The traditions of those in other home departments — whether it be Global Health or otherwise — often are more narrowly defined. By intentionally opening up cross-cutting research as an explicit avenue for promotion we would be encouraging and ultimately rewarding a very different kind of research work, conducted by academics with very different interests in mind, but with equal societal and academic impact.

Peers on promotion committees who themselves conduct this type of cross-cutting, multi-disciplinary work will have an easier time understanding and assessing such work, and thus would also be better positioned to give it fair assessment as promotion criteria. We believe the most beneficial impact will be for those faculty who are most focused on data science methods. The research conducted by these individuals most often falls outside of the norms of existing home departments and therefore is more anomalous to promotion committees. Creating the Department of Health Metrics Sciences would allow us to create promotion committees for whom assessing data science is the norm, making much more consistent and routine decisions about promotions in this area that will help to strengthen the intellectual leadership within it. In the new department, we would propose to apply promotion criteria that took into account the multidisciplinary and highly collaborative nature of the work of our faculty, while maintaining consistency with school-level and University-level requirements, including rigorous and fair landmarks that faculty need to meet to get promoted.

Type of Employment Changes
We do not expect any employment changes as a result of this new department other than the migration of some faculty already affiliated with the Institute for Health Metrics and Evaluation out of the Department of Global Health and into the new department. The impact of this change would be quite minimal and would largely reinforce the associations these faculty already have with one another in that their sole office space is provided by IHME, their research is administered and implemented by IHME, and IHME has been given joint responsibility for their bi-annual evaluations. One or two professional staff members may have their ‘home’ department changed from IHME to the new department to make administration easier, but the roles they play would remain the same in supporting academic appointments, courses, and faculty promotions. All changes would be matters of simplification and have no negative impact upon the work of the affected individuals.

Impact on Degree Programs
The creation of the Department of Health Metrics Sciences would have an impact on three degree programs:

1. There is a need to have a Master of Science (MSc) within the new department. A market analysis shows that there is significant demand for this type of degree amongst those who recently attained undergraduate degrees and have an interest in applying data science for the public good. The University of Washington will become a pioneer by being the first to offer such a degree and will become the example to follow for other universities wanting to tap into the currently unmet demand for this type of training. We anticipate that some of the graduating students will be competitive candidates to the PhD program. The creation of this new MSc degree will have no impact on existing degree programs, as there is no MSc of its kind in the University. We anticipate that the MSc could also serve as a highly appropriate companion degree for clinicians and those pursuing their MDs who want to conduct research in this arena. There is an increasing number of clinicians who approach IHME about
conducting research in health metrics and seriously contributing to ongoing projects; at present, while IHME welcomes such participation there is no adequate training option for them other than hands-on apprenticeship.

2. There is a "Health Metrics and Evaluation" track in the Master of Public Health (MPH) in the Department of Global Health. Historically, most of the interest in this track has come from staff and students already affiliated with IHME, with limited external interest in comparison. We believe part of the reasons demand is relatively low is because an MSc seems better aligned with the interests of those pursuing health metrics. Nevertheless, DGH could choose to keep the Metrics track within the MPH program, or incorporate it within the general MPH track. IHME would work with DGH to ensure that current students are not affected in any way by the creation of the new Department. To date, IHME has been staffing the Metrics track of the MPH – including recruitment, admissions, advising, and course development. IHME could continue to provide support to DGH until the current students graduate, and work with the DGH curriculum committee on a transition plan thereafter.

3. The Department of Global Health has a PhD program with two areas of emphasis: a) Metrics and, b) Implementation Science. We propose that the Metrics area of emphasis would move into the new Department of Health Metrics Sciences and students would receive a degree in Health Metrics Sciences. In the current program, IHME is solely responsible for securing funding for students in the Metrics area of emphasis. IHME currently provides funding to all students admitted in the Metrics area for up to five years in the program. The same level of funding would be available to students if the PhD program moved to the new department. We expect that over time, with the elevated credibility given the field by the creation of its own department, interest in the PhD program would increase and that the program would attract additional students with backgrounds in more quantitative fields. These are students who currently are highly unlikely to seek out PhD options in global health. At present, there are very few courses in DGH that are specifically meant for PhD students – the doctoral seminar and one additional methods course that focuses on the measurement of mortality are two exceptions. We would need to discuss the implications of the Department of Health Metrics Sciences to these courses with DGH and reach a mutual agreement. Courses offered through the new DHMS would be open to DGH students, so we do not anticipate that the creation of the new department would adversely affect the PhD students in Implementation Science.

It should also be noted that we would expect new courses could naturally develop not only for the MS but also for the PhD program, especially new courses that focus on methods development. These new courses would naturally be driven by the interest from students with a slightly different background and interest in data science. As a result, joint courses with a host of different departments – such as computer science or biostatistics – might also become more feasible and attractive. Each of these possibilities would need to be considered in turn, but they do represent opportunities that are only realized with the creation of a Department for Health Metrics Sciences. Equally important to note is that the new department would have no interest in creating undergraduate programs.

**Transition Strategy**

The transition to a new department would mainly affect faculty who decide to shift their home department to the Department of Health Metrics Sciences. Those who are most likely to wish to
switch home departments are those already affiliated with IHME, and of IHME affiliates the majority have been appointed with the Department of Global Health as their home department. That said, all faculty affiliated with IHME would be given the option to migrate departments. As Department of Global Health is likely the largest affected, we would negotiate a specific transition strategy with them.

Key attributes of the transition would likely include:

- A commitment by faculty to see out the full terms of their existing committee and other service-related obligations to Department of Global Health. This would include advisement to MPH and PhD students.
- Maintaining commitments for teaching courses that are critical for the MPH Health Metrics Track until the cohort of students entering that track in September 2017 is graduated.
- Fulfilling funding commitments to currently enrolled PhD students in Metrics and continuing to advise them until the group that enters in September 2017 is graduated. If the Department comes into being, then this cohort would be the last cohort within DGH with Metrics as a focus.
- Coordination on transition plans for any faculty member who wishes to stay within DGH. Such plans are likely to be fairly modest unless there is any faculty currently located at IHME who wishes to maintain a DGH home affiliation, in which case we would be willing to house them until completion of the new Population Health Initiative building and then have them move into new space at that time.
- Existing MPH students in the Health Metrics track would stay in DGH until they graduated. IHME would continue to provide advisement and mentoring to those students. Further involvement in the program, especially after an MSc was created in the new Department of Health Metrics Sciences, would be negotiated.

The true transition should be minimally disruptive. The vast majority of IHME-affiliated faculty have their only office space already in IHME physically. Their research management and academic promotion support comes mainly (and often exclusively) from IHME. Responsibility for setting their salaries and carrying out performance evaluations is currently shared with home departments and IHME; the process would remain the same going forward only with a new home department.

There are potentially 2-3 existing IHME staff who would transition either full-time to the new department or have their duties split. Their transition needs would be slight.

We would also need a transition strategy for courses that would be aligned with the transition suggested for degree programs. The Department of Health Metrics Sciences would need to negotiate with DGH the best way forward, but one suggestion would be to cross-list courses that are offered by Health Metrics Sciences-based faculty. There are not currently any courses that are offered for the main MPH or PhD in global health implementation track that would be affected by the transition.

**Institutional Context**

It is important to note that regardless of the outcome of this request for the creation of a Department of Health Metrics Sciences, the Institute for Health Metrics and Evaluation will continue to be a separate entity. It will be housed administratively in the department (its current administrative home is the School of Medicine Dean's Office), but it would maintain the same Management Board structure and governance it has had since inception. IHME's focus is and will remain on implementation of the research and training of those outside of academic programs. Its
mission is to improve the While IHME will undoubtedly be strengthened by the creation of the Department of Health Metrics Sciences through improvements in the recruitment and retention of the highest caliber of quantitative researchers, revenue growth, and overall increased visibility of the health metrics field, IHME's mission is nonetheless separate and distinct from that of the department. IHME aspires to make available to the world the timely, high-quality, scientific information on population health, its determinants, and the performance of health systems. The governance structure of IHME, which includes its own Management Board with authority seconded from the Board of Regents, has no chartered responsibility for overseeing a department. The premise under which IHME's core funding is supplied, and the brand recognition for leadership in the field and setting standards for high-quality products, fortify the importance of keeping the two bodies separate but complementary to one another. At the same time, by housing IHME administratively within the department, we maximize the benefits of alignment in faculty, training, and the co-leveraging of resources where appropriate.
February 10, 2017

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Re: Consideration of academic department status for new Department of Health Metrics Sciences

Dear Colleagues:

I write to ask you to serve on an ad hoc committee chaired by Dr. Jürgen Unützer to make a recommendation regarding the creation of a new academic department within the School of Medicine, provisionally called the Department of Health Metrics Sciences.

Enclosed for your reference please find a document prepared by Dr. Christopher Murray, describing the emerging discipline of Health Metrics Sciences and the current work and status of the Institute for Health Metrics and Evaluation (IHME), which would remain as a separate institute under the new department. IHME is currently housed within the School of Medicine.

Please review the enclosed materials and obtain input from relevant faculty, staff and students who are knowledgeable about the work of IHME and activities in the discipline of health metrics sciences. I ask that you consider the following questions in your evaluation, and advise me on each of them:

Paul G. Ramsey, M.D.
1. What would be the effect (positive and negative) of establishing a new department on each of the following:
   a. faculty recruitment, retention and promotion
   b. faculty collaboration in research within and outside of the possible new department
   c. application for research grants
   d. donor relations
   e. relationship with other units or academic departments within the School of Medicine and UW
   f. financial status of the new department and impact of new department on finances of existing department of Global Health
   g. other (if there are other key areas of change or impact, please address them)

2. To what extent if at all would establishment of a new department result in changes to faculty employment and/or degree programs, including but not limited to:
   a. movement or reassignment of tenure lines
   b. change in primary or joint appointments of faculty members
   c. change in duties and responsibilities of faculty members who have current associated with IHME (teaching, scholarship, administrative service)
   d. faculty compensation changes
   e. changes in appointment and promotions criteria
   f. faculty space assignments
   g. addition or elimination of degree programs

3. In what ways is health sciences metrics identifiable as a specific existing or emerging academic discipline and, to the extent not answered above, in what ways would the creation of a new department serve to establish and/or strengthen that academic discipline within the School of Medicine and the UW and further the mission of UW Medicine to improve the health of the public as well as our ability to meet the triple aim (better health care for individual patients, better health for the population we serve, and reduced per capita costs)?

4. Do you recommend that I take next steps towards consideration of establishing a new department?

5. Are there any other concerns, issues or advice that you would like to provide having looked into the possible establishment of this new department?
I ask that you provide me with your report including an overall recommendation regarding the creation of a new Health Metrics Sciences Department by March 10, 2017. Please let me know if you are willing to serve on this committee.

Sincerely,

Paul G. Ramsey, M.D.
CEO, UW Medicine
Executive Vice President for Medical Affairs and
Dean of the School of Medicine,
University of Washington

PGR/mn

cc: Mark Green
    Mary Fran Joseph
    Michael MacIntyre
    Ruth Mahan
    Christopher Murray, M.D., Ph.D.
    Carlos Pellegrini, M.D.

Enclosure
March 27, 2017

To: Paul Ramsey, MD
    CEO, UW Medicine
    Executive Vice President for Medical Affairs
    Dean of the School of Medicine
    University of Washington
    Box 356350

From: The ad hoc Committee on the establishment of a Department of Health Metrics Sciences (DHMS) in the UW School of Medicine (SoM)

On Feb 10, Dean Ramsey charged an ad hoc committee of faculty (Appendix A) to consider the creation of a new Department of Health Metrics Sciences (DHMS) proposed by Chris Murray, MD, DPhil, and others at the Institute for Health Metrics and Evaluation (IHME) (Appendix B). Committee members consisted of Jürgen Unützer, MD, MPH (committee chair); Ian Bennett, MD, PhD, Professor, Family Medicine, Psychiatry and Behavioral Sciences, and (adjunct) Global Health; Ali Mokdad, PhD, Professor, Department of Global Health, IHME; Sheila Lukehart, PhD, Professor, Medicine (Infectious Diseases) and Global Health, Associate Dean for Research and Graduate Education, School of Medicine; and Andy Stergachis, PhD, Professor, Pharmacy and Global Health and Associate Dean for Research and Graduate Programs, School of Pharmacy.

The committee members met five times: February 23, March 3, March 14, March 17, and March 21, 2017.

Committee members reviewed the proposal from Dr. Murray (Appendix B) and met with IHME leadership and senior faculty (C. Murray, E. Gakidou, M. Macintyre, S. Hay) on March 17. The committee also met as a group with leaders from the Department of Global Health (J. Wasserheit, J. Baeten, C. Farquhar) on March 3. The committee consulted with Barbara Van Ess in the SoM Dean’s office to gain a better understanding of the relevant sections of the UW Faculty Code (i.e., chapter 26-41) and the process for Reorganization and Consolidation of Programs (RCEP) and consulted with Julie Reid in the SoM to gain a better understanding of number and academic appointments of the current faculty at IHME and the financial implications of establishing a DHMS. Individual committee members consulted extensively with additional key stakeholders about the potential effects of establishing a DHMS on IHME, the DGH, the SoM, the School of Public Health (SPH), and the larger UW community; included King Holmes, MD PhD, former Chair of Global Health, and Joel Kaufman, MD, MPH, Dean SPH. Committee members also received unsolicited input from a number of faculty in the SoM and SPH.

The committee considered the question, posed by Dean Ramsey, of whether Health Metrics is a specific, existing or emerging academic discipline and whether creating a new DHMS could further the mission of UW Medicine to improve the health of the public by meeting the triple aim of health care reform: better health care, better outcomes, and lower health care costs.
The committee also discussed the potential impact of the proposed new DHMS on issues such as faculty recruitment, retention, and promotion; existing and new tenure lines; faculty collaboration and relationships with other units of the SoM, UW more broadly, and external partners; grant funding; existing degree programs; curricular offerings; and financial impact on IHME, DGH, and potentially other units in the SoM or the UW more broadly. The committee did not pursue an extensive evaluation or discussion of the potential effect of creating a new DHMS on donor relations.

The committee members believe that the review of the proposal from IHME, the interviews conducted, and the committee’s internal discussions provide a sufficient understanding of the situation to provide our recommendation to Dean Ramsey which is summarized below.

**Background:**

IHME was established as an Institute in 2007 and situated administratively in the DGH, a joint department between the SoM and the SPH. By way of reminder, the UW Department of Global Health was also established in 2007, bridging the SoM and SPH, with a “mandate to harness the expertise and interdisciplinary power of all 16 UW schools and colleges.” Subsequently, IHME was transitioned to become an institute based administratively within the SoM with a reporting relationship to the Dean of the SoM. IHME is not tied currently to a specific department for faculty recruitments, but given the initial relationship with DGH, the majority of its faculty's primary appointments are in the DGH, some with adjunct appointments in other SPH departments, especially Epidemiology and Biostatistics. Most IHME-based faculty are considered for academic promotion through the DGH appointment and promotions process which involves both the SoM and the SPH. A smaller number have primary appointments in a clinical department of the SoM and their promotions run through that clinical department with input from IHME.

Since its inception, the growth, success, and impact of IHME have been simply exceptional. The Bill & Melinda Gates Foundation (BMGF) provided substantial support to IHME at its inception in 2007, and in January of this year invested an additional $279 million to continue IHME’s work over the next decade. IHME’s many accomplishments and recognition over the years include (http://www.healthdata.org/about/history):

- January 2016 – Thomson Reuters reported IHME and the University of Washington among 'World’s Most Influential Scientific Minds'
- May 2015 – IHME and WHO signed an agreement to improve data used to generate estimates of levels and trends in health.
- October 2014 – the UW Center for Demography and Economics of Aging was established at IHME
- November 2013 – IHME launches the Roux Prize to reward use of Global Burden of Disease evidence to improve health
- December 2012 - The Global Burden of Diseases, Injuries, and Risk Factors Study 2010 (GBD 2010), covering the years 1990 to 2010, is published in The Lancet, the first time the journal has dedicated an entire triple issue to one study.
- July 2011 – IHME wins award for innovative tool to map global health trends over time
- March 2011 – IHME launches new Global Health Data Exchange
IHME currently has 32 faculty. Establishing this unit as a new department would create a department that is relatively small when compared to other clinical departments but well within typical faculty sizes for basic science departments in the SoM.

IHME currently has $1.5 million in state salary support that includes support for two tenured faculty lines. That funding would transfer to the new department and when combined with fund balances available in IHME would provide more than sufficient financial support for the new department to operate.

Committee members and consulted key stakeholders identified a number of potential advantages, disadvantages, and concerns related to establishing a new DHMS. These are discussed below:

Advantages and opportunities related to establishing a new Department of Health Metrics Sciences

Several potential advantages were summarized in the proposal from Dr. Murray. They include items a. through g. below:

a. Improved support for recognition of Health Metrics Sciences as a discipline
b. Improved local, national, and global visibility and impact
c. Improved capacity to recruit and retain top talent

Establishment of a new department could help draw greater attention to the field of HMS and related programs in Health Metrics and Evaluation and help the UW and UW Medicine attract and retain the most talented faculty and trainees to such a new department. Several individuals interviewed pointed to the creation of the DGH a decade ago as an example of such benefits when a new department is created from existing divisions, centers, or institutes. Establishing a DHMS could help the UW "plant the flag" and be even more readily recognized in the HMS field. It could also further highlight the UW's recent commitment to a Population Health Initiative.

d. Improved faculty morale
A number of IHME-based faculty indicated that departmental status for a DHMS would help improve their sense of identity as Health Metrics scientists. They also identified that having such a department in the SoM would help them feel more valued as a core component of the SoM.

e. Improved collaboration and influence within the SoM
Establishing a DHMS in the School of Medicine could strengthen collaboration of IHME-based faculty with other SoM departments and programs and thus strengthen the contribution of IHME to the mission of the SoM to "Improve the health of the public." Increased participation of DHMS leadership in meetings with other department chairs could be mutually beneficial. Increased availability of experts in HMS could give investigators in the SoM new opportunities for scientific collaboration. At the same time, closer collaboration with clinical and methodological experts in existing SoM departments would likely strengthen the relevance and impact of the work done by IHME.

It is important to point out, however, that several key stakeholders in the SoM and the SPH indicated that IHME's track record of such collaboration has been limited during the first 10 years of its existence at UW. While IHME has collaborated extensively with global experts in areas of their interest, requests
for collaborations within the SoM or SPH have had a limited track record of success. While many stakeholders are excited about the potential of increased and improved collaboration, some expressed concern that IHME’s becoming a department might actually further increase the independence of this program, thus possibly decreasing further collaboration with the SoM and the larger UW community. At this point, only a few IHME-based faculty have joint or adjunct appointments in SoM clinical departments while a large number of IHME faculty have joint or adjunct appointments in the SPH. Potential ways to address these concerns might be joint hires of new faculty with expertise in health metrics sciences in the new DHMS and in relevant departments in the SoM. Other opportunities would include regular and systematic consultation with clinical or methodological experts in SoM clinical or basic science departments when the DHMS undertakes new initiatives or partnerships. Committee members believe that realizing opportunities for improved collaboration between IHME-based faculty and key experts in relevant SoM departments is likely the single most important potential benefit of establishing a new DHMS, but that a substantial commitment would have to be made by the new department, especially its leadership, to help realize this potential.

f. Improved ability to attract grant funding
IHME leadership reports that they employ a proposal development team who search for new opportunities and bring these to the attention of faculty, especially junior faculty. They report a 30-40% grant success rate and average of 2-3 grant submissions per year by each faculty member, with approximately 60 submissions overall by IHME annually. IHME leadership believes that having departmental status would substantially improve their faculty members’ ability to obtain grants from federal and other funders.

g. Improved administrative efficiencies for IHME-based faculty
IHME leadership believes that the current administrative structures which require close consultation with the DGH and with two schools when it comes to faculty appointments, promotions, and other administrative matters complicate their work unnecessarily. IHME leadership also points out that faculty frequently feel that they must exceed expectations from both schools to achieve promotion. A new DHMS with its own A&P criteria and processes might be able to more efficiently support its faculty.

Potential disadvantages and risks related to establishing a new Department

A number of the faculty in the DGH and the SPH voiced concerns about the establishment of a new department.

a. Potential harm to SPH and / or existing collaborations between SPH and SoM
Concerns were expressed that a new DHMS based in the SoM could weaken existing departments in the SPH that have traditionally collaborated with SoM faculty, such as the Departments of Biostatistics, Health Services, and Epidemiology. Just as creation of a DHMS could improve morale among IMHE-based faculty, a weakening of relationships between the SPH and the SoM could worsen the morale of faculty in Biostatistics, Epidemiology, and other SPH faculty who have traditionally collaborated with SoM investigators. This is especially true at a time when relevant SPH departments are experiencing substantial resource constraints while IHME appears to have fewer resource constraints and have been remarkably successful in generating funds.
b. Potential overlaps and redundancies with existing departments

Several key stakeholders interviewed pointed out significant redundancies in mission and methods that would be created by a new DHMS that overlap with the Departments of Epidemiology, Biostatistics, and with a relatively new degree program in ‘Data Sciences’ at UW. One potential way to mitigate such redundancies would be to create a multi-departmental working group that might include the new DHMS and the Departments of Biostatistics, Biomedical Informatics, Epidemiology, and others (including other Health Sciences Schools) to collaborate on a new interdisciplinary “Health Data Sciences” degree program. The eSciences Educational Working Group on campus was suggested as a good example for such a collaborative effort. Other concerns expressed involve potential “faculty and student drain” from the UW Departments of Epidemiology and/or Global Health and potential “erosion of the discipline of epidemiology”.

Potential ways to address these concerns might be joint hires of new faculty with expertise in health metrics methodology in the new DHMS and relevant SPH departments such as Epidemiology and/or Biostatistics, for example.

c. Potential to negatively impact existing graduate programs

The proposed creation of a DHMS could jeopardize the success of the relatively small but promising new PhD program in Health Metrics and Implementation Sciences that is based in the DGH. Separating the Health Metrics and the Implementations Sciences PhD program into separate degree programs, housed in different departments could weaken the existing program and may not provide students with the requisite breadth and mastery of knowledge necessary to not only measure the world’s major health problems (metrics) but also to systematically apply scientific approaches to address questions regarding intervention efficacy and implementation scale-up (implementation science). IHME leadership believes that the two components of this program are in reality already largely separate, with distinct recruitment and coursework (with one exception), and that a transition could be orchestrated in such a way that the PhD program track in Implementation Sciences in the DGH could be unharmed. However, this belief is not necessarily held by DGH leadership.

In addition, DGH offers a Health Metrics and Evaluation track in their Global Health MPH degree. This degree opportunity could be lost from DGH if IHME faculty move to a new department and if IHME develops its proposed MSc in Health Metrics Sciences.

d. Financial implications to DGH, SPH and new department

There are also financial implications and disadvantages for DGH and SPH if IHME forms a separate department. IHME’s finances are already mostly separate from DGH, but there is an allocation of indirec.ts (RCR) of approximately $62K/year from IHME to DGH for grants administered by IHME, per a 2014 MOU between the respective organizational units, and an allocation of $25K/year in indirects from SoM to SPH related to the same grants.

Finally, creating a new department would require setting up new and potentially duplicative administrative support structures such as a departmental A&P process, HR, and financial management programs and processes within the SoM, although some of the necessary administrative structures already exist at IHME.
The committee also identified a number of other issues that should be considered:

a. A number of key stakeholders and several committee members questioned the uniqueness of Health Metrics Sciences as a scientific discipline. They believe that, while IHME and associated faculty use compelling new methodological approaches and while the scope of the work undertaken by IHME is remarkably audacious and of tremendous impact, the basic methods used are essentially applied public health sciences including epidemiology and biostatistics rather than an entirely new scientific discipline. There is some difference of opinion about the argument that HMS represents a new scientific discipline. Most committee members agree that organizing expert faculty from relevant interdisciplinary backgrounds in a new DHMS could strengthen the visibility and impact of UW’s contributions to the important area of Health Metrics.

b. Several stakeholders raised questions about the wisdom of establishing a new department that is largely defined by the work and the funding of a single highly successful investigator, Dr. Murray. Concerns were raised about what would happen to the proposed new department if Dr. Murray and senior colleagues were recruited to another institution in the future.

c. A number of stakeholders asked why a new DHMS should be located in the SoM rather than the SPH, as the work conducted by IHME is largely applied public health science rather than pre-clinical, clinical, or basic medical science. Others wondered whether the new department should be a joint department such as the DGH, reporting to both the SoM and the SPH. Dr. Murray and other members of IHME’s leadership strongly believe that the added administrative burden and complexities of reporting to two schools outweigh the benefits and that for future work of IHME and the DHMS, a closer relationship with clinical experts in SoM departments would have substantial benefits.

d. Several stakeholders raised concerns about the existing culture of IHME which seems more corporate than academic in the sense that junior faculty and faculty in general often work on large IHME programs of one or two principal investigators rather than on investigator-initiated funded research or other scholarly programs that help them establish a track record of independent scholarly productivity in terms of independent grant funding and first-authored publications. A number of key stakeholders mentioned that this has been an issue in the promotions of a number of junior faculty based at IHME in recent years. This might be mitigated by creating appointment and promotions criteria for the new department that would reflect the nature of the work conducted at IHME such as large scale team science.

Summary:

The ad hoc committee identified and confirmed a number of important advantages and opportunities related to the establishment of a new DHMS, particularly to IHME, the SoM, and the UW’s new Population Health Initiative. The committee also identified a number of potential disadvantages, risks, and concerns that should be considered as the SoM contemplates the establishment of a DHMS. With this in mind, the ad hoc committee recommends that Dean Ramsey take next steps in considering the establishment of a DHMS.
April 10, 2017

Julio Frenk, M.D., Ph.D.
President
University of Miami
president@miami.edu

Dear Julio,

I am considering a proposal to the provost and president of the University of Washington to establish a new Department of Health Metrics Sciences. This new academic department would be based in the University of Washington School of Medicine and would have collaborative research and educational activities with many other academic departments at the University of Washington. If we establish this department, one goal would be to increase collaboration, including the development of numerous joint and adjunct faculty appointments. A faculty committee led by the professor and chair of our Department of Psychiatry and Behavioral Sciences (Professor Jürgen Unützer) has made a recommendation to me to move forward with a proposal to establish the new Department of Health Metrics Sciences. As part of the committee’s deliberations, one question that has been raised is whether “health metrics sciences” is a scientific discipline with an associated research agenda and educational activities that would be consistent with an academic department in a major research University.

Enclosed is a proposal to consider the establishment of a new Department of Health Metrics Sciences. This proposal was prepared by Professor Christopher Murray and several of his colleagues. I write to ask your opinion regarding the status of “Health Metrics Sciences” as a scientific discipline. Do you believe that a Department of Health Metrics Sciences would have an ongoing research agenda and range of educational activities that would be consistent with other academic activities in a major research University? Would you recommend that the University of Washington proceed with a proposal to establish a new Department of Health Metrics Sciences?

Please call me if you have questions regarding my request. I look forward to receiving your thoughts about a proposal to establish a new Department of Health Metrics Sciences in the University of Washington School of Medicine. Best regards.

Sincerely,

Paul G. Ramsey, M.D.
CEO, UW Medicine
Executive Vice President for Medical Affairs and
Dean of the School of Medicine,
University of Washington

PGR/mn

Enclosure
April 10, 2017

Victor Dzau, M.D.
President
National Academy of Medicine
VDzau@nas.edu

Dear Victor,

I am considering a proposal to the provost and president of the University of Washington to establish a new Department of Health Metrics Sciences. This new academic department would be based in the University of Washington School of Medicine and would have collaborative research and educational activities with many other academic departments at the University of Washington. If we establish this department, one goal would be to increase collaboration, including the development of numerous joint and adjunct faculty appointments. A faculty committee led by the professor and chair of our Department of Psychiatry and Behavioral Sciences (Professor Jürgen Unützer) has made a recommendation to me to move forward with a proposal to establish the new Department of Health Metrics Sciences. As part of the committee's deliberations, one question that has been raised is whether “health metrics sciences” is a scientific discipline with an associated research agenda and educational activities that would be consistent with an academic department in a major research University.

Enclosed is a proposal to consider the establishment of a new Department of Health Metrics Sciences. This proposal was prepared by Professor Christopher Murray and several of his colleagues. I write to ask your opinion regarding the status of “Health Metrics Sciences” as a scientific discipline. Do you believe that a Department of Health Metrics Sciences would have an ongoing research agenda and range of educational activities that would be consistent with other academic activities in a major research University? Would you recommend that the University of Washington proceed with a proposal to establish a new Department of Health Metrics Sciences?

Please call me if you have questions regarding my request. I look forward to receiving your thoughts about a proposal to establish a new Department of Health Metrics Sciences in the University of Washington School of Medicine. Best regards.

Sincerely,

Paul G. Ramsey, M.D.
CEO, UW Medicine
Executive Vice President for Medical Affairs and
Dean of the School of Medicine,
University of Washington

PGR/mn

Enclosure
About President Julio Frenk

A fourth-generation physician whose paternal grandparents fled Germany in the early 1930s to build a new life in Mexico, Julio Frenk catalyzed his deep gratitude for the kindness of strangers into a lifelong mission to improve the health, education, and well-being of people around the world.

Dr. Frenk became the sixth president of the University of Miami in August of 2015. He also holds academic appointments as Professor of Public Health Sciences at the Leonard M. Miller School of Medicine and as Professor of Health Sector Management and Policy at the School of Business Administration.

Prior to joining the University of Miami, he was the dean of the Harvard T.H. Chan School of Public Health and the T & G Angelopoulos Professor of Public Health and International Development, a joint appointment with the Harvard Kennedy School of Government.

Julio Frenk served as the Minister of Health of Mexico from 2000 to 2006. There he pursued an ambitious agenda to reform the nation’s health system and introduced a program of comprehensive universal coverage, known as Seguro Popular, which expanded access to health care for more than 55 million previously uninsured Mexicans.

He was the founding director-general of the National Institute of Public Health in Mexico, one of the leading institutions of its kind in the developing world. He also served as executive director in charge of Evidence and Information for Policy at the World Health Organization and as senior fellow in the global health program of the Bill & Melinda Gates Foundation, among other leadership positions.

Dr. Frenk holds a medical degree from the National University of Mexico, as well as a master of public health and a joint Ph.D. in Medical Care Organization and in Sociology from the University of Michigan. He has received honorary degrees from seven universities.

His scholarly production, which includes over 160 articles in academic journals, as well as many books and book chapters, has been cited more than 15,000 times. In addition, he has written three best-selling novels for youngsters explaining the functions of the human body.

He is a member of the American Academy of Arts and Sciences, the U.S. National Academy of Medicine, and the National Academy of Medicine of Mexico. He serves on the boards of the United Nations Foundation and the Robert Wood Johnson Foundation. He has received numerous recognitions, including the Clinton Global Citizen Award for changing the way practitioners and policy makers across the world think about health, the Bouchet Medal for Outstanding Leadership presented by Yale University for promoting diversity in graduate education, and the Welch-Rose Award for Distinguished Service from the Association of Schools and Programs of Public Health.
Victor J. Dzau, M.D., President

Victor J. Dzau, M.D., is the President of the National Academy of Medicine (NAM), formerly the Institute of Medicine (IOM). In addition, he serves as Chair of the Health and Medicine Division Committee of the National Academies of Sciences, Engineering, and Medicine. He is Chancellor Emeritus and James B. Duke Professor of Medicine at Duke University and the past President and CEO of the Duke University Health System. Previously, Dr. Dzau was the Hersey Professor of Theory and Practice of Medicine and Chairman of Medicine at Harvard Medical School’s Brigham and Women’s Hospital, as well as Chairman of the Department of Medicine at Stanford University.

Dr. Dzau has made a significant impact on medicine through his seminal research in cardiovascular medicine and genetics, his pioneering of the discipline of vascular medicine, and his leadership in health care innovation. His important work on the renin angiotensin system (RAS) paved the way for the contemporary understanding of RAS in cardiovascular disease and the development of RAS inhibitors as widely used, lifesaving drugs. Dr. Dzau also pioneered gene therapy for vascular disease, and his recent work on stem cell paracrine mechanisms and the use of microRNA in direct reprogramming provides novel insight into stem cell biology and regenerative medicine.

In his role as a leader in health care, Dr. Dzau has led efforts in health care innovation. His vision is for academic health sciences centers to lead the transformation of medicine through innovation, translation, and globalization. Leading this vision at Duke, he and his colleagues developed the Duke Translational Medicine Institute, the Duke Global Health Institute, the Duke-National University of Singapore Graduate Medical School, and the Duke Institute for Health Innovation. These initiatives create a seamless continuum from discovery and translational sciences to clinical care, and they promote transformative innovation in health.

As one of the world’s preeminent academic health leaders, Dr. Dzau advises governments, corporations, and universities worldwide. He has been a member of the Council of the IOM and the Advisory Committee to the Director of the National Institutes of Health (NIH), as well as Chair of the NIH Cardiovascular Disease Advisory Committee and the Association of Academic Health Centers. He served on the Governing Board of the Duke-National University of Singapore Graduate Medical School and the Board of Health Governors of the World Economic Forum and chaired its Global Agenda Council on Personalized and Precision Medicine. He also served as the Senior Health Policy Advisor to Her Highness Sheikha Moza (Chair of the Qatar Foundation). Currently, he is a member of the Board of Directors of the Singapore Health System, the Expert Board of the Imperial College Health Partners, UK, and the International Advisory Board of the Biomedical Science Council of Singapore. In 2011, he led a partnership
between Duke University, the World Economic Forum, and McKinsey, and he founded the International Partnership for Innovative Healthcare Delivery and currently chairs its Board of Directors.

Among his honors and recognitions are the Gustav Nylin Medal from the Swedish Royal College of Medicine; the Max Delbruck Medal from Humboldt University, Charité, and the Max Planck Institute; the Commemorative Gold Medal from the Ludwig Maximilian University of Munich; the Inaugural Hatter Award from the Medical Research Council of South Africa; the Polzer Prize from the European Academy of Sciences and Arts; the Novartis Award for Hypertension Research; the Distinguished Scientist Award from the American Heart Association (AHA); and the AHA Research Achievement Award for his contributions to cardiovascular biology and medicine. Recently, he was awarded the Public Service Medal by the President of Singapore. He has received nine honorary doctorates.
Dear Paul,

Thank you for sharing this excellent development with me and for seeking my opinion.

In answer to your specific questions, I do believe that health metrics sciences is an emerging scientific discipline with a vigorous agenda. Therefore, I strongly recommend that the University of Washington proceed to establish a Department of Health Metrics Sciences. If the University of Washington were to take this important step, they would be at the forefront of research and educational institutions providing a stable home to a discipline with a very promising future.

With my best wishes,

Julio

Julio Frenk, M.D., Ph.D.
President
University of Miami
Office: +1 305 284-5155 | Email: president@miami.edu | Twitter: @julio_frenk

Please direct all scheduling inquiries to: presidentscheduling@miami.edu

From: Mylinh Nguyen [mailto:nmylinh@uw.edu]
Sent: Monday, April 10, 2017 6:51 PM
To: President - U of Miami <president@miami.edu>
Cc: Julie Monteith <jspiro@uw.edu>
Subject: Correspondence from Paul Ramsey - Proposal, Department of Health Metrics Sciences at UW

Please find the attached correspondence sent on behalf of Paul Ramsey concerning a proposal to consider the establishment of a new Department of Health Metrics Sciences. Thank you.
May 17, 2017

Paul G. Ramsey, M.D.
CEO, UW Medicine
Executive Vice President for Medical Affairs and
Dean of the School of Medicine,
University of Washington

Dear Dr. Ramsey:

I am writing to give my enthusiastic support for the proposal to establish a new Department of Health Metrics Sciences within the University of Washington, School of Medicine. I commend the vision to create an interdisciplinary department that fosters high-impact research and education relevant to health metrics sciences.

There is an important need to advance the field of health metrics sciences, which is defined as "an integrated scientific field that is interdisciplinary, bringing together notions, methods, and techniques from statistics, demography, epidemiology, economics, and other social sciences aimed at providing rigorous measurement, using tested and high-performing relationships, and trends amongst health outcomes, drivers, and systems" (Murray and Frenk, 2008). As Murray and Frenk wrote in the Lancet in 2008, one way to view the scope of this emerging field is in terms of key activities to strengthen its scientific basis: “development of new methods, instruments, software, and hardware; setting global norms and standards for data collection; increasing the availability of high-quality primary data; systematic analysis and synthesis of existing datasets; strengthening national capacity to obtain, analyse, and use data; and reporting and disseminating results.”

The importance of health metrics and evaluation as a strategy to improve health cannot be understated. Today, we live in a globalized world consisting of diverse populations and environments. Improving global health requires an understanding of the health outcomes and challenges of different populations as well as their environmental and social factors and the impact of global health programs and policies. Health metrics and evaluation provide an important foundation for policy makers, health system leaders, and funders to make informed decisions that maximize health system impact and ultimately improve health outcomes globally.

The University of Washington is well positioned to become a world leader in the field of health metrics sciences. The university’s Institute for Health Metrics and Evaluation (IHME) has
already established itself as a pioneer in the field – its work has arguably helped define the field of health metrics science. Indeed, IHME and the entire university houses some of the world’s top faculty and researchers in many fields relevant to health metrics science, with authorship of the highest impact publications and numerous examples of uptake of key results by donors, governments, and international organizations. The Bill & Melinda Gates Foundation recently pledged $269 million over ten years to expand the work of IHME, a reflection of IHME’s long history of outstanding work but also a testament to the continued importance of the field.

The creation of a Department of Health Metrics Sciences is very timely, in light of the growing importance of health and data driven approaches in the global agenda. A Department of Health Metrics Sciences would bring together world class researchers and faculty in health metrics science with a common vision and allow the university to leverage its strengths and build on past successes. It would help to advance the field by elevating its status as an academic discipline and thereby increasing opportunities for research, scholarship, and training. Furthermore, it will position the University of Washington to be a global leader in this very important arena. For these reasons, I strongly urge the university to give this proposal its most favorable consideration.

Sincerely,

Victor J. Dzau, M.D.
Establishment of the Department of Global Health

RECOMMENDED ACTION:

It is the recommendation of the administration and the Academic and Student Affairs Committee that the Department of Global Health be established as a joint department in the Schools of Medicine and Public Health & Community Medicine effective February 1, 2006.

BACKGROUND:

The Department of Global Health will serve as a focal point for the University’s programs to identify and evaluate health problems and health inequities in underserved populations, and to identify, develop and implement innovative interventions that can dramatically reduce disease burden and improve health for all populations. Dean Pat Wahl and Dean Paul Ramsey proposed the establishment of this new department in a letter to President Emmert and Provost Wise dated December 1, 2005 (copy attached).

As described in the letter from Deans Wahl and Ramsey, the financial support for the proposed department will be achieved through a combination of University funds and a significant level of support from the Bill and Melinda Gates Foundation.

This recommendation as presented by Deans Wahl and Ramsey has been approved by the Provost and the President.

ENCLOSURES:
1. December 1, 2005 letter from Dean Pat Wahl and Dean Paul Ramsey to President Mark Emmert and Provost Phyllis Wise.
2. Budget summary
ENCLOSURE 1

December 1, 2005

Dr. Mark Emmert
President
301 Gerberding Hall

Dr. Phyllis Wise
Provost
301 Gerberding Hall

Dear President Emmert and Provost Wise:

We write to propose that a Department of Global Health be established in the Schools of Medicine and Public Health & Community Medicine. The following paragraphs provide the context for this proposal and an outline of the organization, vision, mission, and programs of the proposed department.

BACKGROUND
Globalization of the world’s economies, politics, and cultures has brought about recognition of the global nature of health problems, the impact of health on human development, and the need for international commitment and collaboration in addressing the major health issues of our time. During the last two decades of the twentieth century, emerging and re-emerging diseases have created epidemics of unprecedented proportions and in some cases have resulted in a net loss in life survival gains made in the mid-twentieth century.

An examination of the worldwide distribution of populations and deaths in 2004 from the World Health Organization demonstrates vast disparities in health and life expectancy between the developing and developed world. For example, in Sierra Leone and Botswana the life expectancies in 2004 were 28.6 and 35.7 years. In contrast, the life expectancies in the United States and Japan were 69.3 and 75.0 years, respectively. Infectious diseases currently account for 26 percent of total global mortalities. In addition, for the more than one billion people who live in developing countries, infectious diseases now cause chronic diseases and disability that overlap into and permeate the developed world.

These global health disparities create an imperative that medical and public health centers worldwide must alter their curricula and provide education to prevent and control global diseases. Recent data suggest that exposing medical students to
international health experiences increases the likelihood that they will later work with underserved populations in the U.S. Therefore, addressing worldwide health disparities also provides a focus for work on improving health for the U.S. population. Public health and medicine must work together more effectively to improve health for all populations.

In summary, it is time for the academic community to broadly engage in global health. It is essential that we contribute to clinical care, medical education, research, and public health practice in global settings that suffer from extreme health problems and disparities. The University of Washington is one of the pre-eminent institutions for medical and public health training, care and research in the world. The faculty of the University of Washington as a whole represent leading experts in research, education, and public health practice in many disciplines relating to global health. The Schools of Medicine and Public Health & Community Medicine jointly propose the formation of a Department of Global Health that will pool the resources of both schools and involve other schools of the University of Washington to address the health problems of the world.

VISION
The vision of the Department of Global Health at the University of Washington will be to develop and implement innovative interventions to improve health for populations worldwide and reduce the devastating health, social, and economic consequences of disease. To achieve this vision the department will conduct interdisciplinary research internationally; educate scientists, public health practitioners, and medical care providers; work to positively influence public health and medical policy; and help build infrastructure and institutional capacity to increase access to affordable health services that can provide sustainable and improved quality of health globally.

MISSION AND PROGRAMS
The overarching mission of the Department of Global Health will be to develop and implement educational programs in global health, promote and support research activities that address global health disparities, and provide opportunities to translate these educational and research activities into improving the health of all global citizens through clinical care and public health initiatives. These activities will, by design, be fully integrated and will overlap synergistically. For example, research and service-based activities will provide important educational opportunities. Similarly professional students, residents and fellows enrolled in educational programs can help implement and advance new areas of research and clinical work overseas. Although each activity is described separately below, the work will be integrated fully to address the overall mission of the department.

Education. The top priority for the department will be to develop curricula relevant to global health for undergraduate students, medical students, graduate students, and post doctoral trainees at the University of Washington and for foreign nationals. The
goal will be to train clinicians, scientists, and public health practitioners from the U.S. and from other countries to learn, promote, and implement measures to improve the quality of life of people globally and especially those in greatest need. The department will offer educational programs and opportunities to engage the next generation of University of Washington graduates in global health careers.

Research. The department will strengthen existing research programs and develop new inter-institutional research centers. An active interdisciplinary research program will be targeted to develop, utilize and implement new biomedical and health services interventions that can lead to advances in reducing global health problems and inequities that will save and improve lives and reduce the economic and social consequences of disease in developing countries. The department will have a major research presence, and will serve as the University's home for the proposed Seattle Vaccine and Immunization Research Center (SVIRC). The SVIRC is a collaborative effort between the University of Washington and Fred Hutchinson Cancer Research Center. The mission of the SVIRC will be to promote the development of new vaccines for infectious diseases like HIV and diseases like cancer that have a significant impact on global health and to serve as a resource to investigators in the region, nation and world for the promotion of vaccine development.

Clinical Care/Public Health Practice. The department leadership will establish interdisciplinary service programs based within developing countries that are designed to promote sustainable improvements in health. The department will work with key developing countries to establish education and training opportunities within their countries and to strengthen their research capacity and infrastructure by training their scientists and technical personnel. UW faculty, professional students, and post-doctoral trainees will provide direct medical care and public health services with the long-term goal of improving the health infrastructure in developing countries through technical assistance, consulting, training materials, and health policy advice.

Integration. Because of the diverse areas covered under the umbrella of global health, an interdisciplinary approach to accomplish the work of the department will be developed. This will include close collaborations with the many schools and colleges across the University of Washington campus. Current faculty as well as new faculty within the Department of Global Health will focus on a number of areas that directly affect global health. These include infectious diseases, chronic diseases, cancer, nutrition, maternal and child health, environmental health, disaster relief/international safety, injury prevention, social equity and justice, minority health problems and disparities, health of transient populations, economic impact, and statistical modeling in health and disease.

FINANCES AND STAFFING
The start-up and annual funding requirements will be met through a combination of funds from the University, the Schools of Medicine and Public Health and Community Medicine, and the Bill and Melinda Gates Foundation (BMGF). The following chart
summarizes the estimated distribution of the funding sources over the first ten years of operation. This chart does not include direct grant funds that will be used to support the research programs.

The following table summarizes the cumulative phasing-in of the faculty and staff FTE complement.

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Thank you for your consideration of this important proposal.

Sincerely,

Patricia W. Wahl, PhD  
Dean and Professor  
School of Public Health and Community Medicine

Paul G. Ramsey, MD  
Vice President for Medical Affairs and  
Dean of the School of Medicine
March 27, 2017

To: Paul Ramsey, MD
CEO, UW Medicine
Executive Vice President for Medical Affairs
Dean of the School of Medicine
University of Washington
Box 356350

From: The ad hoc Committee on the establishment of a Department of Health Metrics Sciences (DHMS) in the UW School of Medicine (SoM)

On Feb 10, Dean Ramsey charged an ad hoc committee of faculty (Appendix A) to consider the creation of a new Department of Health Metrics Sciences (DHMS) proposed by Chris Murray, MD, DPhil, and others at the Institute for Health Metrics and Evaluation (IHME) (Appendix B). Committee members consisted of Jürgen Unützer, MD, MPH (committee chair); Ian Bennett, MD, PhD, Professor, Family Medicine, Psychiatry and Behavioral Sciences, and (adjunct) Global Health; Ali Mokdad, PhD, Professor, Department of Global Health, IHME; Sheila Lukehart, PhD, Professor, Medicine (Infectious Diseases) and Global Health, Associate Dean for Research and Graduate Education, School of Medicine; and Andy Stergachis, PhD, Professor, Pharmacy and Global Health and Associate Dean for Research and Graduate Programs, School of Pharmacy.

The committee members met five times: February 23, March 3, March 14, March 17, and March 21, 2017.

Committee members reviewed the proposal from Dr. Murray (Appendix B) and met with IHME leadership and senior faculty (C. Murray, E. Gakidou, M. MacIntyre, S. Hay) on March 17. The committee also met as a group with leaders from the Department of Global Health (J. Wasserheit, J. Baeten, C. Farquhar) on March 3. The committee consulted with Barbara Van Ess in the SoM Dean’s office to gain a better understanding of the relevant sections of the UW Faculty Code (i.e., chapter 26-41) and the process for Reorganization and Consolidation of Programs (RCEP) and consulted with Julie Reid in the SoM to gain a better understanding of number and academic appointments of the current faculty at IHME and the financial implications of establishing a DHMS. Individual committee members consulted extensively with additional key stakeholders about the potential effects of establishing a DHMS on IHME, the DGH, the SoM, the School of Public Health (SPH), and the larger UW community; included King Holmes, MD PhD, former Chair of Global Health, and Joel Kaufman, MD, MPH, Dean SPH. Committee members also received unsolicited input from a number of faculty in the SoM and SPH.

The committee considered the question, posed by Dean Ramsey, of whether Health Metrics is a specific, existing or emerging academic discipline and whether creating a new DHMS could further the mission of UW Medicine to improve the health of the public by meeting the triple aim of health care reform: better health care, better outcomes, and lower health care costs.

Jürgen Unützer, MD, MPH, MA
Professor and Chair
Department of Psychiatry and Behavioral Sciences
1959 NE Pacific Street Box 356560 Seattle, WA 98195 206.543.3752 Fax 206.543.9520
The committee also discussed the potential impact of the proposed new DHMS on issues such as faculty recruitment, retention, and promotion; existing and new tenure lines; faculty collaboration and relationships with other units of the SoM, UW more broadly, and external partners; grant funding; existing degree programs; curricular offerings; and financial impact on IHME, DGH, and potentially other units in the SoM or the UW more broadly. The committee did not pursue an extensive evaluation or discussion of the potential effect of creating a new DHMS on donor relations.

The committee members believe that the review of the proposal from IHME, the interviews conducted, and the committee’s internal discussions provide a sufficient understanding of the situation to provide our recommendation to Dean Ramsey which is summarized below.

Background:

IHME was established as an Institute in 2007 and situated administratively in the DGH, a joint department between the SoM and the SPH. By way of reminder, the UW Department of Global Health was also established in 2007, bridging the SoM and SPH, with a “mandate to harness the expertise and interdisciplinary power of all 16 UW schools and colleges.” Subsequently, IHME was transitioned to become an institute based administratively within the SoM with a reporting relationship to the Dean of the SoM. IHME is not tied currently to a specific department for faculty recruitments, but given the initial relationship with DGH, the majority of its faculty’s primary appointments are in the DGH, some with adjunct appointments in other SPH departments, especially Epidemiology and Biostatistics. Most IHME-based faculty are considered for academic promotion through the DGH appointment and promotions process which involves both the SoM and the SPH. A smaller number have primary appointments in a clinical department of the SoM and their promotions run through that clinical department with input from IHME.

Since its inception, the growth, success, and impact of IHME have been simply exceptional. The Bill & Melinda Gates Foundation (BMGF) provided substantial support to IHME at its inception in 2007, and in January of this year invested an additional $279 million to continue IHME’s work over the next decade. IHME’s many accomplishments and recognition over the years include (http://www.healthdata.org/about/history):

- January 2016 – Thomson Reuters reported IHME and the University of Washington among ‘World’s Most Influential Scientific Minds’
- May 2015 – IHME and WHO signed an agreement to improve data used to generate estimates of levels and trends in health.
- October 2014 – the UW Center for Demography and Economics of Aging was established at IHME
- November 2013 – IHME launches the Roux Prize to reward use of Global Burden of Disease evidence to improve health
- December 2012 - The Global Burden of Diseases, Injuries, and Risk Factors Study 2010 (GBD 2010), covering the years 1990 to 2010, is published in The Lancet, the first time the journal has dedicated an entire triple issue to one study.
- July 2011 – IHME wins award for innovative tool to map global health trends over time
- March 2011 – IHME launches new Global Health Data Exchange
IHME currently has 32 faculty. Establishing this unit as a new department would create a department that is relatively small when compared to other clinical departments but well within typical faculty sizes for basic science departments in the SoM.

IHME currently has $1.5 million in state salary support that includes support for two tenured faculty lines. That funding would transfer to the new department and when combined with fund balances available in IHME would provide more than sufficient financial support for the new department to operate.

Committee members and consulted key stakeholders identified a number of potential advantages, disadvantages, and concerns related to establishing a new DHMS. These are discussed below:

Advantages and opportunities related to establishing a new Department of Health Metrics Sciences

Several potential advantages were summarized in the proposal from Dr. Murray. They include items a. through g. below:

a. Improved support for recognition of Health Metrics Sciences as a discipline
b. Improved local, national, and global visibility and impact
c. Improved capacity to recruit and retain top talent

Establishment of a new department could help draw greater attention to the field of HMS and related programs in Health Metrics and Evaluation and help the UW and UW Medicine attract and retain the most talented faculty and trainees to such a new department. Several individuals interviewed pointed to the creation of the DGH a decade ago as an example of such benefits when a new department is created from existing divisions, centers, or institutes. Establishing a DHMS could help the UW “plant the flag” and be even more readily recognized in the HMS field. It could also further highlight the UW’s recent commitment to a Population Health Initiative.

d. Improved faculty morale

A number of IHME-based faculty indicated that departmental status for a DHMS would help improve their sense of identity as Health Metrics scientists. They also identified that having such a department in the SoM would help them feel more valued as a core component of the SoM.

e. Improved collaboration and influence within the SoM

Establishing a DHMS in the School of Medicine could strengthen collaboration of IHME-based faculty with other SoM departments and programs and thus strengthen the contribution of IHME to the mission of the SoM to “Improve the health of the public.” Increased participation of DHMS leadership in meetings with other department chairs could be mutually beneficial. Increased availability of experts in HMS could give investigators in the SoM new opportunities for scientific collaboration. At the same time, closer collaboration with clinical and methodological experts in existing SoM departments would likely strengthen the relevance and impact of the work done by IHME.

It is important to point out, however, that several key stakeholders in the SoM and the SPH indicated that IHME’s track record of such collaboration has been limited during the first 10 years of its existence at UW. While IHME has collaborated extensively with global experts in areas of their interest, requests
for collaborations within the SoM or SPH have had a limited track record of success. While many stakeholders are excited about the potential of increased and improved collaboration, some expressed concern that IHME’s becoming a department might actually further increase the independence of this program, thus possibly decreasing further collaboration with the SoM and the larger UW community. At this point, only a few IHME-based faculty have joint or adjunct appointments in SoM clinical departments while a large number of IHME faculty have joint or adjunct appointments in the SPH. Potential ways to address these concerns might be joint hires of new faculty with expertise in health metrics sciences in the new DHMS and in relevant departments in the SoM. Other opportunities would include regular and systematic consultation with clinical or methodological experts in SoM clinical or basic science departments when the DHMS undertakes new initiatives or partnerships. Committee members believe that realizing opportunities for improved collaboration between IHME-based faculty and key experts in relevant SoM departments is likely the single most important potential benefit of establishing a new DHMS, but that a substantial commitment would have to be made by the new department, especially its leadership, to help realize this potential.

f. Improved ability to attract grant funding
IHME leadership reports that they employ a proposal development team who search for new opportunities and bring these to the attention of faculty, especially junior faculty. They report a 30-40% grant success rate and average of 2-3 grant submissions per year by each faculty member, with approximately 60 submissions overall by IHME annually. IHME leadership believes that having departmental status would substantially improve their faculty members’ ability to obtain grants from federal and other funders.

g. Improved administrative efficiencies for IHME-based faculty
IHME leadership believes that the current administrative structures which require close consultation with the DGH and with two schools when it comes to faculty appointments, promotions, and other administrative matters complicate their work unnecessarily. IHME leadership also points out that faculty frequently feel that they must exceed expectations from both schools to achieve promotion. A new DHMS with its own A&P criteria and processes might be able to more efficiently support its faculty.

Potential disadvantages and risks related to establishing a new Department

A number of the faculty in the DGH and the SPH voiced concerns about the establishment of a new department.

a. Potential harm to SPH and / or existing collaborations between SPH and SoM
Concerns were expressed that a new DHMS based in the SoM could weaken existing departments in the SPH that have traditionally collaborated with SoM faculty, such as the Departments of Biostatistics, Health Services, and Epidemiology. Just as creation of a DHMS could improve morale among IMHE-based faculty, a weakening of relationships between the SPH and the SoM could worsen the morale of faculty in Biostatistics, Epidemiology, and other SPH faculty who have traditionally collaborated with SoM investigators. This is especially true at a time when relevant SPH departments are experiencing substantial resource constraints while IHME appears to have fewer resource constraints and have been remarkably successful in generating funds.
b. Potential overlaps and redundancies with existing departments

Several key stakeholders interviewed pointed out significant redundancies in mission and methods that would be created by a new DHMS that overlap with the Departments of Epidemiology, Biostatistics, and with a relatively new degree program in ‘Data Sciences’ at UW. One potential way to mitigate such redundancies would be to create a multi-departmental working group that might include the new DHMS and the Departments of Biostatistics, Biomedical Informatics, Epidemiology, and others (including other Health Sciences Schools) to collaborate on a new interdisciplinary “Health Data Sciences” degree program. The eSciences Educational Working Group on campus was suggested as a good example for such a collaborative effort. Other concerns expressed involve potential “faculty and student drain” from the UW Departments of Epidemiology and/or Global Health and potential “erosion of the discipline of epidemiology”.

Potential ways to address these concerns might be joint hires of new faculty with expertise in health metrics methodology in the new DHMS and relevant SPH departments such as Epidemiology and/or Biostatistics, for example.

c. Potential to negatively impact existing graduate programs

The proposed creation of a DHMS could jeopardize the success of the relatively small but promising new PhD program in Health Metrics and Implementation Sciences that is based in the DGH. Separating the Health Metrics and the Implementations Sciences PhD program into separate degree programs, housed in different departments could weaken the existing program and may not provide students with the requisite breadth and mastery of knowledge necessary to not only measure the world’s major health problems (metrics) but also to systematically apply scientific approaches to address questions regarding intervention efficacy and implementation scale-up (implementation science). IHME leadership believes that the two components of this program are in reality already largely separate, with distinct recruitment and coursework (with one exception), and that a transition could be orchestrated in such a way that the PhD program track in Implementation Sciences in the DGH could be unharmed. However, this belief is not necessarily held by DGH leadership.

In addition, DGH offers a Health Metrics and Evaluation track in their Global Health MPH degree. This degree opportunity could be lost from DGH if IHME faculty move to a new department and if IHME develops its proposed MSc in Health Metrics Sciences.

d. Financial implications to DGH, SPH and new department

There are also financial implications and disadvantages for DGH and SPH if IHME forms a separate department. IHME’s finances are already mostly separate from DGH, but there is an allocation of indirects (RCR) of approximately $62K / year from IHME to DGH for grants administered by IHME, per a 2014 MOU between the respective organizational units, and an allocation of $25K / year in indirects from SoM to SPH related to the same grants.

Finally, creating a new department would require setting up new and potentially duplicative administrative support structures such as a departmental A&P process, HR, and financial management programs and processes within the SoM, although some of the necessary administrative structures already exist at IHME.
The committee also identified a number of other issues that should be considered:

a. A number of key stakeholders and several committee members questioned the uniqueness of Health Metrics Sciences as a scientific discipline. They believe that, while IHME and associated faculty use compelling new methodological approaches and while the scope of the work undertaken by IHME is remarkably audacious and of tremendous impact, the basic methods used are essentially applied public health sciences including epidemiology and biostatistics rather than an entirely new scientific discipline. There is some difference of opinion about the argument that HMS represents a new scientific discipline. Most committee members agree that organizing expert faculty from relevant interdisciplinary backgrounds in a new DHMS could strengthen the visibility and impact of UW’s contributions to the important area of Health Metrics.

b. Several stakeholders raised questions about the wisdom of establishing a new department that is largely defined by the work and the funding of a single highly successful investigator, Dr. Murray. Concerns were raised about what would happen to the proposed new department if Dr. Murray and senior colleagues were recruited to another institution in the future.

c. A number of stakeholders asked why a new DHMS should be located in the SoM rather than the SPH, as the work conducted by IHME is largely applied public health science rather than pre-clinical, clinical, or basic medical science. Others wondered whether the new department should be a joint department such as the DGH, reporting to both the SoM and the SPH. Dr. Murray and other members of IHME’s leadership strongly believe that the added administrative burden and complexities of reporting to two schools outweigh the benefits and that for future work of IHME and the DHMS, a closer relationship with clinical experts in SoM departments would have substantial benefits.

d. Several stakeholders raised concerns about the existing culture of IHME which seems more corporate than academic in the sense that junior faculty and faculty in general often work on large IHME programs of one or two principal investigators rather than on investigator-initiated funded research or other scholarly programs that help them establish a track record of independent scholarly productivity in terms of independent grant funding and first-authored publications. A number of key stakeholders mentioned that this has been an issue in the promotions of a number of junior faculty based at IHME in recent years. This might be mitigated by creating appointment and promotions criteria for the new department that would reflect the nature of the work conducted at IHME such as large scale team science.

Summary:

The ad hoc committee identified and confirmed a number of important advantages and opportunities related to the establishment of a new DHMS, particularly to IHME, the SoM, and the UW’s new Population Health Initiative. The committee also identified a number of potential disadvantages, risks, and concerns that should be considered as the SoM contemplates the establishment of a DHMS. With this in mind, the ad hoc committee recommends that Dean Ramsey take next steps in considering the establishment of a DHMS.
Date: February 14, 2018

To: Voting Faculty of the School of Medicine and School of Public Health in the Departments of Global Health, Biostatistics, Epidemiology, Anesthesiology and Pain Medicine, Emergency Medicine, Family Medicine, Laboratory Medicine, Medicine, Neurological Surgery, Neurology, Obstetrics and Gynecology, Ophthalmology, Orthopaedics and Sports Medicine, Otolaryngology/Head and Neck Surgery, Pathology, Pediatrics, Psychiatry and Behavioral Sciences, Radiation Oncology, Radiology, Rehabilitation Medicine, Surgery, Urology, and Health Services

From: Mike Townsend

Secretary of the Faculty

RE: Establishment of a Department of Health Metrics Sciences in the School of Medicine

The Senate Committee on Planning and Budgeting reviewed a proposal on October 23, 2017, and November 3, 2017, from Paul Ramsey, CEO and Dean of the School of Medicine to establish a Department of Health Metrics Sciences and voted to proceed under the Procedures for Limited Reorganization and Consolidation of Programs, Section 26-41.D. of the Faculty Code. Faculty were invited to petition the Provost no later than February 1, 2018, for a full review under the procedures outlined under Section 26-41.C of the Faculty Code if they believed that a full review was warranted.

The advice from the SCPB was conditioned on the need for action on a commitment of collaboration between the School of Medicine and School of Public Health; the provost accepted the advice. Simultaneous to the limited RCEP process, the provost has requested that Dean Ramsey and Dean Kaufman create a Joint Work Group on Collaboration with the proposed Department of Health Metrics Sciences that was outlined in the November 6, 2017, correspondence. To be included in the materials submitted to the Board of Regents is the joint work group composition, the work group’s charge, and a draft position description for an associate chair for collaboration by the IHME leadership, information attached.

The Provost received no petition by the above deadline, and no formal objections about the reorganization of this program have been received by the Secretary of the Faculty. Therefore, the reorganization process proposed under Section 26-41.D. of the Faculty Code will proceed with conditions stated above.

/nlb

Attachments

cc: Gerald Baldasty, Provost and Executive Vice President
Paul Ramsey, CEO and Dean, School of Medicine
Joel Kaufman, Interim dean of the School of Public Health
Zoe Barsness, Chair, Senate Committee on Planning and Budgeting
February 5, 2018

Jared Baeten, Professor, Department of Global Health, School of Medicine
Shirley A.A. Beresford, Professor, Department of Epidemiology, Senior Associate Dean, School of Public Health (Co-Chair)
Elizabeth Cromwell, Assistant Professor, Department of Global Health, School of Medicine
Michele Curatolo, Professor, Department of Anesthesiology, School of Medicine
David Grembowski, Professor, Department of Health Services, School of Public Health
Steve Hawes, Associate Professor, Department of Epidemiology, School of Public Health
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Rafael Lozano, Professor, Department of Global Health, School of Public Health
Ali Mokdad, Professor, Department of Global Health, School of Public Health
Bobby Reiner, Assistant Professor, Department of Global Health, School of Medicine
John Slattery, Vice Dean, Research & Graduate Education, School of Medicine (Co-Chair)
Matthew Thompson, Professor, Department of Family Medicine, School of Medicine
Jon Wakefield, Professor, Department of Biostatistics & Statistics, School of Public Health
Jürgen Unützer, Professor and Chair of Psychiatry and Behavioral Sciences, School of Medicine

Re: Joint Work Group on Collaboration with the Department of Health Metrics Sciences

Dear Colleagues:

We write to ask you to serve on a work group regarding collaboration with the Department of Health Metrics Sciences, called the “Joint Work Group on Collaboration.”

Background
The UW School of Medicine (SoM) has proposed creating a new Department of Health Metrics Sciences (DHMS). The proposal has moved through the Reorganization, Consolidation or Elimination of Programs (RCEP) process set out in the faculty code and has been recommended for approval by the Provost and President with final approval by the Board of Regents.

This memorandum formally charges the Joint Work Group with making recommendations at the inception of the new Department, and with ongoing responsibility to recommend and foster tangible opportunities for collaboration across schools and colleges, but particularly between the new Department and Departments in the School of Public Health (SPH) and Departments in the SoM.

An explicit goal of the new Department is to encourage more collaborative research and education, a goal that is particularly robust given the current hospitable environment on campus...
for such collaboration generated by the President’s creation of the Population Health Initiative. Collaboration across multiple disciplines, departments, and topics will be key to the success of a new Department. The new Department should strategically complement existing programs without undermining them.

The work group is based on the following principles: 1) A commitment to improved collaboration between the new Department and other units on campus including SPH; 2) A commitment that the work of the new Department will be complementary to, and not competitive with, the educational and research work of the SPH, SoM, or other schools; 3) an aspiration that there will be joint faculty recruited with academic homes shared between the new Department and existing departments including but not limited to SPH Epidemiology and Biostatistics. A leader in the new Department will be named as the associate chair for collaboration, to champion collaborations across campus and serve on the Work Group as well.

The new Department will be able to draw upon many campus strengths, including the existence of the Institute for Health Metrics and Evaluation (IHME); the continued success of long-standing and high-achieving programs in medicine, epidemiology, and biostatistics; and a forward-thinking intellectual environment to incorporate data science into the curriculum. Aptly maximizing the impact of collaborative opportunities will require seeking opportunities creatively with adequate time and planning. We therefore with this letter invite you to participate as a member of the Joint Work Group on Collaboration.

**Work Group Charge**
The Work Group is charged with the following:

1. Identifying, implementing and monitoring strategies to promote collaboration across the University of Washington on research and educational initiatives related to health metrics sciences. Emphasis should be given to collaboration among departments in the SoM and the SPH and in other schools and colleges across campus.

Specific areas of focus will include:
- Promotion of collaboration between the new department faculty and other faculty in the Department of Global Health (DGH) related to health metrics research and teaching.
- Promotion of collaboration between the new department faculty and faculty in departments in the SPH related to health metrics research and teaching.
- Promotion of collaboration between the new department faculty and faculty in other departments in the SoM related to health metrics research and teaching.
- Promotion of collaboration between the new department faculty and faculty in departments in other schools and colleges related to health metrics research and teaching.
2. Discussing potential overlap of academic disciplines and opportunities to exploit synergy between the new Department and existing departments in the two schools:
   - Ensure that, as new topics for the DHMS are identified for which outreach internationally is planned, parallel outreach to identified local experts within UW is also performed.
   - Promote collaborative planning related to educational programs.

3. Seeking out opportunities for joint faculty appointments:
   - Ensuring that as new faculty hiring opportunities arise within DHMS/IHME, joint hires with one of the SPH departments is considered, with consideration of joint or adjunct appointment for each new hire.
   - Recognizing that joint recruits may be especially effective in fostering collaborative activities if the selected individuals have primary faculty appointments (i.e., with some teaching and mentoring responsibilities) in a department elsewhere at the UW e.g. in one of the SPH or SoM departments, but with a research portfolio based at IHME.

4. Further identifying opportunities for collaboration, in communication with the Population Health Initiative, that are presented by the co-location of the DGH and substantial portions of the SPH with DHMS and the Institute for Health Metrics and Evaluation in the new Population Health Facility.

Objectives and metrics for success in meeting these objectives should be established by the committee. Review of information relevant to items two and three above should be on the agenda for each regular meeting of the Work Group.

As you conduct your work, we expect you will solicit feedback from additional leadership from both Schools, faculty, and students. You may also wish to communicate with members of the elected faculty council from each School, Population Health Initiative Council members, and with other faculty, staff and students with interest in health metrics science across campus.

The Work Group will establish goals and objectives and will report on their progress jointly to the undersigned. We anticipate that the Work Group will continue to meet at least quarterly through the first two years of the new Department. At that time, if there is mutual agreement between the deans of SoM and SPH that the effort warrants continued attention to achieve the goals and objectives, the Work Group will continue for an additional one year term. We do not anticipate that the Work Group needs to be a permanent committee.

Membership
The Work Group will be co-chaired by John Slattery, PhD, vice dean for research and graduate education as designee of the Dean of SoM and Shirley A. A. Beresford, PhD, senior associate dean
as designee of the Dean of SPH. The Work Group will include no more than 15 members. The members shall include:

- At least six faculty members without primary appointments in the new department, including at least three faculty members from each of SPH and SoM (Baeton, Grembowski, and Kavanagh for SPH and Unützer, Thompson, and Curatolo for SoM).
- At least one representative nominated by each of the two department chairs of Epidemiology and Biostatistics (Hawes, Wakefield).
- At least one elected faculty council member from both SPH and SoM (Kavanagh, Curatolo).
- An associate chair for collaboration, named by the newly created Department of Health Metrics Sciences (Mokdad) plus three other members of the new Department (Lozano, Reiner, and Cromwell).
- Three additional members from schools and colleges outside of SPH and SoM, nominated by their peers (TBD).

### Staffing
The new department will provide staffing support for the Work Group.

There is great excitement about the continued growth of health metrics sciences at the University of Washington. The issues presented by concerned faculty to date can be addressed in a manner that creates an outstanding department that serves to complement existing strong academic programs at the University. We are confident the issues presented can be addressed, and through further collaboration—including through the work of this joint work group—the creation of the new department will ultimately be of great benefit to the University and its research and educational programs.

Thank you in advance for your willingness to participate on this important committee and to improve collaboration at the University of Washington.

Sincerely,

Paul G. Ramsey, M.D.  
CEO, UW Medicine  
EXECUTIVE VICE PRESIDENT FOR MEDICAL AFFAIRS AND  
Dean of the School of Medicine,  
University of Washington

Joel D. Kaufman, M.D., MPH  
Professor and Interim Dean  
School of Public Health  
University of Washington
Department of Health Metrics Sciences  
Associate Chair for Collaboration  
Position Description

This position description outlines the requirements and responsibilities of the individual who will serve as the Associate Chair for Collaboration in the Department of Health Metrics Sciences in the School of Medicine.

Overview of Position: The Associate Chair for Collaboration in the Department of Health Metrics Sciences will have a primary focus on fostering collaboration between Department faculty and faculty throughout the University. He/she will serve as a member of the Joint Working Group on Collaboration. The Associate Chair will ensure strong ties with the campus community and serve as a constant conduit to both engender and consider creative, mutually beneficial collaboration proposals.

Background and Experience: The individual performing this role will be regular faculty, with a primary appointment in the School of Medicine, Department of Health Metrics Sciences. The position will report to the Chair of the Department.

Specific Responsibilities: The Associate Chair for Collaboration will:

- Exhibit and convey to others a strong command of the primary mission of the Department of Health Metrics Sciences and its constituent elements while simultaneously understanding the breadth of diverse competencies of potential partners for collaboration across the University.
- Set Department-specific goals for collaborative engagements.
- Both seek out, identify, and field opportunities for specific collaborations to include but not be limited to: joint or adjunct faculty appointments; co-written funding proposals; student exchanges; cross-disciplinary student advisement; jointly taught classes; and undertaking select research and publication endeavors themselves.
- Provide advice and guidance to the Department Chair and others in leadership on which collaborative opportunities hold most promise and how to pursue them.
- Develop and maintain an established channel for facilitating review and discussion of collaborative opportunities.
- Remain in steady contact with the University’s Population Health Initiative to identify ways that the Department can contribute best to the PHI’s overall ambitions.
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