Penn Medicine’s strategic planning for 2023-2028 began at a time of unimaginable change — marked by a devastating pandemic and social upheaval, by transformative biomedical discoveries that prevent and cure disease, and by constant reminders of the enduring spirit of health care workers everywhere. Recent events have exposed immense need, but they have also revealed the increasingly wide lanes through which academic medicine can address those needs.

We asked ourselves, “how can we serve this rapidly changing world?” Our answers came in five parts, reflecting both a broad mission and a commitment to elevating the field:

- Lead with humanity in everything we do
- Make breathtaking discoveries and put them to work
- Simplify care delivery and place it within reach
- Develop people for great accomplishment
- Uplift our community, our environment, and ourselves

We charged five working groups to develop strategies toward these goals. The working groups reflected the breadth and diversity of our students, faculty, staff, and university partners. We interviewed external thought leaders and did our best to take measure of where science and medicine were going. But mostly we asked ourselves. We had confidence that our answers would provide the truest sense of who we are and what we must do to advance.

FROM STRATEGY TO IMPLEMENTATION

The pages that follow reveal not just a sense of optimism about what can be achieved, but also the excitement to do it. After several years of ceaselessly reacting to unexpected challenges, we can once again take the reins. Our past strategic plans have placed us in a strong position to do so.

Penn Medicine’s integrated structure also strengthens and differentiates us. Our position of leadership derives in part from the integration of our academic programs and clinical enterprise. The clinical programs inspire and motivate us, and serve as additional classrooms and laboratories. Our academic programs hone our clinical expertise and create distinctive options for our patients. We see even more advantages to our integration going forward—expanding clinical trials, linking training to staffing, and providing balance during times of economic turbulence.

The strategies we have identified will have solid implementation plans. Every task or goal needs a leader, a process, a timeline, metrics, and accountability. In some cases, new resources must be identified. However, some existing programs can redirect their targets and evolve their areas of emphasis.

These plans will also change. If the past few years have taught us anything, it is that.
THE THEMES THAT UNITE US, AND DEFINE US

Although this plan is organized in five pillars, those pillars reveal overlapping and interdependent themes, highlighting how much our success depends on the integration of our missions. Shared themes also highlight our vision for the future, the essential characteristics that unite and define us and that will ensure our success.

For example, we rely on people. Helping people love their work at Penn Medicine is both a goal in itself and an essential ingredient toward every other goal we pursue. Our missions are inspiring and impactful; yet, the past several years have revealed fundamental and perhaps permanent changes in how people situate work within their lives. Accepting those changes will require effort, but we embrace them because innovation thrives by challenging yesterday’s norms and conventions.

We also look forward to a world in which technology transforms how we work—how it makes care easier for our patients and easier for our clinicians. We are excited by technology’s promise for educating our students, accelerating research, and expanding the reach of all of our endeavors.

We have confidence in the scientific process—not only as the foundation of the research enterprise, but also as the way to improve how health care is delivered, inform how teaching should evolve, identify truths about health and share those with the world, and measure success in advancing community welfare.

We also have confidence in Penn Medicine’s excellence, and recognize the opportunities and obligations that come with that leadership. We have an outstanding record of world-transforming contributions. As much as we have already developed and led, the vast majority of our accomplishments are ahead of us.

Finally, Penn Medicine is situated within one of the world’s greatest universities. As we continue on our path of discovery and innovation we are strengthened by the expertise other disciplines bring. Together, we are committed to doing big things well, to meeting society’s greatest challenges with fresh thoughts and actions, and to engaging our local communities along the way.

THE PAGES THAT FOLLOW ARE OUR ROADMAP.
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The equitable distribution of health and health care are essential elements of justice. We will treat all of our staff, all of our patients, all of our students, and all of our communities with dedication and compassion.

The University of Pennsylvania’s Latin motto recognizes that “laws without morals are useless.” The Hippocratic Oath and the personal passions that draw people into careers in health care and medical science reflect a similar view — that medicine without humanity is unfulfilled. Our aspirations to lead toward a just, inclusive, and equitable society are worthy of our ceaseless effort.

**GOAL 1**

**LEAD WITH HUMANITY IN EVERYTHING WE DO**

**REFLECT OUR COMMUNITY.**

Reflecting our community improves our ability to innovate. It also builds trust—improving the effectiveness of every interaction. Trust is earned by demonstrating the skills needed to help people, and the values to serve them.

- Foster greater equity across all levels of the organization, in positions, advancement, influence, and reward
- Model and share best practices internally and externally

**GOAL 2**

**GIVE ALL PENN MEDICINE PATIENTS ACCESS TO ALL OF PENN MEDICINE.**

Health inequities often derive from disparate access even in the face of seeming availability. System access is an essential equity process.

- Identify common data elements needed to evaluate whether health care processes and health outcomes are equitably distributed, resource their analysis, reporting, and management
- Support staff, signage, and communications to provide personalized and trust-enhancing guidance throughout the system
GOAL 3  MODEL WORKFORCE HUMANITY.

Workforce humanity is about supporting the basic needs of everyone, and accommodating for the individual needs of some. By prioritizing our workforce’s well-being, we can provide not only the best care possible, but also the most human-centered care imaginable.

- Ensure a living wage for all employees
- Support a culture of belonging
- Systematically surveil the social and economic determinants of employee burden to create responses to overcome them in housing, food, commuting, child and elder care, retirement planning, and other social needs
- Harmonize plans across the system

GOAL 4  ESTABLISH ACCOUNTABILITY FOR EQUITY.

Our efforts toward equity must be accurately measured and transparently reported to be effective.

- Recruit and appoint a new Vice Dean for Diversity and Inclusion and resource the office and aligned programs to continue and refine ongoing work
- Establish equity metrics across organizational units
- Regularly administer a climate questionnaire and respond to its findings
- Celebrate experiences of humanity and systematically detect and share its absence toward constructive purposes

LEADING WITH HUMANITY SHAPES OUR VISION.

It guides every element of the strategic plan. Success across each of our missions requires we see the human impact of our work, and how our efforts and outcomes are distributed. We aim for respect, understanding, and empathy.
MAKE BREATHTAKING DISCOVERIES AND PUT THEM TO WORK

Discovery propels us, improving and differentiating our service to patients, students, and the world. We will invest in opportunities we can see now and invest in an environment that creates and captures prospects not yet seen.

Penn science has delivered transformative breakthroughs in cell-based and gene therapies, modified mRNA technology, and many other areas. These breakthroughs have already advanced human health and they offer even more exciting future opportunities. Alongside these and other contributions in the life sciences are opportunities to shape health policy; to develop digital technologies essential to making care easy, accessible, and affordable; to reshape our educational and clinical services into laboratories that improve operational efficiency, the welfare of our students and staff, and the health of our communities; and to overcome the barriers that limit the reach of these opportunities to all.

GOAL 1

AIM OUR RESEARCH INFRASTRUCTURE TOWARDS THE FUTURE.

The most promising scientific opportunities are markedly different now, as are the ways scientists work and the kinds of support and partnerships required for success. Some of the boldest and most transformative gains can now be achieved only through teams.

- Identify 3-5 moonshot areas over the next 5 years and coordinate departments, centers, and schools across the university to combine interdisciplinary talents and complementary resources toward them.
- Develop frontier research cores to support the most promising opportunities in basic, translational, and clinical research, health services and population health research, and new areas such as digital innovation; justify existing cores against the same standards required for new ones.
- Reshape or reinterpret appointment and promotion criteria to welcome new pathways toward scholarly contribution, including team science collaboration, embedded data analysis, operational informatics, and commercialization.
- Redesign the social architecture of science with enticing communal spaces, events, and experiences that recreate and supercharge the serendipitous watercooler encounters of the pre-pandemic era.
- Establish new and substantively meaningful bidirectional relationships between faculty members and industry, government, or other sectors and create more opportunities for faculty members departing for those sectors to remain engaged with Penn.
GOAL 2  LEAN-IN TO THE OPPORTUNITIES AND IMPERATIVES OF DIGITAL TECHNOLOGY AND CLINICAL INFORMATICS.

Improvements in the health and health care of individuals and populations derive not just from the development of tangible drugs and devices or the data we use to deploy them with precision, but also from the creation and evaluation of software that connects patients to health and health care, and that supports and unburdens their clinicians. Some of the talent required for success can be sourced from or recruited into Penn Medicine, but much requires external partnerships and new joint programs with other schools in the university.

• Coordinate and expand existing expertise in digital technology within Penn Medicine and across Penn’s schools to promote the scholarly creation, deployment and testing of next-generation software and device-based solutions across our enterprises
• Embed digital technology R&D within clinical operations by promoting health system experiments with digital health interventions and creating a separate low friction pathway for their implementation and testing
• Encourage and recognize inventor contributions to digital commercial opportunities on a par with other scholarly contributions in life sciences

GOAL 3  BUILD THE INFRASTRUCTURE OF HEALTH EQUITY RESEARCH.

Health equity research has existed at Penn Medicine for decades, and interest has greatly expanded across Penn and the world. Our continued ability to contribute at a standard in line with other mission-focused initiatives requires new ways to convene, engage, and reveal expertise.

• Create an identity to collectively represent distributed efforts
• Elevate the support, quality, and impact of health equity research

GOAL 4  RELEASE EVEN MORE SYNERGIES FROM OUR INTEGRATED MISSIONS.

Penn Medicine’s integrated missions offer the promise that every patient contributes DNA to a biobank, that every patient participates in a clinical trial, or that the way care is staffed, designed, financed, or communicated is continuously subject to evaluation and improvement. These opportunities are a fundamental synergy of our integrated system.

• Create a facilitated data ecosystem to ease the aggregation of and access to data across the health system from operations, finance, and clinical data
• Prioritize the collection of data relevant to the measurement and promotion of health equity
• Engage faculty pursuing health care research with health system priorities, establishing combined teams to execute, evaluate, and disseminate results
• Expand the biobank to include the collection of social and behavioral data from our patients
• Integrate all clinical entities into a single research hub, with a universal IRB and other system efficiencies
Penn Medicine’s scientific contributions substantially exceed its reputation. We will promote the broader recognition of our accomplishments—because reputation attracts students, staff, patients, and philanthropy.

- Define, cultivate, and engage audiences of influencers relevant to attracting scientists and the partnerships and philanthropy that support their work
- Map our existing national and global leadership and networks, and then steward those relationships toward deep, mission-aligned relationships
- Cascade and amplify the processes and successes of the PSOM awards committee to departments, centers and institutes, and internally share best practices for capturing recognition
- Communicate the stories and personalities of Penn Medicine in exciting formats and novel channels
- Organize and support new approaches for elevating the Penn Medicine presence at high influence scientific and professional meetings
Patient Care must be easy on patients and easy on clinicians. Placing care within reach means making it accessible and affordable, offering accommodation and reassurance. We will adapt delivery systems to the needs of patients and clinicians.

Penn Medicine is distinguished by its ability to care for the most complex patients. Patients facing cancer, heart disease, or any number of other conditions can expect better outcomes because they receive their care from Penn Medicine. When illness strikes, care from Penn provides a sense of confidence and comfort. If Penn Medicine isn’t there to support the community, it’s hard to imagine how the resulting gaps could be filled. Because of our academic enterprise, and because of our ability to recruit and support the best clinicians, we are the gateway to the best outcomes, and to the future of health care.

Penn Medicine must also lead in reducing the cost of health care, because only by reducing cost, can we make care sustainable and extend its reach. Penn Medicine must also lead the way in supporting clinicians who take care of our patients and community. Clinicians chose health care from a desire to help others, and we owe it to them to make their missions easy and effective. Penn Medicine must innovate in science, education, clinical operations, and community engagement. The leadership we’ve earned also creates obligations to help others improve with us.

**GOAL 1**

**RECOGNIZE SCIENCE AS A LEADING DIFFERENTIATOR OF WHAT WE BRING TO PATIENTS.**

We are distinguished by our advanced medicine, but we will effectively serve our communities only if it is accessible to them.

- Lean into our leadership in advanced therapies, expanding access to broader populations
- Evaluate expansion within and beyond local markets with test opportunities in advanced care, multi-specialty and primary care, and direct-to-employer strategies
- Realign our affiliation with the Veterans Health Administration into a more clinically and financially synergistic partnership
- Relentlessly aim for high reliability in our care, our equity, and our clinical and community outcomes
**GOAL 2**

BE, AND BE SEEN AS, THE MOST CLINICIAN-FRIENDLY HEALTH SYSTEM.

We best serve our patients by recruiting, retaining, and supporting the best clinicians. We will enable clinician service and innovation, relentlessly eliminating unnecessary burdens clinicians face, and shaping new and flexible work accommodations to situate careers within lives.

- Transform the EHR into a better tool for care delivery, and make it less burdensome
- Support the unreimbursed activities of clinical care, like In Basket management, just as well as the reimbursed activities, because all are essential for our mission
- Automate high-volume repeatable processes that do not require human touch, and modernize use of Epic modules and non-Epic add-on middleware
- Continuously work with payers toward the elimination of pre-certifications and other administrative burdens, and toward the simplification of those that remain
- Deploy guideline-based care at the level of the system, releasing individual clinicians from algorithmic medical activities
- Systematically identify and overcome inefficiencies that frustrate clinicians professionally and personally
- Make Penn Medicine Medical Group the preferred organization for the best physicians in the nation

**GOAL 3**

MAKE PENN MEDICINE A SOURCE OF COMFORT, EASE, AND REASSURANCE.

The great writer and activist Maya Angelou said that “people will forget what you said, people will forget what you did, but people will never forget how you made them feel.” We must acknowledge that the clinical care experience is not always as comforting and accommodating to patients and their families as it should be, and we will own the response to that challenge.

- Relentlessly simplify Penn Medicine patient engagement at every touchpoint
- Consistently offer patient visits harmonized across specialties with coordinated laboratory and imaging services
- Pursue delivery system innovations and value-based financial reimbursement that better align what we deliver with what patients need
- Enhance partnerships with physicians throughout the region to increase access to our system

**GOAL 4**

EMBRACE ANYTIME-ANYWHERE.

Health care has long been delivered through synchronous face-to-face engagement. To better support our patients and our clinicians, our patterns of care and the ways they are reimbursed must co-evolve. We will lead the redesign and advocacy of both.

- Pursue payment models that support new sites of care
- Organize clinical capabilities to enhance asynchronous care including digital, and synchronous telemedicine and homecare
- Use digital engagement to embed Penn Medicine more comfortably in patients’ everyday lives
Health care and population health are human enterprises. We will create and deploy new approaches to transform training and professional development.

We are the nation’s first medical school, and throughout our history we have produced many of the world’s most accomplished physicians and scientists. As the largest employer in the region, we also serve an indispensable role in creating opportunity and fostering the development of our community. The scientific discoveries, the facilities and programs, and the hope that come to mind when thinking about Penn Medicine are there only because of the people behind them.

The last few years have seen fundamental changes in how people think about the role of work in their lives—changes that seem likely to endure. Success across each of our missions requires that we recognize and embrace the changing ways careers are created and deployed.

**GOAL 1**

**GET PEOPLE INTO THEIR CAREERS FASTER, LESS EXPENSIVELY, AND MORE FLEXIBLY.**

The many years of training to become a physician or scientist, the months it takes to onboard a registered nurse in the operating room, the extended time to reach full stride—these are burdens on students, staff, and faculty that increase cost and reduce societal value. Penn Medicine should differentiate itself in career speed and progression, even as we introduce more flexibility to recognize that some of the most important contributions, and contributors, follow winding paths.

- Reduce training time for clinicians and scientists, targeting undergraduate, graduate, and postdoctoral periods, potentially shortening, eliminating, or fusing phases
- Accelerate the journey to independent investigator, changing conventions of training times and reducing reliance on intermediating post-doctoral and instructor positions
- Recognize, measure, and address the additional delays imposed on physician scientists, and shorten or eliminate the high-attrition periods between trainee and investigator
- Similarly reduce onboarding time for new staff, perhaps through simulation training, or a graded system of responsibility and supervision
- Reduce both the cost of education for our students and the cost structure borne by the institution providing it
GOAL 2  CREATE THE WORKFORCE OUR PATIENTS AND ENTERPRISE NEED TOMORROW.

Our changing hiring needs are a leading indicator of training opportunities and imperatives. Participating in the training and production of the staff we need advantages our ability to identify and hire the best, and builds community opportunity.

- Bridge critical hiring gaps with either new free-standing training programs or by external partnerships that facilitate entry into critical positions, shifting our position on the ‘make or buy’ continuum more toward the ‘make’ side
- Develop and test earn-to-learn programs to support, encourage, and model professional advance and transition
- Invest in preceptorships and space required to support training programs and partnerships
- Expand community outreach to high school and college students to engage them earlier in the pipeline to Penn Medicine and to support community opportunity

GOAL 3  LEAD NOT JUST IN EDUCATION, BUT IN THE RESEARCH AND INNOVATION OF EDUCATION.

We owe our advances in clinical care to our past investments in science. There is similar opportunity to advance the science of education to improve how we create the workforce that can continue these traditions. Exciting developments in simulation, artificial intelligence, and promising new models of training offer enormous opportunities for educational innovation.

- Evolve our educational programs into laboratories to generate evidence, experimenting with new teaching methods, programmatic structure, centralized digital platforms for education innovation and simulation
- Raise the evidentiary standards for evaluating the success of training initiatives, attracting and deploying the science that turned health care quality into something that could be advanced because it could be measured
- Refocus the awards that celebrate teaching excellence toward the recognition of tested and high value educational science and innovation
- Create an Academy of Master Educators to support recognition, mentorship, and coaching
- Imagine, pilot, and evaluate new approaches to selecting students

GOAL 4  ADVANCE PEOPLE THROUGHOUT THEIR CAREERS.

Ambition can aim toward upward advance, toward continued excellence, or toward diversified experience. We want to encourage ambition of all kinds within our organization by supporting people and retaining their contributions through the many phases of their lives.

- Ensure that every staff member has an actionable career plan, and that every key position has an actionable succession plan
- Create pathways for staff to transfer into alternative roles and gain new skills
- Enable or assign mentorship outside of direct supervisors to promote coaching, development, recognition, and transition
- Expand the opportunity range for retiring staff, including part time paid and volunteer work, mentorship, patient advocacy
- Smooth transitions within the health system and between the health system and the school with more harmonized compensation and benefits structures, recognizing legacy and locality needs for some differences
We live here. We will improve our community, improve the lives of our students and staff, and improve the natural environment.

The areas around Philadelphia, Princeton, Chester, and Lancaster counties vary in their geography and demography. What creates community is a sense that something is shared: maybe it is a history, maybe it is an opportunity, often what is shared is a sense of mutual responsibility. We aim to serve the health and welfare of people and our communities. Protecting our planet underpins all of our goals—health, economic stability, and harmony with the natural environment.

The greatest asset of academic medicine is access to thousands of people with the skills and passion to improve the world, and the trust our community has granted us to deliver upon that promise. We want people to love working at Penn Medicine—because of what they do, and how we support them and the world around them.

GOAL 1

INCREASE LIFE EXPECTANCY AND THE SOCIAL AND ECONOMIC WELFARE OF COMMUNITY RESIDENTS.

We will serve our missions better if we devote the same relentless energy and discipline to community efforts that we devote to treating illness.

- Expand our quality measurement beyond the care of our patients to include the health of our community members, whether they are our patients or not
- Establish system-wide approaches to community development, outcomes, reporting, and accountability
- Reconfigure our triennial Community Health Needs Assessments to harmonize best practices across the system and more closely tether our actions to our findings
- Redirect purchasing and procurement strategies to help close local wealth gaps
- Engage our community in participatory input and collaboration, establishing an advisory structure and scope of decision-making power for our community members
GOAL 2

ESTABLISH PENN MEDICINE AS THE NATION’S MOST ENVIRONMENTALLY-FRIENDLY HEALTH CARE ORGANIZATION.

The greatest threat to the health of the planet’s inhabitants is the threat to the health of the planet. The LEED Gold certification of the new patient pavilion recognizes our passion and efforts but we have much more to do because of health care’s disproportionate planetary burden.

- Establish and resource a Sustainability Office to:
  - develop and oversee goals, environmental impact metrics, and sustainability strategies including the coordination of efforts across the enterprise and the university;
  - reshape conventions and renegotiate contracts to elevate goals of planetary health, in areas as diverse as employee work arrangements, professional travel, food sourcing, telemedicine reimbursement, supply chain impact reporting
  - build coalitions with other academic medical centers and local, national, or international organizations;
  - support the development of programs in education, research, and scholarship to integrate planetary health into the field of medicine
- Foster community engagement in climate-related initiatives to improve sustainability within our system as well as for the communities and patients we serve

GOAL 3

REDUCE THE WORKPLACE AND LIFE BURDENS THAT IMPEDE EMPLOYEE WELLNESS.

Attention is often focused on employee support and resilience when what is really needed is an environment that doesn’t burden staff in the first place. Some burdens reflect a challenging workplace, some reflect spillover from a 24/7 mission into what should be safe harbors at home, and some reflect the ‘second shifts’ at home.

- Embrace new models of workplace flexibility to support our people and our mission
- Model a culture of work-life balance
- Evolve the mission and system-wide organizational structure for Occupational Health to support service, research, and educational missions and the ongoing measurement of individual and system-level personal welfare
- Realign the structure and availability of onsite child care to current needs, and explore support for elder care

GOAL 4

ADVANCE CARE FOR OUR EMPLOYEES AS WE WOULD ADVANCE CARE FOR OUR PATIENTS.

Even as we endeavor to address workplace and life burdens at their underlying sources, employees need support for the challenges that persist.

- Enable rapid and universal employee access to Penn Medicine primary care, specialty, and mental health care
- Expand the resourcing and ease of entry into COBALT for mental health services
- Develop or acquire a COBALT-like platform to provide a digital front door to primary care
- Establish and respond to accountability metrics for employee wellness and health care
# ACKNOWLEDGEMENTS

## EXECUTIVE SPONSORS

**J. Larry Jameson AND Kevin Mahoney**

## STRATEGIC PLAN LEADERSHIP TEAM

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## STEERING COMMITTEE

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## WORKING GROUPS

### LEAD WITH HUMANITY IN EVERYTHING WE DO

**Leads: Carmen Guerra AND Atheendar Venkataramani**

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### MAKE BREATHTAKING DISCOVERIES AND PUT THEM TO WORK

**Leads: Zoltan Arany AND Marylyn Ritchie**

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### SIMPLIFY CARE DELIVERY AND PLACE IT WITHIN REACH

**Leads: Tanya Andreadis AND Neil Malhotra**

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### DEVELOP PEOPLE FOR GREAT ACCOMPLISHMENT

**Leads: Cara Cipriano AND Ilene Rosen**

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### UPLIFT OUR COMMUNITY, OUR ENVIRONMENT, AND OURSELVES

**Leads: Amanda Williams AND John Wood**

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The design motif featured in the strategic plan was created by Nikita Rochiramani and then modified by Penn Medicine Creative Services. It draws inspiration from Maya Lin’s Tree of Life sculpture that graces the Hospital of the University of Pennsylvania-Pavilion lobby. The design aims to convey that the plan will grow and evolve, to evoke the interconnectedness of our several missions, and to reflect the foundation that we will lead with humanity in everything we do.