WWAMI

Idaho WWAMI
(Washington, Wyoming, Alaska, Montana, Idaho) Medical Education Program

Strategic Plan
2021-2025

WWAMI is Idaho's state funded medical school and is under the leadership and institutional mission of the University of Idaho, in partnership with the University of Washington School of Medicine (UWSOM) since 1972. In August 2015, we began a new UWSOM medical school curriculum at all six regional WWAMI sites. Students started with a multi-week clinical immersion experience—intensively learning the clinical skills and professional habits to serve them throughout their careers. For their first 18 months, students spend a full day each week learning and practicing clinical skills in a community primary care clinic and in workshops. This is in addition to their hospital-based "Colleges" training with a faculty mentor and small group of peers. This new curriculum allows our students to be on the University of Idaho campus for up to 4 terms, instead of the previous 2 terms.   It also provides our medical students with the option to spend the majority of all four years of medical education in the State of Idaho. WWAMI now enrolls 40 first year and 40 second year students for a total overlap of 80 students in fall semester.

Over the past few years, we have grown the number of medical students in the Idaho WWAMI Targeted Rural and Underserved Track (TRUST). The mission of TRUST is to provide a continuous connection between underserved communities, medical education, and health professionals in our region. This creates a full-circle pipeline that guides qualified students through a special curriculum connecting them with underserved communities in Idaho. In addition, this creates linkages to the UWSOM's network of affiliated residency programs. The goal of this effort is to increase the medical workforce in underserved regions.

Students continue their academic training over the summer between their first and second year in a structured experiential learning environment. Following the 18 month curriculum (foundations phase), many students will stay on the Moscow campus for an additional 2 months utilizing the resources at the University of Idaho as they prepare for their board examinations. A majority of our medical students are utilizing University of Idaho facilities and resources at the WWAMI Moscow site. A few of our students utilize the Water Center WWAMI facility in Boise. This board preparation time is critical for the students' success and is something that we will be developing more programing and resources to support.

The University of Idaho is the medical education home for the State of Idaho.   Idaho-WWAMI supports the Strategic Action Plan of its host university, the University of Idaho, while recognizing its obligation to the mission, goals, and objectives of its nationally accredited partner program, the UWSOM.

MISSION STATEMENT

The University of Idaho and the University of Washington School of Medicine are dedicated to improving the general health and well-being of the public. In pursuit of its goals, the School is committed to excellence in biomedical education, research, and health care. The School is also dedicated to ethical conduct in all of its activities. As the preeminent academic medical center in our region and as a national leader in biomedical research, we place special emphasis on educating and training physicians, scientists, and allied health professionals dedicated to two distinct goals:

- Meeting the health care needs of our region, especially by recognizing the importance of primary care and providing service to underserved populations.
- Advancing knowledge and assuming leadership in the biomedical sciences and in academic medicine.

The School works with public and private agencies to improve health care and advance knowledge in medicine and related fields of inquiry. It acknowledges a special responsibility to the people in the states of Washington, Wyoming, Alaska, Montana, and Idaho, who have joined with it in a unique regional partnership. The School is committed to building and sustaining a diverse academic community of faculty, staff, fellows, residents, and students and to assuring that access to education and training is open to learners from all segments of society, acknowledging a particular responsibility to the diverse populations within our region.

The School values diversity and inclusion and is committed to building and sustaining an academic community in which teachers, researchers, and learners achieve the knowledge, skills, and attitudes that value and embrace inclusiveness, equity, and awareness as a way to unleash creativity and innovation.

VISION STATEMENT
Our students will be highly competent, knowledgeable, caring, culturally sensitive, ethical, dedicated to service, and engaged in lifelong learning.

GOAL 1
INNOVATE – Scholarly and creative work with impact

Objective B: Create, validate and apply knowledge through the co-production of scholarly and creative works by students, staff, faculty and diverse partners.

Performance Measure:
The number of WWAMI rural summer training in the Rural Underserved Opportunities Program (RUOP) placements in Idaho each year.

Benchmark: 20 rural training placements following first year of medical education [6]   During the past summer, 20 students completed a Rural Underserved Opportunities Program (RUOP) experience in Idaho.

Performance Measures:
Percentage of Idaho WWAMI students participating in medical research (laboratory and/or community health).

Benchmark: Internally set benchmark as measure of program quality - 100% [4]   The benchmark is 100% of Idaho WWAMI students participating in medical research. All students at the UWSOM must participate in a research activity. Currently only 36% of medical schools have a research requirement (Liaison. Medical. Requirement: May 2017, Medical Student Research Requirement.)

Objective C: Grow reputation by increasing the range, number, type and size of external awards, exhibitions, publications, presentations, performances, contracts, commissions and grants.

Performance Measure:
WWAMI faculty funding from competitive federally funded grants.

Benchmark: $1.4M [3]   The benchmark for this objective is $1.4M annually, through 2025. In FY19, WWAMI-affiliated faculty at UI successfully brought in $2.5M of research funding into Idaho from agencies such as the National Institute of Health (NIH) and the Department of Health and Human

Services (DHHS). In addition, the University of Idaho WWAMI launched its ECHO Idaho program in 2018 and is growing this evidence-based learning model that develops knowledge and capacity among healthcare providers. Idaho Project ECHO has been successful in bringing in over $900,000 in multiple grant funding to be used to expanding the program throughout Idaho. In 2018, UI WWAMI launched its first Northern Idaho Health Education Center, a subcontract through the University of Washington Medicine. This $385,000, five-year grant continues to help develop and implement education and training activities within the pipeline and strengthen partnerships in rural communities throughout the State of Idaho.

GOAL 2
ENGAGE – Outreach that inspires innovation and culture

Objective A: Inventory and continuously assess engagement programs and select new opportunities and methods that provide solutions for societal and global issues, support economic drivers and/or promote the advancement of culture.

Performance Measure:
Cumulative Idaho WWAMI return rate for graduates who practice medicine in Idaho.

Benchmark: target rate – national average or better. The benchmark is 55% and the national average of students that return to their native state to practice medicine is 39% [2]. In Idaho, the return rate is 51%.

Performance Measure:
Ratio of all WWAMI graduates who return to practice medicine in Idaho, regardless of WWAMI origin, divided by the total number of Idaho medical student graduates funded by the State.

Benchmark: target ratio – 70% [9] The benchmark for the Return on Investment (ROI) for all WWAMI graduates who return to practice medicine in Idaho is 70%. The current ROI is 75%..
The benchmark is lower than the previous performance measures as a result of more medical students in the WWAMI cohort and other medical learners in the state competing for limited clerkship and residency positions.

Performance Measure:
Percent of Idaho WWAMI graduates choosing primary care, psychiatry, general surgery, and OB/GYN specialties for residency training each year.

Benchmark: 50% or more of Idaho WWAMI graduating class choosing needed work force specialties for residency training each year [8]   The benchmark is 50% of the Idaho WWAMI graduating class choosing a specialty for residency training that is needed in Idaho (family medicine, general internal medicine, psychiatry, general surgery, and OB/GYN specialties). The benchmark is lower than the previous performance measures as a result of more medical students in the WWAMI cohort and limited graduate medical education options in Idaho and the nation. Currently there is national crisis related to a shortage of medical residencies.

GOAL 3
TRANSFORM – Increase our educational impact

Objective A: Access – **Provide greater access to educational opportunities to meet the evolving needs of society.**

Performance Measures:
The total number of Idaho WWAMI applicants per year and the ratio of Idaho applicants per funded medical student.

Benchmark: National ratio of state applicants to medical school per state-supported students.[1]
*The benchmark is the national ratio of state applicants to medical school to the number of state supported positions. Since the number of WWAMI students has increased and the number of applicants has remained relatively the same we expect the ratio to increase, thus the benchmark was moved closer to the national ratio. In FY20, the ratio of applicants in Idaho to the number of available positions was 4.6:1; the national ratio of **in-state applicants** to available positions is 15:1.*
https://www.aamc.org/download/321442/data/factstablea1.pdf

Objective B:
Foster educational excellence via curricular innovation and evolution – Provide excellent medical education in biomedical sciences and clinical skills.

Performance Measure:
Pass rate on the U.S. Medical Licensing Examination (USMLE), Steps 1 & 2, taken during medical training.

Benchmark: U.S. medical student pass rates, Steps 1 & 2 is 94% for U.S. M.D. medical school graduates. [5]
The benchmark for the U.S. Medical Licensing Examination (USMLE), Steps 1 & 2, is the U. S. medical student pass rates.

Performance Measure:
The number of WWAMI medical students completing Idaho WWAMI Track clerkship in Idaho each year.

Benchmark: 40 clerkship* students are allowed each year to complete the Idaho WWAMI Track [7]. The Idaho Track is a voluntary program of the University of Washington School of Medicine in which students complete the majority of required clinical clerkships within Idaho. Patient Care Phase Idaho Track medical students complete approximately twenty-four weeks of required clerkships in Idaho, and Explore and Focus Idaho Track medical students complete three of four required clerkships in Idaho. Thirteen Patient Care Phase students and twelve Explore and Focus students are currently participating in the Idaho Track in the 2019-2020 academic year. In addition to Idaho Track students, other UWSOM students rotate among the various clinical clerkships in Idaho. During the academic year of 2018-2019, approximately 146 UWSOM students completed one or more clinical rotations in Idaho. Those 146 medical students completed a total of 351 individual clinical rotations in Idaho (130 Patient Care Phase courses, 214 Explore and Focus Phase courses and 7 WRITE experiences). It is expected that since the number of WWAMI medical students have increased and the number of medical students from other programs (ICOM, U of U, and PNWU) are growing, the benchmark has decreased from 2017 to reflect the realities of limited clerkships in Idaho. Efforts to increase the number of clerkships in Idaho by WWAMI are underway. *Patient Care Phase (Year 3) and Explore and Focus (Year 4)

Key External Factors *(beyond the control of the Idaho WWAMI Medical Program)*:

Funding: the number of state-supported Idaho medical student seats each year is tied to State legislative appropriations. Availability of revenues and competing funding priorities may vary each year.

Medical Education Partnerships: as a distributed medical education model, the University of Idaho and the UWSOM WWAMI Medical Program rely on medical education partnership with local and regional physicians, clinics, hospitals, and other educational institutions in the delivery of medical training in Idaho. The availability of these groups to participate in a distributed model of medical education varies according to their own budget resources and competing demands on their time and staff each year.

Population Changes in Idaho: with a growing population and an aging physician workforce, the need for doctors and medical education for Idaho's students only increases. Changes in population statistics in Idaho may affect applicant numbers to medical school, clinical care demands in local communities and hospitals, and availability of training physicians from year to year.

Medical School Curriculum: The University of Washington School of Medicine implemented a curriculum renewal of in 2015, which impacted delivery of education and training in the WWAMI programs in Idaho. Given that students are on the University of Idaho campus for up to four terms instead of two, adjustments are being made to accommodate the increased number of medical students on campus. Expanded facilities, enhanced technology, additional faculty and support staff are necessary for the additional students and delivering this new state of the art curriculum. The University of Idaho has anticipating these needs and is working toward expanding facilities to accommodate the increased number of students. Tuition funds from third term medical students will help support the program's needs. The University of Idaho has identified and hired the necessary faculty to support the programmatic changes implemented in fall 2015. This curriculum renewal offers Idaho the opportunity to keep Idaho students in-state throughout a majority of the four years of their medical education, which is a significant advantage in retaining students as they transition to clinical practice.

For-profit Medical Schools in Idaho: There is an increasing need for more high quality clerkships for our students. The current challenge in developing clinical training opportunities is that multiple health profession training programs, such as medical students, physician assistant students, nurse practitioner students, family medicine residents, internal medicine residents and psychiatry residents are all seeking clinical training sites in Idaho. The for-profit osteopathic school in Idaho has over 300 additional clerkship students needing clinical training, which creates significant challenges for clinicians in Idaho to meet those needs. The saturation of clinical training sites in Idaho has the potential to impact clinical opportunities for Idaho's only public supported medical education program housed in Idaho (WWAMI). Without strategic and thoughtful growth for medical education, the states only allopathic medical education opportunities for Idaho residents may be negatively impacted.

Evaluation Process
Annually WWAMI conducts an evaluation on the metrics used for the performance measures. The WWAMI Director and WWAMI Program Manager collect data from national, regional and local sources and then distribute that data for review to the University of Washington and University of Idaho administration. Strategic plans of the University of Washington School of Medicine and the University of Idaho serve as the framework for the WWAMI strategic plan and annual review process. Results of our

performance measures are reviewed and influence the strategic plan as part of a continuous quality improvement.

Cyber Security Plan
The WWAMI Medical Education Program has adopted the National Institute of Standards and Technology (NIST) Cybersecurity Framework and implementation of the Center for Internet Security (CIS) Controls through the University of Idaho, which follows the Executive Order from the State Board of Idaho, https://gov.idaho.gov/mediacenter/execorders/eo17/EO%202017-02.pdf

Red Tape Reduction Act
The State Board of Education, through the Office of the State Board of Education, runs all administrative rules governing the postsecondary institutions and special and health programs. The State Board of Education strategic plan outlines the reduction efforts for the public education system.

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[1] Based on nationally set standards. The benchmark is the national ratio of state applicants to medical school to the number of state supported seats.

[2] Based on national set standards. 46.3%% is the national average of students that return to their native state to practice medicine (reference: 2018 State Physician Workforce Book, https://store.aamc.org/downloadable/download/sample/sample_id/305/, page 57

[3] Based on available resources for pursuing external grants and increased competitive nature of federal awards.

[4] Internally set benchmark as measure of program quality. All students at the UWSOM must participate in a research activity. Liaison. Medical. Requirement: May 2016, Medical Student Research Requirement.

[5] Based on national standards United States Medical Licensing Examination Scores and Transcripts. www.usmle.org

[6] Based on state needs and available resources

[7] Based on analysis of areas of increase need in Idaho

[8] Based on national standards for workforce specialties

[9] Based on national standards for program return rates

[10] Based on available Idaho resources

Institution/Agency Goals and Objectives	State Board of Education		
	Goal 1: A WELL EDUCATED CITIZENRY	Goal 2: INNOVATION AND ECONOMIC DEVELOPMENT	Goal 3: DATA-INFORM DECISION MAKING
GOAL 1: INNOVATE *Scholarly and creative work impact*			
Objective B: Create, validate and apply knowledge through the co-production of scholarly and creative works by students, staff, faculty and diverse partners.	✓		✓
Objective C: Grow reputation by increasing the range, number, type and size of external awards, exhibitions, publications, presentations, performances, contracts, commissions and grants.	✓	✓	✓
GOAL 2: ENGAGE *Outreach that inspires innovation and culture.*			
Objective A: Inventory and continuously assess engagement programs and select new opportunities and methods that provide solutions for societal and global issues, support economic drivers and/or promote the advancement of culture.	✓	✓	
GOAL 3: TRANSFORM *Increase our educational impact.*			
Objective A: Access – Provide greater access to educational opportunities to meet the evolving needs of society.	✓		
Objective B: *Foster educational excellence via curricular innovation and evolution – Provide excellent medical education in biomedical sciences and clinical skills.*	✓		

Information Security Overview and
Critical Security Controls Assessment Report
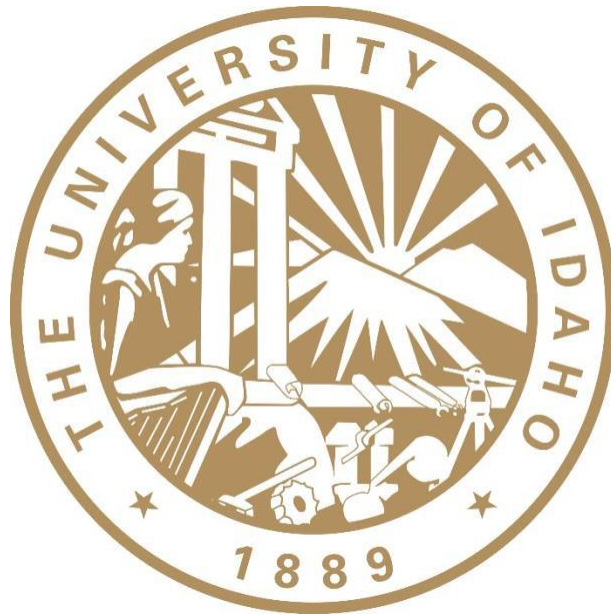
Date: March 5, 2020

Status: FINAL

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TLP: GREEN

Contents

Executive Summary

In response to the Idaho Governor's Executive Order 2017-02 issued January 16, 2017, UI ITS personnel initiated an assessment of the Center for Internet Security (CIS) Critical Security Controls (CSC) 1-5. This assessment was scored using the AuditScripts assessment tool recommended in 2018 by the State Office of the CIO. We continue to regularly re-assess our posture against the CSC using this tool.

Version 7.0 of the Critical Security Controls was released in early 2018. ITS last assessed our status in March 2020 based upon progress implementing controls. That assessment shows an increase from 0.39 to 0.56 (out of 1.0) for overall implementation of the first 5 controls. Between April 2018 and March 2019, our score increased from 0.48 to 0.50, and again to 0.56 by March 2020.

Our Maturity Rating for all 20 controls was improved from 2.00 to 2.45 (out of 5.0) between March 2019 and March 2020.

CSC Version 7 – March 2020
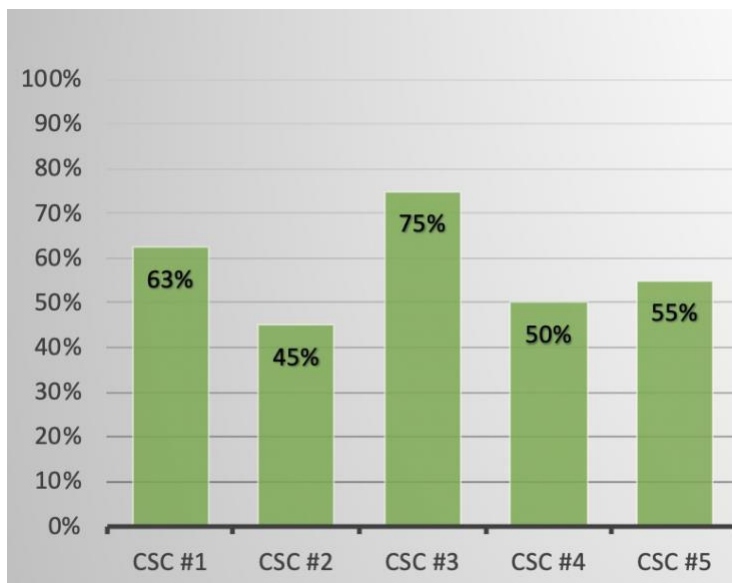
Overall completion for each control combines scoring for policy, implementation, automation and reporting. A 100% score could be achieved by approving the written policy, implementing and automating a control for all systems, and reporting it to the executive level. For some specific controls, 100% implementation will not be desirable or achievable on a university network. Prioritization, scope, and target percentage of specific controls are regularly assessed and prioritized.

In 2019, several improvements to controls and mitigations were planned as a result of annual security risk assessment. These risks were prioritized according to the IT Security Plan and utilizing the NIST Cybersecurity Framework (CSF). These mitigations include, but were not limited to:

1. Funding was requested and approved through the University Budget and Finance Committee (UBFC) to enhance email filtering technologies. This was implemented in 2019. CSF: PROTECT

2. Funding was requested and approved through the UBFC to find and mitigate sensitive Personally Identifiable Information on university laptops and desktops (data leakage protection, or DLP). *This project was put on hold indefinitely due to budget reductions*. CSF: DETECT

3. Funding requested through the UBFC to enhance multiple aspects of CSC 1-5, including vulnerability scanning, application whitelisting, security orchestration automation and response, and minimizing administrator privileges. *This was not funded after multiple UBFC requests, but enhanced vulnerability scanning is currently being implemented for high risk areas, using internal ITS funding*. CSF: PROTECT CSF: DETECT

4. Funding requested through the UBFC to implement Network Intrusion Prevention technology, including capability to detect and block malicious activity as a core and fundamental capability. *This has not yet been funded*. CSF: PROTECT CSF: DETECT

5. Funding was requested through the UBFC to implement a system to improve our IT Risk Assessment process and ability to cross-reference our various compliance needs across the institution. *This has not yet been approved or funded.* CSF: IDENTIFY

Risks identified against the updated CSC version 7 baseline will again be prioritized in the 2020 IT Security Risk Assessment and mitigations, where feasible or funded, will be addressed within the FY21 IT Security Plan. This will continue to move us towards our target profile under the NIST Cybersecurity Framework.

Critical Security Controls

Using the AuditScripts tool, the following pages show the overall risk for each control. This assumes that any control not fully implemented has been implicitly, if not explicitly, accepted as a risk. Detailed answers on each control are not provided, but are on file in the ITS Information Security Office.

CSC #1: Inventory and Control of Hardware Assets

Total Implementation of CSC #1

Risk Addressed:	55%
Risk Accepted:	45%

ID	Critical Security Control Detail
1.1	Utilize an active discovery tool to identify devices connected to the organization's network and update the hardware asset inventory.
1.2	Utilize a passive discovery tool to identify devices connected to the organization's network and automatically update the organization's hardware asset inventory.
1.3	Use Dynamic Host Configuration Protocol (DHCP) logging on all DHCP servers or IP address management tools to update the organization's hardware asset inventory.
1.4	Maintain an accurate and up-to-date inventory of all technology assets with the potential to store or process information. This inventory shall include all hardware assets, whether connected to the organization's network or not.
1.5	Ensure that the hardware asset inventory records the network address, hardware address, machine name, data asset owner, and department for each asset and whether the hardware asset has been approved to connect to the network.
1.6	Ensure that unauthorized assets are either removed from the network, quarantined or the inventory is updated in a timely manner.

1.7	Utilize port level access control, following 802.1x standards, to control which devices can authenticate to the network. The authentication system shall be tied into the hardware asset inventory data to ensure only authorized devices can connect to the network.
1.8	Use client certificates to authenticate hardware assets connecting to the organization's trusted network.

CSC #2: Inventory and Control of Software Assets

Total Implementation of CSC #2
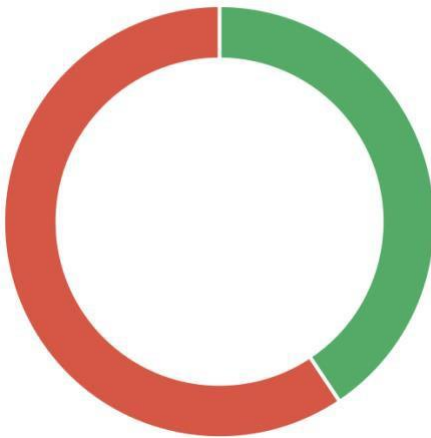
Risk Addressed:	41%
Risk Accepted:	59%

ID	Critical Security Control Detail
2.1	Maintain an up-to-date list of all authorized software that is required in the enterprise for any business purpose on any business system.
2.2	Ensure that only software applications or operating systems currently supported by the software's vendor are added to the organization's authorized software inventory. Unsupported software should be tagged as unsupported in the inventory system.
2.3	Utilize software inventory tools throughout the organization to automate the documentation of all software on business systems.
2.4	The software inventory system should track the name, version, publisher, and install date for all software, including operating systems authorized by the organization.

2.5	The software inventory system should be tied into the hardware asset inventory so all devices and associated software are tracked from a single location.
2.6	Ensure that unauthorized software is either removed or the inventory is updated in a timely manner.
2.7	Utilize application whitelisting technology on all assets to ensure that only authorized software executes and all unauthorized software is blocked from executing on assets.
2.8	The organization's application whitelisting software must ensure that only authorized software libraries (such as *.dll, *.ocx, *.so, etc) are allowed to load into a system process.
2.9	The organization's application whitelisting software must ensure that only authorized, digitally signed scripts (such as *.ps1, *.py, macros, etc) are allowed to run on a system.
2.10	Physically or logically segregated systems should be used to isolate and run software that is required for business operations but incur higher risk for the organization.

CSC #3: Continuous Vulnerability Management

Total Implementation of CSC #3

Risk Addressed:	62%
Risk Accepted:	38%

ID	Critical Security Control Detail

3.1 Utilize an up-to-date SCAP-compliant vulnerability scanning tool to automatically scan all systems on the network on a weekly or more frequent basis to identify all potential vulnerabilities on the organization's systems.

3.2 Perform authenticated vulnerability scanning with agents running locally on each system or with remote scanners that are configured with elevated rights on the system being tested.

3.3 Use a dedicated account for authenticated vulnerability scans, which should not be used for any other administrative activities and should be tied to specific machines at specific IP addresses.

3.4 Deploy automated software update tools in order to ensure that the operating systems are running the most recent security updates provided by the software vendor.

3.5 Deploy automated software update tools in order to ensure that third-party software on all systems is running the most recent security updates provided by the software vendor.

3.6 Regularly compare the results from back-to-back vulnerability scans to verify that vulnerabilities have been remediated in a timely manner.

3.7 Utilize a risk-rating process to prioritize the remediation of discovered vulnerabilities.

CSC #4: Controlled Use of Administrative Privileges

Total Implementation of CSC #4

Risk Addressed:	39%
Risk Accepted:	61%

ID	Critical Security Control Detail
4.1	Use automated tools to inventory all administrative accounts, including domain and local accounts, to ensure that only authorized individuals have elevated privileges.
4.2	Before deploying any new asset, change all default passwords to have values consistent with administrative level accounts.
4.3	Ensure that all users with administrative account access use a dedicated or secondary account for elevated activities. This account should only be used for administrative activities and not internet browsing, email, or similar activities.
4.4	Where multi-factor authentication is not supported (such as local administrator, root, or service accounts), accounts will use passwords that are unique to that system.
4.5	Use multi-factor authentication and encrypted channels for all administrative account access.
4.6	Ensure administrators use a dedicated machine for all administrative tasks or tasks requiring administrative access. This machine will be segmented from the organization's primary network and not be allowed Internet access. This machine will not be used for reading e-mail, composing documents, or browsing the Internet.
4.7	Limit access to scripting tools (such as Microsoft PowerShell and Python) to only administrative or development users with the need to access those capabilities.
4.8	Configure systems to issue a log entry and alert when an account is added to or removed from any group assigned administrative privileges.

| 4.9 | Configure systems to issue a log entry and alert on unsuccessful logins to an administrative account. |

CSC #5: Secure Configuration for Hardware and Software

Total Implementation of CSC #5

| Risk Addressed: | 47% |
| Risk Accepted: | 53% |
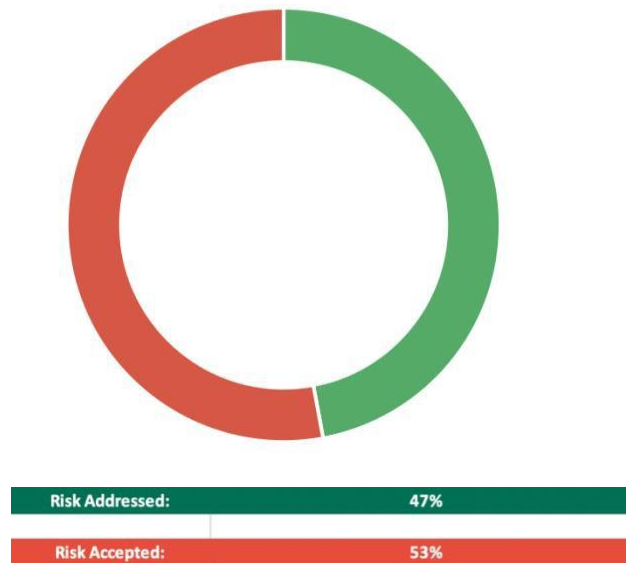
ID	Critical Security Control Detail
5.1	Maintain documented, standard security configuration standards for all authorized operating systems and software.
5.2	Maintain secure images or templates for all systems in the enterprise based on the organization's approved configuration standards. Any new system deployment or existing system that becomes compromised should be imaged using one of those images or templates.
5.3	Store the master images and templates on securely configured servers, validated with integrity monitoring tools, to ensure that only authorized changes to the images are possible.
5.4	Deploy system configuration management tools that will automatically enforce and redeploy configuration settings to systems at regularly scheduled intervals.

| 5.5 | Utilize a Security Content Automation Protocol (SCAP) compliant configuration monitoring system to verify all security configuration elements, catalog approved exceptions, and alert when unauthorized changes occur. |

Appendix A: References

Tracking of key references useful for this report.

Executive Order 2017-01	Findings of the Idaho Cybersecurity Taskforce	https://adminrules.idaho.gov/bulletin/2017/02.pdf#page=20
Critical Security Controls	Version 7	https://www.cisecurity.org/controls/
Audit Scripts	Free Assessment Resources	http://www.auditscripts.com/free-resources/critical-security-controls/
Policies	U of I IT Policies	https://www.uidaho.edu/governance/policy/policies/apm/30
Standards	IT Standards	https://www.uidaho.edu/its/standards
Privacy	U of I Privacy Statement	https://www.uidaho.edu/privacy
IR Plan	Technology Security Incident Response Plan v1.4	On file