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Health Center
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UCHC BOARD OF DIRECTORS

September 14, 2009

CEO REPORT

**Report of Accomplishments for the
2008-2009 Academic Year.**

**Vice President for Health Affairs/
Dean of the Medical School
Chief Executive Officer of the Health Center**

**Area 1: Establishment of Formal Collaborative
Arrangements with Area Hospitals and Constituencies**

A great deal of effort has been made to engage and work with the hospitals in the area. I believe these efforts have been successful. My initial efforts began with embracing faculty and staff at area hospitals. I personally met with the medical staffs at Hartford Hospital, St. Francis Hospital, Children's Hospital, the Hospital of Central Connecticut, and Bristol Hospital. In addition, I have met and worked with all hospital leadership in the region. Many of these relationships are new. An example involves Waterbury Hospital, and St. Mary's Hospital where I have worked with the CEOs of the hospitals through our involvement with their cardiac surgical program. At Children's Hospital, I have accepted a seat on its Board of Directors, and actively participate there. I think my work in establishing relationships with the area hospitals has resulted in unprecedented returns. For example, after years of neglect, and nonpayment, auditors at the Health Center had determined that Connecticut Children's debt would not be paid and would have to be officially written off. My relationship with Connecticut Children's and the great work of my team led to the payment agreement now in place. After a series of open and closed door meetings with CEOs at area hospitals, an agreement to provide the so called "Dean's Hospital Indirect Tax" was forged. This has been the first time the hospitals have acknowledged the extraordinary role of the UCONN School of Medicine in providing academic training to residents in the region.

I have been actively involved in the development of the initiative termed The Partnership. The Partnership's overall goal is to achieve what I call the TRIAD of SUCCESS for this academic medical center: A Top Tier Medical and Dental School, A Plan for the Hartford Region to be a Destination Center for Medical Care; and Fostering Economic Prosperity and Development of a Biotechnology Corridor in Connecticut.

My goal has been to help craft an agreement that preserves the academic integrity of the Health Center while achieving the greater vision for the region. It has always been my belief that efforts in crafting an agreement that provide balanced advantages to Health Center faculty and staff will ultimately benefit all involved and result in a proposal that might gain substantial support from the faculty based at the Health Center.

At the same time, a separate initiative, one I termed "The Collaborative" was developed to fuel important transformative actions in the region centered around research and education. The Collaborative in many ways redefines the manner in which hospitals relate to each other. All hospitals in the region have been successfully brought to the table and engaged.

I have established excellent relations with a number of constituencies in the region. I believe I have had considerable success in the development of relationships with members of the state legislature. For example, I am regularly engaged by members of the Black and Puerto Rican Caucus of the Connecticut Legislature. I would like to think that these legislative relationships were of assistance to the great work of Joann Lombardo and her team in establishing our funding for the Health Center next year. In addition, I have met with the Town Councils for Farmington, Canton and Simsbury and have established mechanisms for regular discussions. I believe these and other relationships have been and will continue to be important in achieving success in initiatives around the Health Center.

Area 2 Fiscal Stabilization at the Health Center

The Overall Picture

Improving the financial picture of the Health Center has been a big for me. The budget for the 07-08 year was a breakeven one, yet the Health Center had a 24 MM deficit. During the first few months I reviewed the 08-09 budget that had a 11MM deficit planned, and concluded that the actual deficit was closer to 40MM dollars. From the 11MM deficit, the hospital side had 8MM more in deficit due to aggressive revenue forecasts, the practice plan had 8MM more in deficit due to aggressive revenue forecasts (e.g. a 5% growth in clinical revenue with little change in expenses), there was a 5.6MM academic tax to hospitals that had never been negotiated, there was loss of 508 Medicare status (3MM), charges for consultants regarding the merger (3MM) and charges for staff changes due to the DPH probation (1MM). Finally on the dental school side, the new implant clinic appeared to be on a 1MM deficit course rather than a 225K deficit as forecasted. I made a large number of changes in the hospital and the practice plan over the first five months including work to hold costs at UMG, renegotiating our payor contracts, decreasing personnel at the implant center, cutting overtime staffing costs by a third, and negotiating the academic tax to hospitals, to combat what could have been catastrophic levels of loss for the Health Center. Our final loss for the Health Center will be approximately 23.5MM, nearly half of what the true loss forecast shows.

Over the past year we have made some historic changes at the Hospital. We have closed and consolidated a redundant laboratory, and we are in the process of reducing our excess psychiatry bed space and converting the bed space to medical/surgical beds. These gradual changes in the hospital are aimed at addressing the structural issues which plague the Dempsey. It is important to note that these changes are being made while at the same time taking steps to dramatically improve quality at the hospital.

Financial Improvement Initiatives

On my arrival at UCHC, the initial recommendations of the (Price Waterhouse Coopers) PWC group had almost been completed. I personally Chaired the PWC implementation group to oversee implementation of PWC recommendations with Susan Whetstone. We have been able to glean a large return on investment during the first year (over 15MM), and the results have been presented in a detailed report to the board. To continue the momentum, my plan is to begin the next phase which I tentatively term “ASPIRE” (A Sustained Program in Revenue Enhancement) which will engage all those involved in revenue cycle and other efforts at achieving sustained financial savings at the Health Center. At the same I began to look at faculty productivity and ways to measure it. I defined a new metric, and termed it “CREATE” encompassing Clinical, Research, Education, Administration and Transition to Excellence. Through the CREATE approach, a more precise appraisal of faculty activities and achievements can occur. The CREATE approach is a change for the faculty and is the first time this type of metric has been used at the Health Center. With my philosophy of empowerment of faculty leadership, training has been with the clinical and basic science Chairs and then with the general faculty. It is my hope with the CREATE metrics in place we will see meaningful changes in faculty clinical, research, and educational productivity over the coming year. Through CREATE we have identified approximately 2MM in opportunities to be realized during the 10-11 year, and with CREATE we will be able to monitor the realization of these savings opportunities by faculty members and departments over the coming 18 months. My philosophy in regards to improving physician productivity is four-fold. I believe that providing accurate data to faculty on what they are doing, combined with reasonable expectation metrics for success, combined with the provision of tools for success, combined with real encouragement, will result in performance improvement. This has been my philosophy in life.

The Clinical Practice Plan

I have begun an initiative to address changes in the clinical practice plan (UMG). The largest practice group in the region, it had a 14MM loss during the past year. I have created the Dean's Task Force on UMG with a goal of re-organizing the clinical compensation plan, improving revenue cycle and billing and coding, decreasing overhead in the system, improving quality and patient satisfaction, and converting the practice to a more lucrative provider based clinic status. The Task Force has had its organizational meetings, and subcommittees are continuing their work.

Overall, with the fiscal changes we have put in place, I believe we can achieve a near breakeven budget for the next year, provided we are able to work out final language and conditions from the appropriations budget passed by the state legislature.

Area 3: Improving Compliance at the Health Center

Work in the Compliance arena has been broad based and has addressed a number of areas of the Health Center. Just before my arrival I identified a number of critical issues/threats to the Health Center in achieving compliance with rules and regulations.

In the area of research, our research infrastructure had a serious number of issues. The Animal Facilities had no full time USDA certified veterinarians, and the air handling systems were near forcing closure of the facility. I worked and successfully recruited an outstanding veterinarian from Harvard to be our animal facility director and initiated the short term repairs necessary to place us in compliance with animal facility standards. Our sponsored programs infrastructure was in need of major overall. I and my staff worked to recruit an entirely new group of senior management for the Health Center culminating in the successful recruitment of a highly qualified Director of Sponsored Programs.

Accreditation for Human Subjects was also accomplished this year. UCHC is one of only two institutions in the region formally accredited for Human Subjects research.

In the area of the clinical enterprise, the hospital went on probation shortly after my arrival on scene. Within four weeks of the official probation notice, I identified a performance improvement firm to work with the Health Center, and within 6 weeks, had recruited and hired an outstanding individual to head the Dempsey Hospital. We have instituted a detailed performance improvement program which is on target to having us removed from our two year probationary period in just one year. I have also instituted a series of metrics based on medicare standards for hospitals and placed them into effect. These metrics are now a part of a scorecard on the Health Center to be presented at board meetings and senior management organizational meetings.

On my arrival I learned that we had done little to prepare for our hospital JACHO accreditation visit that at this point is imminent. I worked to reorganize our JACHO visit team in conjunction with our new quality initiative programs. I'm happy to report that I feel that we will be substantially ready for our accreditation when it comes soon.

In the area of diversity, the Health Center has had a poor record achieving goals in many areas. In addition, the hospital faced a federal department of labor investigation of hiring practices that might have resulted in heavy fines. Inquiries were also conducted by the NAACP as to our history of diversity and our programs to change this history. On my arrival, I established diversity as a high priority and totally revamped our methods for hiring faculty to the health center, with diversity trained faculty only on committees. I instituted a Health Center wide diversity training policy which has been very successful. In addition, I personally appeared before the Commission on Human Rights and Opportunities to discuss my vision for diversity and affirmative action at the Health Center. Many credited my presence and discussion with helping to have our Affirmative Action plan for the Health Center approved. In addition, our response to the federal investigation by the Department of Labor including our description of new leadership's work in the area, led to the Department of Labor closing its investigation of the Health Center with no fine or penalty.

In the area of general compliance, I have asked our staff to take on a new attitude toward compliance and our colleagues in compliance. In the past, often compliance judgments were not observed, and indeed flouted. The new policy that was instituted was that all compliance judgments would have to be either observed or discussed and modified, but no compliance judgments would be ignored. This simple policy change has led to a decrease in the number of outstanding compliance issues that are present. In addition, I have asked our compliance professionals to develop for the first time, a "compliance scorecard". The compliance scorecard will be presented at the next board of directors meeting and displays metrics for where the institution should be in the area of compliance.

Area 4 Fundraising and Development

On my arrival at the Health Center, I found that our fundraising situation was in an extremely challenging shape. First, like many areas of the Health Center, forecasting did not reflect clear realities. The Health Center historically averaged 6 to 8 million in new funds each year with an occasional large gift. The Neag one time gift of 4 million (booked in June 08) placed the Health Center at over 11 million for the year. This year, was also particularly challenging in that many of the health related foundations chose to either not fund provide funding, or to severely curtail their funding of research.

In conjunction with John Martin, I sought and obtained a complete redesign of our philanthropy apparatus at the Health Center. This began with a national search for a new VP for Development. We successfully recruited Dina Plapler in April of this year, and we identified or closed on more dollars in two months than in the past 6 months combined at the end of the 08-09 year. In addition, I have initiated a class agent program, and worked to enroll agents to work with Health Center development officials. Of importance is that the Health Center has 5 openings for development personnel that are unfilled. I believe that with these positions filled we will be able to address realistic fund raising goals. I meet with Ms. Plapler on a weekly basis. She and her development colleagues have placed the Health Center goal at approximately 11MM (down from 15MM last year). I concur with her that this is a realistic goal as we continue to rebuild the development apparatus at the Health Center. It is my hope that the seeds Ms. Plapler and I are sowing in development will translate to huge success as we come to the 50th Anniversary of the Health Center in 2011.

Area 5 Enhancing the Research Enterprise through Resubmission of an Enhanced N.I.H. Clinical and Translational Research Science Award Application and Other Research Initiatives

On my arrival, the CTSA application and process were in considerable disarray. A major figure in the CTSA process, and the P.I. for the CTSA planning grant had chosen not to work with the CTSA grant. Other prominent individuals that could be a part of the CTSA grant had pledged not to be involved in the research initiative. I spent a considerable period of time during this year building relationships with our outstanding scientists throughout the Health Center. By 8 to 9 months into the year, I had commitments from the various fractured groups around the Health Center to work together to revise the CTSA application. I believe my bringing this group together (and they are working together splendidly now) will be an important milestone achievement for the Health Center. My work with the hospitals has aided us in the second of 4 weakness areas for the CTSA, the consortium. Through my relationships, I have successfully recruited the top scientists and administrators (who heretofore did not wish to be involved with the CTSA) from the regional hospitals to be a part of the CTSA. We have initiated searches for Biostatistics and Bioinformatics faculty in conjunction with my dean colleagues at Storrs. I am optimistic that a greatly improved submission will result.

During this year, in addition, I have worked to encourage sponsored basic, clinical, and population-based research, tie research to clinical strengths, and promote the systemic engagement of faculty across the University to work with the Health Center. This has taken shape with a new Academic Plan initiative. The first draft of the plan (in conjunction with the University's Academic Plan) is under review by the elected councils of the medical school.

Working to develop the one university concept has been another area of focus. I have personally led a 30MM University of Connecticut Engineering Research Center grant application on Regenerative Engineering, a new field of research. This is a combined effort between faculty at the Health Center and Storrs. Recently the official launch of the field of regenerative engineering took place at the Health Centers with senior officials from the Department of Defense, NSF and NIH. I believe the Regenerative Engineering ERC will serve as a true unifying force across the Health Center.

I and my group have joined the chemical engineering department at Storrs and now make up over 20% of their department's strength. A laboratory has now been developed at Storrs by my group. I believe the move of our group to UCONN helped the department move from unranked to now a top 45 ranked department in the nation.

In other initiatives, UCONN and the Health Center achieved record funding from the state for its Stem Cell Initiative and achieved the majority of funds available from the state. The Health Center answered the call under President Obama's stimulus initiative with over 140MM in grant applications under the ARRA program. I believe this is in testament to the motivation and enterprise of our faculty at the Health Center.

Logistically, I and my administrative team negotiated a multi-year agreement for our indirect rate amounts that we would receive from the federal government. We achieved rates that were the highest in the Health Center's history and this should translate to significant increases in indirect dollars to the research enterprise.

Area 6 Faculty Engagement and Development

When I was recruited to the institution, I was recruited as the Dean who ‘walks the talk’ academically i.e. who would be actively engaged in clinical work, actively engaged in research, and actively engaged in scholarship (e.g. giving Plenary talks etc). I believe that the VP/Dean sets the standard for intellectual engagement and accomplishment for the Health Center academic community. I believe I have accomplished that. Engagement with the faculty has evolved in other areas. Despite the time constraints set with partnership negotiations and engagements with the state house, I have been able to have frequent meetings with the faculty which have included frequent communications through faculty leadership. Empowerment of faculty, particularly faculty leadership has been a priority this year. I meet with Chairs and other leadership regularly at least once a month, (to provide perspective, meetings under the previous VP/Dean at the Health Center occurred twice to three times a year) and have personally conducted reviews for all Chair, Center Directors and Deans at the medical school (a first). In addition, I have met with every faculty member at the Health Center through meetings with all clinical and basic science departments at the school of medicine.

Area 7 Educational Program Oversight and Development

LCME

In the educational enterprise, I personally Chair our Liaison Committee for Medical Education (LCME) Task Force which is working to prepare for the January 2010 Accreditation visit for the medical school. The task force has identified a number of weaknesses for our visit, and we are taking them on head-on. I do believe we will be prepared for the visit in 2010. We must however address our issues regarding minority faculty recruitment, and faculty leadership and educational development (our two threat areas). Our dental school underwent a successful multi-day accreditation visit. The dental school achieved commendations in almost all areas of the teaching enterprise.

Graduate Medical Education

At the time of my arrival the Health Center, we had just undergone an ACGME review for accreditation of graduate medical education programs. A list of deficiencies in GME were presented to me. The citations to be corrected were:

- Institutional internal reviews we not done on time**
- Call rooms needed to be safe, quiet, and private**
- Membership on the Graduate Medical Education needed to be corrected.**
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By July 1 of 2009, all deficiencies have now been corrected.

Students

Engagement of students has also been a priority. I have held lunch meetings this past year for all first and second year medical students and have participated as a preceptor in the first year medical student anatomy lectures and lunch-time topical lectures. I have met with students in the graduate school and have been the year-end speaker for the M.D.-Ph.D. program. In addition, I have worked closely with our faculty here at the health center on the reorganization and expansion of our public health master's and Ph.D. student programs.

Personal Accomplishments

Below, I briefly outline major accomplishments for the year:

Clinical:

Named to America's Top Doctor's (for the 2008-2009 year)

Research:

Named one of the 100 Engineers of the Modern Era by the American Institute of Chemical Engineers at its Centennial Celebration

Awarded the Pierre Galletti Award (Highest Award of the American Institute for Medical and Biological Engineering)

Named one of the 9 Eminent Black Engineers in History by the American Institute of Chemical Engineers

Awarded a Coulter Foundation Biomedical Engineering Research Grant (co-Principal Investigator) to the University of Connecticut

Awarded a University of Connecticut Collaborative Research Grant Award (co-Principal Investigator)

Teaching/ Mentoring:

Awarded the 2009 Presidential Award for Excellence in Science Engineering and Math Mentoring by President Barack Obama

Other:

Named to the National Selection Committee, the Institute of Medicine of the National Academy of Sciences

2008-2009 Award for Excellence in Science by the Caribbean Heritage Foundation

Doctor of Science, Honoris Causa, Lincoln University

Named to Hall of Fame, Central High School, Philadelphia, PA

In ending this report, I would like to quote my closing remarks given at Lincoln University's Commencement this year. I hope it provides insight into my philosophy.

“One hundred years after the Negro National Anthem, the group Earth Wind and Fire sang (I know, it's before your time), you're a shining star, no matter who you are, shining bright to see, what you can truly be. Remember that. Remember to cherish each day, and celebrate those who got you here. Take on challenges as opportunities, and build your spiritual armor. And finally, look to others who have gone before you for inspiration and guidance. Life isn't simple, and it sure isn't easy, but taking life head-on, you will succeed. Dr. Martin Luther King said it best 40 years ago as he began the greatest chapter in the civil rights movement: “And I must confess, my friends, that the road ahead will not always be smooth. There will still be rocky places of frustration and meandering points of bewilderment. There will be inevitable setbacks here and there. And there will be those moments when the buoyancy of hope will be transformed into the fatigue of despair.

**Our dreams will sometimes be shattered and our ethereal hopes blasted. ..But
difficult and painful as it is, we must walk on in the days ahead with an
audacious faith in the future.“ Thank you.”**