



BOARD OF DIRECTORS

September 9, 2002
Minutes

Ms. Leonardi called the meeting to order at 9:32 a.m.

1. Public Comment - None.

2. Approval of Minutes

- The minutes of June 18, 2002 were approved by a vote of the members of the Board of Directors who were previously members of the Health Affairs Committee.

3. Main Business Items

3.1 Strategic Direction

a. School of Medicine – Education (B Koeppen)

- The primary educational initiative in the SOM is to take advantage of information technology in order to improve the education of students, to enhance the ability of faculty to become better teachers and to facilitate educational research.
- Previous investments in information technology include developing an on-line syllabus and recordings of lectures using the Blackboard educational portal; installation of wireless ports in classrooms, pilot projects for PDAs (personal digital assistants) and development of the Health Sciences Education Development Center (HSEDC.) All faculty are now required to participate in providing the electronic syllabus.
- Discussion took place concerning the capital needs of these initiatives which included: ~\$3 million for renovations of our auditoria, ~\$3 million for classroom renovations, and the on-going cost of replacement of personal computers and servers as they become outdated. The total need is ~\$15 million. The 21st Century UConn program is the likely source of funding and further discussions will be needed to link the IT Strategic Plan and Educational Initiatives to it. Reprioritization of projects may be necessary.
- Failure to remain current may jeopardize the school's accreditation in the future as well as impact our ability to recruit.
- Discussion took place concerning if and when owning a laptop computer would be required of students. While encouraged, it is not yet a requirement. When required, the cost of purchase will be made a component of financial aid.

b. School of Medicine – Research (R Berlin)

- The strategic plan was developed around four principles: 1) build from strength, 2) choose areas of focus, 3) concentrate resources to recruit scientists who would be competitive for extramural funding, 4) provide infrastructure to support their research
- Two new departments were established: Genetics and Developmental Biology and Neurosciences. Also created were focused centers: Microbial Pathogenesis, Immunotherapy of Cancer and Infectious Diseases, Vascular Biology and Molecular Medicine.
- Leadership has been recruited; in total 45 research scientists and another 10 positions will be filled to complete plan. Extramural research funding has doubled over the past 5 years.
- Center for Vascular Biology – this is a model of the success strategic investment can return. Dr. Timothy Hla was appointed its Director in 1998. Five additional faculty with varying skills and approaches to vascular biology were recruited over the next three years. New laboratories were established and new grants applied for. A Program Project Grant by NIH to support this cooperative research brings the total funding of the Center to over \$5M – 90% of which is NIH funded. Focused research, i.e. vascular endothelium, has involved 11 investigators including scientists from Genetics and Biochemistry. There are four areas of need to continue our success with research:
 - 1) Space – our current space is saturated; space in the original L building is out of date.
 - 2) New faculty
 - 3) Technical infrastructure—maintained and at the cutting edge.
 - 4) Faculty retention with competitive salaries
- Discussion took place concerning State support for the 5th year of the old Research Strategic Plan and new Signature Programs. A one-time allocation of \$3.1 million was provided within the \$20 million ‘bail out’ and expended in FY 01. UCHC asked for continuation of this as well as \$6.5 million additional support in FY03 but no funds were approved. These operational needs will have to come from internal reallocation. Delays in the implementation schedule are an expected consequence.
- Discussion took place concerning the use of the metric of research funding per square foot of laboratory space. A national benchmark of ~\$300/sq.ft. represents quality institutions. Two years ago UCHC was at \$176/sq.ft., is currently at approximately \$250/sq.ft., and we are approaching the \$300/sq.ft. benchmark. The BoD would like to have this metric reported over time in order to monitor trends and to compare it to benchmarks.
- Research awards have been increasing consistently over the past 5 years, but the projected increase for FY 03 was reduced due to space limitations.

c. School of Dental Medicine (P Robinson)

- The School of Dental Medicine was accredited last year receiving the highest level of approval with no recommendations and 16 commendations from the

Commission on Dental Accreditation. The Class of 2002 achieved the #1 ranking in the nation on the National Dental Board Examination. Major curriculum revision is underway directed towards earlier clinical experiences, better integration of clinics and basic sciences and greater exposure to community-based dentistry. Completion is scheduled for 2004.

- The School exceeded its strategic plan goal to have 20 R01's or equivalent grants by 2004 by obtaining 23 awards currently.
- Since 1998 there has been a 56% improvement in gross billings in the clinic and a 40% improvement in collections. However, there has been a 7% decrease in the collection rate which is attributed to a change in payer mix, i.e. increase in Medicaid billings. Based on the most recent ADA Survey on dental school finances for FY2000, our school ranked second in the nation (first for public dental schools) in student-generated clinic income of ~\$20K/student. The national mean was \$9000.
- Increased efforts to address the inadequate access to care by the state's poor was undertaken by establishing relationships with a number of community partners, i.e. DPH, DSS, CSDA, etc. The school is a recipient of a Robert Wood Johnson Foundation grant of \$1.5M for 5 years to promote community service. The school is now eligible for a Kellogg grant to help recruit underrepresented minorities.
- Current and future issues: 1) high attrition rates of dental students, 2) low percentage of underrepresented minority faculty and students, 3) need for faculty development program in educational practices, 4) the new UCHC research space policy may not recognize the special needs of a dental school, 5) dental clinical financial stability, fee disparity and uncertainty of federal support, 6) clinical teaching facilities upgrades, and 7) retention of faculty.
- Discussion took place concerning the Medicaid clinical activities provided by the School. There are two pilot site models, one in a private practice setting and one in a community health center. In addition, general practice residents staff 8-9 community health centers. The next step will be to place undergraduate dental students in a wide range of settings across the State. Due to low reimbursement rates, most private practitioners will not accept Medicaid patients.
- Discussion took place concerning the high attrition rate of undergraduate dental students. While UCHC consistently has top performing students as measured in testing, it has the highest attrition rate too. This is attributable to a robust and difficult basic science curriculum in which dental and medical students attend the same classes. Only Harvard has a similar model. The URM students tend to have a lower attrition rate than the aggregate.

d. Signature Program Business Plans (B Carlson)

- Three signature programs (Musculo-skeletal, Cancer, and Brain and Behavior) were first designed in 2000 in order to provide a future vision of the Health Center, to embody "remarkable care through research and education", and for UCHC to establish its unique niche as an academic health center engaged in translational (laboratory to patient) research. A fourth program,

Connecticut Health, deals with outreach activities, especially collaborations with other State agencies. A fifth program, Heart and Vascular was added a year later.

- First year investments are being made in the Cancer Center and Heart and Vascular Institute; Contingency funding have been provided for the Musculoskeletal Institute. Due to the extra-ordinarily high costs of entry, the Brain and Behavior program's implementation will be deferred.
- With the aid of PriceWaterhouseCoopers, financial plans for three of the Signature Program were developed:
 - Musculoskeletal Institute (MSI): Osteoporosis, Arthritis, Sports Medicine, Joint Replacement, and Osteoarthritis. This institute will be housed in the proposed Medical Arts and Research Building of Farmington which will also house the new ambulatory surgery center
 - University of Connecticut Cancer Center
 - Goal – to be an NCI-supported Cancer Center
 - Two approaches to cancer therapy – immunotherapy and anti-angiogenesis
 - Reforming clinical opportunities through clinical trials
 - Its work plan is in progress and includes activities related to the Connecticut Tumor Bank and Web-based resources
 - Heart and Vascular Institute
 - Enhance clinical research – making medicine along with practicing medicine
 - Excellent patient care and expand areas of ischemic heart disease, vascular biology and cardiovascular imaging
 - Multidisciplinary effort
- Next steps include development of operational plans, recruitment of leadership and faculty, and development of outcome measures to monitor.
- Discussion took place concerning the new ambulatory surgery center and medical arts and research building of Farmington that will house the musculoskeletal institute. The need to partner with private investors was desirable both to raise capital and to achieve operational efficiencies. The ambulatory surgery center will allow the remodeling of the operating rooms in John Dempsey Hospital that are already at their capacity.
- Discussion took place concerning the financial viability of the signature programs. This will be dependent on the 'halo' effect (i.e. how much hospital, ancillary and UMG business that will be generated by the signature programs. The implementation of these programs may need to be adjusted to bring in revenue generators first. An operational manager is being hired to develop detailed implementation plans. These will be discussed with the BoD and its subcommittees over the fall.

3.2 School of Medicine – Reorganization (P Deckers/R Berlin)

There may be too many administrative units in the School of Medicine that has 21 departments and 12 centers. Often these act as silos – separate space, people, budgets

and research. This model incurs extra expense and does not maximize the benefits of integrative approaches. The faculty and department heads have been asked to consider new organizational models. A straw man structure was distributed to initiate the discussion. This issue will be brought to the Academic Affairs subcommittee later this year and then back to the BoD.

- 3.3 Medical Arts and Research Building of Farmington/Ambulatory Surgery Center — This item was removed from the agenda at the request of the Financial Affairs and Audit subcommittee. They have requested more information about this matter and will bring it back to the BoD later in the year.

4. Executive Vice President's Report (P Deckers)

- Endowment: Increased efforts are being expended to increase endowments and have met with initial success. A distinguished chair in mental health has been funded.
- Space: This is a valuable resource, perhaps more so than money, but hasn't been handled well in the past. Space decisions have tended to be made within silos rather than using an institutional perspective. A consultant has been retained to provide a Master Plan for space. Reallocations of space, especially laboratory space needs to take place. Space policy will be presented to the BoD later this year.
- Blue Ribbon Commission on the Future of Connecticut Hospitals Report — The draft report has been issued. It notes problems such as workforce shortages, decreases in reimbursements, increases in pharmacy costs, increased regulations involving patient privacy, increased demands on emergency departments and bioterrorism. IME payments as of October 1 will go from 6.5 to 5.5%. Together, these and other problems have placed hospitals in the position of struggling to even break even, let alone to generate a positive margin. The era of Hospitals serving as the cash cows for Schools of Medicine are over.

4.1 Sponsored Research Awards

- For FY2003 year to date shows 93 awards (6 fewer than the same time last year) for a total of \$8,399,449 (an increase of \$856,435).

4.2 21st Century UConn (S Whetstone)

- This is an initiative proposed by the Governor and supported by the Legislature that earmarks \$1.3 billion of capital funds for the University over 10 years (FY05 – FY15). \$300 million has been designated for projects at the Health Center.
- The Board of Trustees will exercise control of projects so long as the annual caps are not exceeded. This is a significant change from the current system

of obtaining legislative approvals, and then obtaining release of funds from the State Bond Commission. The UCHC BoD will advise the BoT regarding UCHC projects.

- Projects may include a new research building, renovations of existing structures, and investments in information technology.
- Due to the success of UConn 2000 (\$1 billion in capital expenditures from FY 95 – FY 05) and the Legislature's confidence in the methodologies used, we will follow the same processes for project planning and implementation. The first step will be to define a project list, to prioritize them and to set a 10-year schedule.
- The current capital plan will be presented to the Financial Affairs and Audit subcommittee.
- Discussion took place concerning the proposed building of the Department of Public Health's new laboratory on campus. A site has been selected (near the medical examiners building). This appears to be a 120,000 square foot building with a bio level 3 secured laboratory. UCHC will work with DPH to identify synergies in sharing resources.

5. Deans' Reports

5.1 Medical School (P Deckers)

a. Status of LCME Review

- Preparations are currently underway for a January 2003 review. Reviews occur every 7 years and are preceded with a self-study that is near completion. While we have 7 areas of partial concern, none are viewed as jeopardizing the accreditation. A more detailed report will be provided to the Academic Affairs subcommittee.

b. Class of 2006

- Profile –64% women, average age=23, 80% Connecticut residents, 15% URM, 17% Asian, 68% white.

5.2 Dental School (P Robinson)

a. Class of 2006

- Profile – 42% women 16/43 Connecticut residents, 5% URM, GPA of 3.4.
- The BoD asked that trend data on admission parameters be presented to the Academic Affairs subcommittee on a routine basis.

6. Academic Affairs (B. Koeppen)

- The subcommittee has not met yet. The membership list and meeting schedule were distributed.

7. Clinical Affairs/Peer Review Subcommittees (S. Strongwater)

- The subcommittee has not met yet. The membership list and meeting schedule were distributed. The form and content of subcommittee and BoD reports can be modified to meet their respective needs.
- Patient satisfaction continues to increase.
- New mandatory reporting laws for adverse events will take effect in October. The impact of these new procedures will need to be assessed.
- DPH held a surprise inspection visit of JDH earlier in the month. We believe we fared well.
- New national standards on resident work hours have been set that will commence in July 2003. We need to assess their impact and our response to them. Additional federal legislation in this area may also occur.
- There is a pending CON to approve our patient safety (IT) system.

8. Financial Affairs and Audit (D. Marks, chair & D Upton)

- The subcommittee has met once. It reviewed its role, the unaudited reports for FY 02 and year to date reports for FY 03. It began discussions concerning the Medical Arts and Research Building of Farmington, proposed revisions to the clinical compensation plan, the self-insured malpractice fund and the process used to select auditors. All will be discussed further at subsequent subcommittee meetings.
- The membership list and meeting schedule were distributed.

8.1 The **BOD** unanimously approved the **funding for an amount not to exceed \$800,000 to purchase a Radiology Information System.**

8.2 The following resolution was added to the agenda by an unanimous vote of the BOD. The BOD then **unanimously** approved the **contract with Encon Construction, Inc. to construct the interior laboratory space on the ground and main floors of the Academic Research Building. The contract amount, \$1,774,286 is based on Encon's bid received August 8, 2002. Encon provided the low bid among 13 bids received. The Standard Form of Agreement Between Owner and Contractor (AIA Document A101) is complete and ready for signature.**

8.3 The financial report through July 31, 2002 was reviewed.

8.4 PriceWaterhouseCoopers has helped develop an \$18 million opportunities register (increases in revenue, decreases in expenses) that may be employed over the next 12-24 months. This will be presented at the Financial Affairs and Audit subcommittee later in the year.

9. ad Hoc Committee Reports – None.

10. Consent/Information Items

10.1 The BOD unanimously approved **the School of Medicine recommendations for tenure, promotion, appointment and reappointments.**

10.2 The BOD unanimously approved **the School of Dental Medicine recommendations for tenure, promotion, appointment and reappointments.**

Executive Session was entered into at 11:53 am

Executive Session concluded at 1:00 pm

There being no further business, the meeting was adjourned at 1:00 pm

Respectfully submitted,

Peter J. Deckers, M.D.

Attendees

J. Abromaitis, N. Adams, P. Austin, E. Ball, R. Berlin, A. Borda, N. Brady, B. Carlson, T. Cawley, B. Chudwick, J. Comerford, A. Cooper, L. Danville, P. Deckers, T. Devers, D. Friend, B. Fraher, R. Gelfenbien, J. Geoghegan, J. Goldberg, E. Grab, L. Jacobs, P. Johnson, P. Keefe, W. Kleinman, B. Koeppen, R. Kozol, J. Lattanzio, G. Lawrence, C. Leonardi, S. Margiotta, D. Marks, I. Mauriello, J. Mazzone, M. McGuire, P. McManus, M. Meacham, L. Paplauskas, R. Reese, P. Robinson, J. Rowe, R. Samuels, R. Simon, S. Strongwater, T. Trutter, D. Turling, D. Upton, H. Waldman, J. Walter, S. Wetstone, S. Whetstone, L. White

Documents Distributed During the Meeting

Resolution for build out of Academic Research Building
Clinical Affairs/Peer Review Subcommittees' Schedule