



BOARD OF DIRECTORS MEETING

April 12, 2004
Minutes

Ms. Leonardi called the meeting to order at 8:33 a.m.

1 Public Comment

- None

2 Charge, Review of Agenda, Review of Vision Development Process

A. Introduction

Ms. Leonardi thanked the faculty, Bruce Carlson and Scott Wetstone for their efforts in the vision process.

Ms. Leonardi reviewed the agenda for the meeting and discussed the charge for the breakout groups. UCHC must face many environmental changes, as must all academic health centers. The Vision should help the Board's decision making toward necessary change.

The Vision and its goals should be easily understood, and progress measurable. Time frames and resource allocations must be described. As the Vision is developed, we must be able to articulate how UCHC differentiates itself from other academic health centers and regional care providers. Again, we need to address how to measure excellence, partnerships, physical investment, and success with the other goals.

B. Vision Statement

The Board reviewed two drafts of the Vision statement, that labeled 3/30/04 and a draft revised after consultation with the faculty oversight group labeled 4/6/04.

A concern was raised that UCHC cannot realistically excel in all research areas, but must focus instead, perhaps on translational research or other area of focus. Moving from an "investigation for investigation's sake" culture may be difficult and excelling in a fundamental basic science was suggested. The need to focus was reiterated.

Dr. Austin updated the Board on the initiative to create a University Center for Public Health and Public Health Policy to be lead by Dr. Ann Ferris and Dr. Eileen Storey. This will capitalize on current resources and exploit the opportunity to create synergies between UCHC and the rest of the University.

While the Center may develop a plan for a School of Public Health over the next 4-5 years, it is by no means a foregone conclusion that a School is indicated and/or resources would be available for one.

3 Breakout sessions

Separate breakout groups were held to discuss the faculty working group reports on education, research, clinical and public health. Two sessions of 45 minutes each took place. Each Board member rotated between two groups. The whole Board then reconvened and a summary of the discussion provided by the group's facilitator:

A. Education (Wetstone)

UCHC's educational programs are perceived as an area of existing strength and one in which we can expect to maintain or expand our national prominence. The goals proposed to strengthen our current undergraduate and matriculated programs, but also to extend our current educational success to broader audiences including the public and at the continuing education level. This will require not only the development of innovations in the curriculum, but learning to motivate and build the teaching competencies of the whole faculty rather relying on a small core of self-motivated and skilled faculty.

The next step in this area should be to develop a more detailed and integrated operational plan including a budget and analysis of funds flow. Options should be developed that will allow different implementation paths and a cost/benefit analysis performed on each option. Careful consideration should be made on how to implement cultural change among the faculty. Metrics need to be developed for monitoring success in this area.

B. Research (Weller)

At each research breakout research session, Dr. Berlin started by discussing the importance of fundamental research. He made several important points which are summarized here. Fundamental research is at the core of biological process: how cells live and die and how biochemical, physiological and structural approaches can help us understand how normal and diseased cells function are critical to our mission. Research informs every aspect of our clinical and educational activities. The ability to do fundamental research is what differentiates us from community hospitals and care centers. The ability to do fundamental research also makes us better educators and helps prepare the clinicians and scientists of tomorrow. The acquisition of new knowledge is the cornerstone of university life.

We aim to excel in research in fundamental, biomedical, clinical research and promote public health. We are not big enough to have depth in all areas, but it should be recognized that the research done here at UCHC is outstanding. In numerous areas, our research endeavors can go head-to-head with research done anywhere in the country. We are as successful in obtaining publications and grants, speaking at national meetings and receiving national and international recognition in our areas of research. We realize we cannot be strong in all areas and that we need to focus our efforts. We are interested in interdisciplinary approaches in which we can work together to create synergies. Using synergistic approaches we can leverage strengths and get more "bang for the buck" of research dollars. We have developed core facilities which provide the infrastructure in key areas of proteomics, genetics, gene targeting, mouse models, and structural biology. This infrastructure is used to promote research in many different areas. Over and over, we find that fundamental research leads to discoveries which are directly applicable to human health and clinical care. Because of the nature of

research, it is often hard to predict which avenues will provide the most direct applications. The NIH roadmap supports fundamental biological research which lead to discoveries that will form the basis of all new therapies of the future. To facilitate this bench to clinical application, better dialogue with clinicians and a cadre of physician scientists dedicated to translational research will be essential. Other research tools such as epidemiology and the study of genetic markers influencing susceptibility to disease will also play critical roles in the future. A balance between fundamental, clinical and public health research needs to be struck. In terms of new hiring and expansion, we recognize the need to focus our attention. The vision statement we adopt for research needs to be bold. It needs to recognize and expand our current strengths, maintain flexibility and keep the research enterprise energized with growth in critical strategic areas. We need to keep in mind that we can enhance our position by strategic partnering with our colleagues at Storrs and other New England institutions to leverage our strengths and take advantage of regional synergies.

There was considerable support for these comments. Dr. Hutson stressed that we need to do fundamental biology well in order to excel in the biomedical sciences. The question was asked: How can we position ourselves to be competitive in fundamental to translational to public health? If research at UCHC is like a young tree, it may be necessary to prune it to get the best growth, but the danger is that over pruning can kill it. We need to be disciplined enough to keep our focus and yet be flexible enough to anticipate changes in the direction of biomedical science and be ready to jump on opportunities which may present themselves in the future. American science prunes itself by the grueling funding process. This demand for excellence in order to get funding serves science well. The researchers at UCHC are on an upward trajectory in funding and are very successful in this area. Many scientists at the Health Center are very successful in obtaining individual grants or RO1s, and others have begun to take advantage of research synergies to obtain program project funding in thematic areas such as vascular biology. Both types of research serve our mission well as it is inherently difficult to predict which kinds of research will lead to medically applicable findings. The expanded portfolio which exists now is healthy. We have a considerable investment in fundamental research and UCHC has become recognized nationally and internationally in a number of important areas including bone biology, imaging technology and the virtual cell, structural biology, neuroscience and genetics. It would be dangerous to consider “pulling the plug” on our current strong research programs. We can't afford to let existing successful research wither on the vine. We also need to recognize and redirect current tenured faculty who are unfunded as these individuals place a burden on the system which we cannot afford to maintain.

During the discussion, the question was asked: how can we differentiate ourselves from other AHCs including some of the strongest AHCs across the country? How do we decide which areas to fund and which strengths to build on? How do we support and promote translational research? How do we decide how to grow during times of limited funding? What kind of metrics can we use to show us we are heading in the right direction? Which metrics are the most important? No consensus was reached, and the researchers agreed that they needed to spend some more time with this complex issue. Several board members were interested in the development of a business plan for the research endeavor. They asked the research community to spell out where we plan to go, define the metrics, analyze costs and benefits. The definition of what is meant by “excellence in research” needs to be clarified. Research at UCHC is already in an excellent position by the criteria research dollars per capita (i.e. individual faculty member). Over the next several months, the research community will need to begin a more focused study of developing other metrics which are appropriate. These discussions will occur as part of the planning process for the new building.

C. Clinical (Strongwater)

The clinical enterprise mission, vision and values and recently developed eight goals were reviewed (patient satisfaction, safety, quality, academic connections, workforce, management effectiveness, community connections, and reputation). Several themes were agreed upon including the need for clinical differentiation in the marketplace, extending our reputation (based in large part upon our academic faculty, evidenced based medicine and patient safety), collaborations with other groups (hospitals, physician groups, nursing homes, public health programs, etc.), and deploying service guarantees (as a strategy for improving patient loyalty).

Recommended revisions of the working draft of the BOD vision statement were prepared:

UCHC will provide transformational leadership among academic health centers for optimizing the health of individuals, families and the communities we serve through research, education and clinical care.

It was further recommended that the fourth bullet of the draft vision statement be revised:

Creating, utilizing evidenced based medicine, implementing, assessing and promulgating innovative approaches to health care.

There is a desire to underscore the importance of quality as an umbrella for patient safety and satisfaction and to assure, as recommended in the IOM reports, that the patient is central in our approach.

D. Public Health (Carlson)

Both sessions felt that the vision statement was appropriately crafted and suggested one change, the removal of the parenthetical phrase in the second bullet under “nationally recognized”.

It was felt that the UCHC regional or even national niche in Public Health was the education of public health practitioners along with the Ph.D.'s. We should be developing certificate programs that allow practitioners to take courses in a particular area of study.

UCHC's focus in Public Health ought to be on prevention of diseases and bringing an interdisciplinary look at Public Health. That look should not be limited to the Schools at the Health Center but within the entire University.

Through its efforts in Public Health UCHC should become the partner of choice with other state agencies looking at the health of various populations. As such, this role will become a major differentiator of UCHC from the other health care institutions in the region and in Connecticut.

In the second session, much of the discussion was around the advisability of UCHC, or the University in general, developing a School of Public Health. It was felt that many of the positives that were seen as being achieved through a School, could be achieved simply by more interdisciplinary cooperation. Schools require additional resources whereas collaborations could occur within the existing resources. It was felt however by the participants of this session that greater emphasis on public health and disease prevention of the population was an appropriate direction for UCHC to be headed.

One question that was asked but not answered was the interest in having quantified the amount of Department of Public Health resources now going out of state which could be captured by a greater UCHC public health effort.

4 Vision Statement Revisions

The Board discussed the purpose and format of vision statements as well as the target audiences for them. The need to generate enthusiasm and excitement, the “wow” factor, was deemed important.

Ms. Leonardi was charged to reconsider the vision statement in light of the Harvard Business Model originally discussed by Dr. Hutson last fall. This includes articulate of institutional values and a vivid, but concise vision statement preceded by a BHAG (big, hairy audacious goal). Shorter term goals would then follow. Once this is developed, the refined plans for implementing the goals should be developed.

There being no further business, the meeting was adjourned at 11: 55 am

Respectfully submitted,

Peter J. Deckers, M.D.

Attendees

J. Abromaitis, A. Ardolino, P. Austin, R. Berlin, G. Burrow, B. Carlson, B. Chudwick, P. Deckers, T. Devers, C. Dugger, D. Gregorio, J. Egan, E. Eisenberg, L. Flaherty-Goldsmith, B. Gould, D. Friend, R. Garibaldi, J. Goldberg, M. Grey, P. Hassett, T. Hla, A. Horbatuck, L. Huey, N. Hutson, L. Jacos, P. Johnson, B. Koeppen, R. Kozol, G. Lawrence, C. Leonardi, B. Liang, M. MacNeil, P. McManus, J. Noonan, S. Reisine, P. Robinson, J. Rowe, M. Ryan, R. Samuels, P. Setlow, D. Shafer, S. Strongwater, E. Storey, J. Thibeault, R. Trestman, D. Turling, D. Upton, J. Walter, S. Weller, S. Wetstone, L. White, S. Wikel

MATERIALS DISTRIBUTED AT THE MEETING:

UCHC Board of Directors Meeting, April 12, 2004 – Vision and Breakout Sessions sheet
Breakout Group Assignments
2020 Vision Statement dated 4/6/04