



BOARD OF DIRECTORS

MEETING

March 13, 2006
Minutes

Dr. Burrow called the meeting to order at 8:31 a.m. A motion was made and unanimously approved to enter into Executive Session:

- 8:32 am Preliminary notes and drafts – Clinical Facilities Planning:
Present: J. Abromaitis, P., Austin, J. Bigos, G. Burrow, S. Cloud, J. Goldberg, A. Gnazzo, B. Hehir, L. Jacobs, R. Samuels, L. Aronson, A. Borda, B. Carlson, J. Comerford, P. Deckers, C. Dugger, L. Flaherty-Goldsmith, W. Kleinman, E. Leone, J. Mazzone, P. Robinson, D. Upton, S. Wetstone, and S. Whetstone.
- 8:57 am Labor contract negotiations – UHP Contract
Present: J. Abromaitis, P., Austin, J. Bigos, G. Burrow, S. Cloud, J. Goldberg, A. Gnazzo, B. Hehir, L. Jacobs, R. Samuels, L. Aronson, A. Borda, B. Carlson, J. Comerford, P. Deckers, C. Dugger, L. Flaherty-Goldsmith, W. Kleinman, E. Leone, J. Mazzone, P. Robinson, D. Upton, S. Wetstone, and S. Whetstone.

Executive Session adjourned at 9:05 a.m.

Regular session resumed at 9:07 a.m.

Chair's Remarks

The UCHC Board of Directors Faculty Recognition Award will be conferred posthumously to Dr. Richard Berlin at the May commencement.

1. **Public Comment**
There was no public comment.
2. **Approval of Minutes**
 - The BoD unanimously approved the Minutes of December 5, 2005.
3. **Consents: None**
4. **Main Business Items**

4.1 Impact of the School of Dental Medicine to the State of Connecticut (P. Robinson)

In response to a recommendation from the State Auditors, Dr. Robinson described the impact the School of Dental Medicine has on the State of Connecticut. This impact included:

- **Dental Workforce:** The SoDM's graduates represent the majority of all new dentists in the State. This represents 48.4% of 1168 graduates practicing in state including 680 dental specialists.
- **Economic Impact:** The primary impact of the School is approximately \$109 million in direct economic activity and \$337 million in secondary activity.
- **Quality of Education and Graduates:** The SoDM has a unique and rigorous curriculum concentrating on oral medicine. Its students continuously rank at or near the top of National Board exams and its postgraduate (residency) programs are highly regarded. The SoDM Received the highest number of applications this year (over 1,350), but it has been a struggle to generate 15 qualified applicants per year for a class of about 40. Recruiting under-represented minorities has been a priority over the last 5 years and we have achieved over a 20% class proportion as a result. Six programs have been initiated to recruit more Connecticut residents.
- **Impact of Research Activities:** Despite the SoDM's small size, it is one of the top three schools in training dental scholars/educator and it ranks 7th or 8th in research productivity and 12th in NIH funding when compared to other Dental Schools.
- **Clinical Services:** The SoDM provides 126,384 patient visits annually including operating a dental emergency room with 70 patient visits per day. This includes many special high needs populations such as 63% of all visits for Department of Mental Retardation clients, 22% of children on Medicaid, 42% of adults on Medicaid and 51% of all emergency Medicaid visits.

4.2 Clinical Facilities Plan

- No further developments; removed from agenda.

4.2 Research Enhancements (S. Whetstone)

Research awards have doubled over the past 5-6 years, but management recognized it didn't have a full understanding of the business aspects of the research domain. PriceWaterhouse Coopers was engaged to help with such an analysis in September 2003 – October 2004 which demonstrated that rather than being a profit center, research must be subsidized by about \$18-20 million annually.

PWC made 24 recommended actions covering core facilities, HCRAC, grants management and administrative services. The Research Services Enhancement Working Group was convened to implement the recommendations, which included compliance issues and financial stewardship and accountability:

- Core Facilities: provide dedicated administrative support to oversee financial reporting and provide guidance for rate setting. Attention is needed to identify all costs and uniform reporting formats.
- Research Grants Closeout: shorten the closeout process by implementing a BEST Project Team to review and revise the grants closeout process. Significant reductions have already been realized.
- Economic Models/Metrics – Departments: Redesign financial reporting for the Schools from “fund group” to a comprehensive picture of overall financial results in all departments including administrative, academic and other units. Will be implemented fully as new systems and resources become available.
- Economic Models/Metrics – Space Management: Engage in uniform goal setting and performance process review for all academic departments. Establish a standardized approach for reviewing performance versus goals on a regular basis that includes both qualitative and quantitative measures. Implementing institutional and domain space policies; dollar density; and FAMIS space inventory system.
- Health Center Research Advisory Committee: Management should provide HCRAC with financial and user data during the budget allocation process, coordinating resource allocation. HCRAC should develop transparent criteria and outcome tracking mechanism.
- Institutional Review Board/Human Subjects Protection: The IRB should be evaluated with respect to industry best practices and key performance metrics.
- Research Grants Management: Clarify and document roles and responsibilities to identify specific accountability across the pre- and post-grant function. Complete the implementation of InfoED.
- Human Resources: Implement a BEST process improvement team for HR to streamline hiring process; developed new procedure for obtaining compliance paperwork from applicants.
- Purchasing Services: Implement a BEST process to accelerate the purchasing process including a web-based purchasing system for research.
- Clinical and Translational Research: Implement the recommendation of the CSC/Ropes & Gray study completed 1/06. Also create a Center for Clinical and Translational Research (CCTC) that oversees and combines resources of GCRC and the Clinical Trials Unit.

Dr. Deckers thanked the REWG, Ms Whetstone and Dr. Lalande for their efforts to date which are still on-going. He recognized the need to address population-based, behavioral and social sciences research as well as basic science and clinical research and he announced the designation of Public Health as the fourth Signature Program (which now encompasses Connecticut Health.)

The Board discussed the level of subsidy provided to research activities as well as possible sources of these funds which included higher IDC rates, increased State support, increased margin from the hospital and philanthropy.

4.4 Space Needs and Leases – B. Carlson

The need for space has been growing for several reasons including the increase in research activities and increases in clinical volume that have resulted in the hiring of 600 more employees

over the last 5 years. There are also 'temporary' buildings that have become less viable over time and therefore a growing need not to use them. Swing space will be needed to enable the renovations of L building and space needs to be identified for the stem cell initiative that is clearly not entangled with any Federal funding. As part of a response to this demand for space, UCHC has acquired the Konover building and built the MARB. UCHC has also expressed interest in leasing the Farm Tech building, but more complete financial statements are needed before that decision can be made. The resolution on the Farm Tech lease was deferred until the Finance Subcommittee report later in the agenda.

4.5 2020 Vision Update and New Year's Directions (S. Wetstone)

The history of the 2020 Vision planning efforts was reviewed. Rather than provide a single Vision budget request each year, they will be incorporated into existing organizational structures: Patient safety in the C4I/JDH budget, Signature programs in the Signature Programs Office and three SP budgets, Public Health in the Center for Public Health and Health Policy budget and Health Knowledge and Awareness in the Institutional Office of Education budget. The Grow Your Own project will continue to be budgeted as an independent project. An annual report on the collective progress towards 2020 Vision goals will be presented to the whole Board in March of each year with subcommittee reports as needed.

An update of progress in each Vision area was then provided:

- Patient Safety/C4I:
 - Active work was described in five initial areas of concentration: medication safety, nosocomial infections, pain assessment & management, patient falls, and culture assessment and change.
 - Most outcome measures are under development or are being collected. However, a 44% reduction in patient falls (CY 2005 vs CY 2004) has already been documented.
 - New areas of focus will be performance improvement measures and ambulatory care. More effort will be made to identify research and external funding opportunities.

Dr. Jacobs commented on the growing concern of hospitals around the state regarding patient falls and noted that the JDH has made remarkable progress in curtailing these events.

- Signature Programs
 - The Colon Cancer Prevention Program (CCCP), a new component of the Carole and Ray Neag Comprehensive Cancer Center, was used to demonstrate the linkage of wet laboratory research to clinical care (T1) to the community (T2) and to public health
 - Evidence of each program's growing national reputations was provided which included publications, grants, awards, and faculty assuming leadership positions nationally.
- Public Health Center
 - Initial areas of focus and accomplishments were described for: building interest in public health and creating collaborative working teams within the University and with external partners, doctorate training, urban health initiatives, workplace initiatives, information networks and collaborations with the other Signature programs.

- The goals for FY 07 were described.

Dr. Deckers announced that the Public Health was established as a new Signature Program in December, 2005

- Vision 2020 Health Knowledge and Awareness Executive Summary
A three year plan was described:
 - FY 07 – Employ best practices through the use of educational technologies and methods for evaluation
 - FY 08 – Developing an education research program, faculty development, and expanded offerings for continuing professional educational activities in the community.
 - FY 09 – Expanded offerings in patient and community education programs, collaborations with University and State partners, achieving sustainability through grant funding, and innovation in effective and efficient methods for education.
- Grow Your Own: Junior Faculty Career Development in Clinical and Translational Research
 - Support release time for conducting clinical and translational research
 - Develop a culture of mentoring.

5. CEO Report (Dr. P. Deckers)

1. Dr. Deckers discussed the Health Center's revenue streams and the significant reliance on the margin from the Hospital to support the quality and scope of the academic mission.
2. LCME - The SoM has now been deemed in full compliance with the Liaison Committee for Medical Education via a visit the latest accreditation review. There were never any concerns raised about the teaching program and Dr. Deckers congratulated Dr. Koeppen for his leadership.
3. AHERP Certification was received for the Institutional Review Board which monitors human subjects protection. Dr. Deckers thanked Dr. Simon and D. Gibbs for achieving this.

6. Academic Affairs (Dr. B. Koeppen)

The subcommittee recently heard reports on the Health Careers Opportunity Program, Center on Public Health and Health Policy, Dental Graduates survey, and Graduate school programs. The following two resolutions were unanimously approved:

- **That the Board of Directors approve proposed changes in the Health Center Faculty Grievance Procedures, prior to them being submitted to the Board of Trustees for approval.** These revisions pertain to the University of Connecticut Bylaws, Section T., as described in the attachments provided.
- **That the Board of Directors approve the proposed name change of the School of Dental Medicine Department of Orthodontics, Oral and Maxillofacial Surgery, Pediatric Dentistry and Advanced General Dentistry to the Department of Craniofacial Sciences.** This change in name had previously been reviewed by the other SoDM Departments.

7. Clinical Affairs (Dr. S. Strongwater)

The subcommittee recently heard reports on nursing and physician recruitment and retention, employee survey/cultural assessment, medical staff credentialing process, and issues related to clinical volume. The clinical enterprise key indicators were reviewed.

8. Financial Affairs (D. Upton)

1) Financial Update:

At seven months into the year, we continue to show the same trends as noted earlier. To date we are experiencing a \$5.3 million deficit but are budgeted for a \$0.95 million surplus. Contributing to this are ~\$1 million deficit in clinical operations, ~\$1 million in research, (NIH awards are down 6.2%), and \$0.89 million from Corrections Managed Health Care. We have received a \$4 million reimbursement from Medicare will be posted over the next 4 months and should reduce the year end deficit. The Farmington Surgery Center is also not performing at anticipated levels and a permanent solution to structural difficulties is being pursued.

2) University Health Professional Collective Bargaining Contract.

This proposed contract requires approval by the Board of Directors, UHP membership and the Legislature (either through a direct vote or by it being posted at the Legislature for 30 days with no action being taken.) Details were provided in an attachment. The Board of Directors unanimously approved the following resolution:

That the Board of Directors approve the negotiated settlement between the University of Connecticut Health Center and the University Health Professionals (UHP) for a four-year collective bargaining agreement to be effective July 1, 2006 to June 30, 2010.

3) Memorandum of Agreement – Department of Corrections.

This proposed contract pertains to the Corrections Managed Healthcare services provided by the University of Connecticut Health Center to the inmate population of Connecticut. This is a revision of the arrangement originally effective October 1, 1995 and last revised July 11, 1997. This agreement has been discussed at prior meetings and a summary of the agreement was provided in an attachment. The Board of Directors unanimously approved the following resolution:

That the UCHC Board of Directors approve the Memorandum of Agreement with the Department of Corrections.

4) Leases

- Exchange Lease

The following resolution was unanimously approved:

“That the Board of Directors approve a Property Lease with New Boston Exchange, LP for the following departments: Center for developmental Disabilities - 1,656 Rentable Square Feet for 5 years.”

- 10 Talcott Notch Lease

The following resolution was unanimously approved:

“That the Board of Directors recommend that the Board of Trustees authorize the Health Center to execute a two (2) year extension with a one(1) year option of a lease with SS&H Associates for 9,001 rentable square feet of space at \$175,519.50 per year currently occupied by the Department of Psychiatry on the 3rd floor at 10 Talcott Notch, Farmington, CT.”

- 10 Talcott Notch Lease

UCHC is in need of wet laboratory space for many reasons including:

- Stem Cell Program – The State has committed \$100 million over 10 years). The University has successfully recruited an internationally known leader, but we need a facility that has no ties to Federal funds in order to pursue human embryonic cell line work. The State is still developing its procedures to call for proposals and for then awarding funds. This will include seed grants (\$100 thousand per year for four years), the equivalent of NIH RO-1 grants (\$250 thousand per year for 4 years), the equivalent to an NIH project program grant (\$1 million per year for 4 years), and infrastructure/core lab grants (up to \$5 million).
- Swing Space – UConn 2000 Phase III includes funds for the renovation of the L building. Originally, the plan was to build a new research tower and use it to decant wet laboratories from L building enabling phased renovations. The plans for the research tower have been put on hold until the clinical capital plan can be finalized. Therefore, new swing space is needed.
- Technology Transfer Incubator Space – Several out-of-state firms have expressed interest in leasing space near the Stem Cell Program laboratories or just near other UCHC research efforts.

The Board raised questions about several of the assumptions made when developing the terms of the proposed lease. Carefully attention will be paid to ensure an equipment and/or research conducted with Federal monies will be appropriately tagged and kept separate from Stem Cell Program funded projects. It is unclear how well UCHC researchers will be funded in the future in the face of NIH budget cuts and there are no guarantees how the Connecticut Stem Cell funds will be allocated this year. Concerns were also raised of the long term commitment needed to reimburse the landlord for renovation costs.

It was also noted that this is an opportunity to acquire nearby land for further campus expansion which is important given the “land-locked” state we are currently in.

The resolution was amended by unanimous vote to include a requirement that final Board approval would require any final contract to come back to the Finance Subcommittee for its review and approval.

The following resolution was unanimously approved (Ms. Anne Gnazzo abstained):

“That the Board of Directors recommends that the Board of Trustees authorize the Health Center to enter into a lease for the building located at 400 Farmington Avenue, Farmington, Connecticut (Farm Tech) consistent with the terms of the lease proposed appended hereto. This approval is contingent on the State funding an infrastructure core laboratory at the University of Connecticut as part of its stem cell program. The Board of Directors delegates final approval of this contract to the Finance Subcommittee who must review and approve it before it may be signed.”

There being no further business, the meeting was adjourned at 11:48 a.m

Respectfully submitted,

Peter J. Deckers, M.D.

Attendees:

Mr. Abromaitis, Ms. Aronson, Ms. Comerford, Dr. Deckers, Dr. Devers, Mr. Dreyfuss, Ms. Armstrong, President Austin, Dr. Berlin, Mr. Borda, Mr. Carlson, Dr. Friend, Dr. Goldberg, Dr. Jacobs, Mr. Kleinman, Dr. Koeppen, Ms. Lattanzio, Ms. Leonardi, Mr. Marks, Ms. Mazzone, Dr. Garibaldi, Dr. Hansen, Dr. Hutson, Dr. Lawrence, Ms. McManus, Dr. Rowe, Mr. Samuels, Dr. Simon, Ms. Pencz, Dr. Wetstone, Mr. Noonan, Mr. Penney, Dr. Robinson, Mr. Ryan, Dr. Strongwater, Dr. Trummel, Mr. Upton, Mr. Walter, Ms. Whetstone, Mr. Wilson, Mr. Kelly, Mr. Schilling, Mr. Mangiatiw, Mr. Beyer, Ms. White, Mr. McGrath

Documents Distributed During the Meeting:

Special Workshop Facilities and Capital Planning Powerpoint Presentation
Preliminary Phasing Report for 21st Century UCHC Projects