



University of Connecticut
Health Center

Health Affairs Committee

September 5, 2000
Minutes

Attendees: See attached list.

Ms. Leonardi called the meeting to order at 8:23 a.m.

I. Public Comment

- There were no requests for public comment.

II. Introductory Business Items

A. Approval of Minutes (7/25/00 and 8/1/00)

- The minutes of July 25, 2000 were approved.
- The minutes of August 1, 2000 were approved.

B. Recognition(s)

- There were no recognitions.

III. Consents

A. Institutional

- Contracts > \$500,000 – None.
- The HAC unanimously approved the addition of the following item to its agenda and then unanimously approved the following recommendation to the Board of Trustees: ***“That the Board of Trustees approve Daniel L. Upton, Chief Financial Officer for the University of Connecticut Health Center, as signatory on Health Center Contracts as follows: 1.) Any and all agreements requiring the expenditure of funds that have been approved by the Board of Trustees; 2.) Any agreement requiring an expenditure of up to \$500,000, provided that it be presented to the Board of Trustees as a subsequent information agenda item; and 3.) Any agreement pertaining to student-related activities over which the University has fiscal oversight.*”**

B. Specific to the UCHS including JCC approved action items and UCHC Finance Corporation

- The HAC unanimously approved the following recommendation to the Board of Trustees: ***“That the Board of Trustees authorize the University of Connecticut Health Center Finance Corporation, on behalf of the UConn Medical Group, to enter into a lease with Simsbury Medical Associates for approximately 3,748 rentable square feet of space, at 381 Hopmeadow Street in Simsbury, for the period January 1, 2001 to December 31, 2006.”*”**

C. Specific to Schools

- The HAC unanimously approved the following recommendation to the Board of Trustees: ***“That the Board of Trustees approves the Annual Reports for the following Endowed Chairs: Infectious Diseases/AIDS Research; Transfusion Medicine and Human Genetics.*”**

IV. Information Items

A. Regularly Recurring Items

- Contracts > \$5000
- Personnel actions

B. Policy Changes

- None.

C. Other Items

- None.

V. Education

Medicaid Populations in the Dental Practice— presentation by Dr. James Crall. A lengthy discussion took place:

1. Problem:

- A large number of low income children, ~ 18 million nationally, have no or limited access to preventative or restorative dental care. This has resulted in significant morbidity for high risk group of 4 –5 million children.
- The principal cause of this problem is lack of adequate reimbursement by Medicare for dental care. These reimbursement have not kept up with the consumer price index and are not competitive with reimbursement for other classes of patients. Private practitioners therefore are reluctant to treat such patient. A secondary problem is the relative lack of Pediatric Dentists and other specialists needed to treat the severe morbidity in the 4 –5 million most affect group of children.

2. UCHC’s current role:

- The School of Dental Medicine is a major provider of dental care to this underserved population. Its principal clinical sites are at the Burgdorf clinic, CCMC and in Farmington.
- The School of Dental Medicine has placed pediatric dental fellows in regional centers to enhance their ability to deal with complex pediatric cases. The School maintains an active pediatric dentistry residency program and provides continuing dental education in this area.
- The School of Dental Medicine has received \$250,000 from the Legislature to initiate a pilot project in developing a integrated system of ‘safety net’ clinics to address the problems of this underserved group of children.
- The planning of the Connecticut Health signature program will include this area of concern.

3. Discussion by HAC:

- methods of increasing the workforce capable of dealing with pediatric dental care were discussed including increased Medicare reimbursement, loan forgiveness problems, and seeking money from the foundations/grant sources, companies (such as those that sell dental products) and private donors.
- The need for new facilities and the cost of such facilities.

- Possible partnerships with the State Dental Society, private dentists, the State and others.
- Possibility of stressing oral health in pediatrics residency programs and/or continuing medical education courses for pediatricians
- HAC requested this issue be revisited later in the year.

VI. Main Business Items

A. Chair's Remarks and Reports (C. Leonardi)

B. Deans' Remarks and Reports

1. School of Medicine (P. Deckers)

- Class 2004 – 79 students; average age = 24; 56% female; CT residents = 84%; URM's 15%; Asians = 6%; whites = 77%; 13 students from UConn; 29% of URM offered admission, matriculated.
- URM Scholarships: The Association of Medical Colleges goal of matriculating 3,000 URM's by the year 2,000 has failed. While many other schools simply compete to attract the few applicants available, the Health Professional Partnership Initiative program at UCHC appears to have increased the number of qualified applicants. However, many participants of these programs are lured to other schools simply by the offers of full tuition and fees. Therefore, The School of Medicine and Dental Medicine have agreed to expand the scholarships offered to URM's by 10 in the SOM and 3 in the SODM. This will result in total of 40 scholarships in the SOM and 12 in the SODM at the cost of ~\$340,000/year when fully implemented. Funds for these new scholarships will be reallocated from the student loan repayment accounts that now show a surplus.
- Frank Gifford from the Development Office is in the process of developing case statements for the Health Center.
- Compensation Committee – Dr. Simon has been named as the plan's administrator. The Executive Committee for the plan has been convened and is working to define quantitative and qualitative measures to determine academic merit for faculty plus rules to determine distribution of dollars for clinical productivity. HAC members cautioned that such rules should be easy to understand and they should be simple to administer. Supplemental sources of income such as clinical trials research should be pursued to help support faculty salaries.
- UMG – An RFP has been released in order to engage financial consultants to examine UMG's financial viability and to recommend potential new models to ensure its continuing viability.
- Signature Programs – A scorecard to monitor the progress of the Integrated Strategic Plan is under development. Business plans for each signature program are due 9/15/00. Recruitments in uro-oncology, a Ph.D. in Psychiatry to help with the Connecticut Health initiative and geriatrics have or are nearing completion.
- Department of Public Health - Drs. Deckers and Robinson met with Commissioner Garcia regarding a closer relationship between DPH and UCHC to enhance Connecticut Health. They have agreed to develop a strategic plan for this relationship. This may result in DPH targeting more of its funding to UCHC rather to other contractors.

2. School of Dental Medicine (P. Robinson)

- New Curriculum Instituted– This is the first year of a 4 year process and includes vertical teams of student participating in the care of patients and in participating in clinical skills seminars.
- Incoming class – Matriculation by URM's increase from 7.5% to 11% by the start of classes. This is more favorable than the national averages for Schools of Dental Medicine.

- Faculty recruitment and maintenance – The School is experience significant problems in the recruiting and maintaining faculty. Many key faculty have been lost recently. The primary problem has been an inability to be competitive with other academic institutions with salaries (due to the financial problems of UCHC). In addition, compensation in the private sector is much higher than in Schools of Dental Medicine (HMO's have not effectively reduced reimbursements and the country has a net loss of ~2,100 dentists/year nationally due to a higher retirement rate than graduation rate of new dentists.) The SODM faculty compensation plan is still under consideration by the Dental Council. Dr. Robinson will provide HAC with an update at its next meeting.
- Compensation Plan – in hands of Dental Council; Dr. Robinson to report on operational side at next meeting.

C. Clinical Operations Report (S. Strongwater)

1. JDH & UMG operational statistics were discussed.
2. Nursing shortage – we are experiencing a nursing shortage which also includes other allied health positions as well. This has resulted in a bidding war between hospitals. The UCHC turnover rate of ~11% is a little higher than the Connecticut average but better than the national average. In addition to compensation one key issue appears to be choice of shift (night, weekend, overtime.) HAC members raised the issue that perhaps we could develop a comprehensive staffing plan that would take advantage of the UConn School of Nursing in addition to other recruitment and retention initiatives. The need for a reliable survey of employees was also discussed.

D. CFO's Remarks and Reports (L. Aronson and D. Upton)

1. Monthly projections – Additional data and analysis has allowed better predictions of deficits and surpluses on a month to month basis to better reflect seasonal type issues. These projections will continue to improve over time.
2. Variances from budget - The deficiency for July was \$468,000 versus a budgeted deficiency of \$931,430 – a 50% favorable variance. Delays in hirings within the Schools appear to have accounted for much of this favorable variance. The research area had an unexpected drop in revenue which may be simply a timing issue.
3. Integrated Strategic Plan - Data will be provided on the Integrated Strategic Plan as financial activity starts to take place.
4. Timing of reports - Financial data will be made available to the HAC earlier after the Finance Department fills its vacancies, completes its relocation, and as its reorganization plan is implemented.
5. Format of reports – these will continue to be evolved to match the Storrs format so BOT/HAC members will have a standard for all the financial reports they receive.
6. HAC members discussed the following
 - concern about why such a large swing from deficit to surplus is anticipated between December – January. (Due in part to vacation schedules in December and the tendency for patients/physicians to delay elective surgery until after the holidays.)
 - whether the variance in personal services is temporary or permanent (i.e. a temporary delay in hiring or not)

VII. Executive Session

The Health Affairs Committee voted to enter into Executive Session at 10:21 am. to discuss matters that would result in the disclosure of public records described in Sec. 1-210 (b) of the Connecticut General Statutes. The Chairman noted that on the advice of counsel only staff members whose presence was necessary to provide their opinion would be permitted to attend Executive Session.

Trustees present were: Mr. Gelfenbien, Ms. Leonardi, and Dr. Jacobs.

Others present : Mr. Carlson

HAC left Executive Session at 11:15 am.

There being no further business, the meeting was adjourned at 11:15 a.m.

Respectfully submitted,

Peter J. Deckers, M.D.

Attendees

Lori Aronson, Howard Bailit, Richard Berlin, Jack Blechner, Nancy Brady, Thomas Callahan, Bruce Carlson, John Carson, Thomas Cawley, James Crall, Peter Deckers, Richard Garibaldi, Roger Gelfeinbien, Frank Gifford, Edward Grab, Lenworth Jacobs, William Kleinman, Claire Leonardi, Joan Mazzone, David McCluskey, Jean Morningstar, Douglas Oliver, Gloria Opirhory, Peter Robinson, Richard Simon, Steven Strongwater, Deborah Turling, Daniel Upton-by phone, Hiliary Waldman, James Walter, Scott Wetstone, and Susan Whetstone

Documents Distributed During the Meeting

- a) Oral Health Care and Children: Background Data and Policy Issues – Dr. Crall