

Academic Affairs Subcommittee  
of the Board of Directors

November 3, 2003

**Minutes**

Attendees: R. Berlin, G. Burrow, A. Cooper, P. Deckers, J. Goldberg, A. Hand (representing M. Mina and C. Trummel), B. Koeppen, C. Leonardi, G. Maxwell, P. Robinson, P. Setlow, J. Shanley, S. Armstrong, B. Carlson, D. Gregorio, S. Strongwater, T. Trutter, J. Walter, S. Wetstone, S. Whetstone, L. White

Mr. Cooper called the meeting to order at 9:03 a.m.

1. Public Comment

None.

2. The minutes of the August 18, 2003 meeting were unanimously approved. Dr. Deckers introduced Dr. Gerard Burrow, a new member on the Subcommittee. Dr. Burrow was formerly the Dean of the Yale School of Medicine and is currently Chief Executive Officer at Mystic Aquarium.

3. 21<sup>st</sup> Century Update

Ms. Whetstone provided a brief update on UConn 2000, a billion dollar capital program with the UConn Storrs campus. Although the Health Center did not participate in UConn 2000, we continued to make an annual request for funds through the State capital budget and sought allocation of dollars through the State Bond Commission, which resulted in a \$31 million authorization over the last 10-12 years. Approximately \$20 million has actually been allocated to the Health Center; the remainder is authorized but has not yet been allocated. It is also unlikely that the unallocated funds will be made available to the Health Center.

The Health Center is now a participant in 21<sup>st</sup> Century UConn, which is a ten-year extension of UConn 2000. Approximately \$300 million will be made available to the Health Center for academic capital development. These funds are scheduled to begin to be released on July 1, 2004. Under UConn 21, the Health Center has the ability to identify the projects to be funded as well as the sequencing of those projects. The Health Center and the Storrs campus are required to stay within a bond cap of \$100 million per year, so we are working closely with Storrs to coordinate projects. A proposed list of projects and sequencing was presented to the full Board of Directors on April 10. This list has been refined with additional details added in response to questions posed by the Board. Some of these questions related to the size of the research building, effective use of research space and how it is measured,

performance measures, and the financial implications of moving forward with the research building, our largest project at \$60 million.

Dr. Berlin outlined the programmatic considerations. He noted that a new research building would not only allow for focused and interactive research activities, but would also provide space for the education of students, especially graduate students. The first Research Strategic Plan was a five-year plan that resulted in the recruitment of 50 basic scientists since 1995 -- 35 in basic science departments and 15 in clinical departments. When you take into account the number of people who have left the institution, this results in an actual increase of 11 positions in basic science departments and a loss in the clinical departments. While we have been maintaining a relatively constant number of research faculty during this period, productivity has grown 2-1/2 times. The proposed plan is to add 25 new researchers over the next five years (five per year), a 13-14 percent increase assuming the basic number remains constant. Fifteen recruitments are needed to fulfill obligations made under the first Research Strategic Plan. Ten recruitments would be related to the Signature Programs. The decision to focus resources in specific areas has resulted in the elimination of the Department of Anatomy and the consolidation of the Departments of Biochemistry and Microbiology into the Department of Molecular, Microbial, and Structural Biology. In the clinical area, several new signature programs have been advanced in the areas of cancer, cardiovascular biology, and musculoskeletal diseases. Emphasis is being placed on areas that create opportunities for translational research and improved clinical care. He noted that the NIH is currently emphasizing translational research by directing more funds to clinical research. One example cited was the Center for Immunotherapy of Cancer and Infectious Diseases, which is a mixture of both NIH funding and funding from private industry. Dr. Berlin noted that a new research building would provide contiguous space to allow researchers to interact freely and to allow for free flow of information. This would be a notable improvement in the type of research space available in the L Building. He believes this is essential if we are to attract high quality researchers, students, and fellows, as well as retain our current faculty.

Mr. Trutter presented the space needs analysis for the new research building. In conducting this analysis, he identified peer institutions from the NIH grant receivables list and chose eight institutions that ranked above us and eight that ranked below us and used a dollar density comparison with these institutions. The analysis concluded that a 93,000 net square foot (nsf) research building is needed based on 41,250 nsf for 25 new researchers and 52,000 nsf of replacement lab space (i.e. "decanting"). The 52,000 nsf of replacement lab space will allow the decanting of the main lab building and provide opportunities for reuse of other existing space

for academic and research activities. He explained the metrics used to measure utilization of space. By using the dollar density metric to measure utilization of current research space, it was determined that 3,900 square feet of wet lab space was underutilized out of a total of approximately 220,000 square feet.

Mr. Carlson noted that the Health Center, through its Space Committee, is developing an institutional space policy, which will include research space. In creating this policy, the Space Committee looked at what other universities are doing and decided that option 4 in Table 9 (Dollar Density Comparison with Other Institutions) was most applicable to the Health Center. This option was chosen because of the need to include both direct and indirect costs and all department research space, which includes offices and ancillary space to the labs. Option 4 averages about \$280 per square foot for peer institutions and \$238 per square foot for the UConn Health Center. The Space Committee is considering recommending allocation of space based on a metric of \$260 per square foot dollar density for next fiscal year as part of the institutional space policy. This would increase to \$280 and \$300 in subsequent years. The dollar density formulas would be utilized in allocation of space to each School. How that space is allocated within the School would be up to the Deans, who would create a space policy along these lines. The space policy will enable us to make decisions regarding space currently and when the new building comes on line. The policy will be shared with the Councils of both Schools for their advice. Policies developed by the Schools will also be presented to the Academic Affairs Subcommittee for approval. It is hoped that the institutional space policy will be completed within the next month for presentation to the Academic Affairs Subcommittee next Spring.

It was noted that Table 8 (distributed with agenda) shows how a new research building and the proposed recruitments will drive operational costs. It was noted that there is also a five-year plan that looks at the whole institution and not just research. Also, since UConn 21 dollars cannot be used to fund the salaries or start-up costs of scientists who are recruited, we need a rolled up budget of projected expenses over the next 5-10 years, and also need to decide what programs will not be supported. Additional details will be available in the Spring.

Ms. Armstrong presented the Education and Research Strategic Plans for IT. The budget for implementing these initiatives totals \$40 million dollars over a ten-year period. UConn 21 funds will be used to fund these initiatives. This presentation covers the next four years, which represents about \$15 million. She noted that the overall objective of the Education Strategic Plan is to “fully leverage leading edge e-learning technology to enrich the educational experience and to promote the image of

the UConn Medical, Dental and Graduate schools as progressive, innovative learning environments.” The overall objective of the Research Strategic Plan is to “provide the UCHC research community with a state-of-the art technology infrastructure to support complex high end, high speed computing, and the automated tools to electronically submit and manage research grants and to access highly indexed knowledge management databases.” Some questions asked were how this improves the educational outcome, will faculty create the content, and if so, how will they find the time to accomplish this. Dr. Koeppen noted that we are at the infancy stage in terms of what IT can do to advance education. We need to train physicians in continuous competencies, and the IT infrastructure provides the tools for such training to be carried out. This will require a shift in how faculty approach teaching not only medical students, but also residents and at the CME level. Dr. Deckers asked that the cost of training faculty in how to use these systems be added to the roadmap. He also suggested that updates be provided to show our progress and what roadblocks, if any, have gotten in the way. Additional information will be available in March.

4. Description of Shared Programs and Collaborations Between UConn Health Center and Storrs

Dr. Koeppen presented the listing of collaborative programs with Storrs. Since this list continues to be updated, it will be available on a regular basis to keep members apprised of the interactions between the Health Center and Storrs. It was also suggested to determine whether there are savings involved as a result of these collaborations. Dr. Deckers noted that President Austin was meeting with senior leadership to discuss how to better coordinate these interactions and, more importantly, how to establish future collaborations.

5. Consents

a. School of Medicine - Promotions, Reappointments

The recommendations for promotions and reappointments for the School of Medicine were unanimously approved.

There being no further business, the meeting was adjourned at 10:55 a.m.

Respectfully submitted,

Bruce M. Koeppen, M.D., Ph.D.