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Austin, Texas
Board Meeting: 2/10/2005
Austin, Texas

Rita C. Clements, Chairman
H. Scott Caven, Jr.
Judith L. Craven, M.D.
Cyndi Taylor Krier
Robert B. Rowling

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Adjourn	<i>2:30 p.m.</i>		

1. **U. T. System: Reports from institutional presidents on new developments at campuses**

REPORT

The health presidents will report briefly on the progress of a new major development at each campus. These oral reports may include areas such as new research grants, significant collaborations with external agencies, or other topics deemed to be important by a president.

2. **U. T. System: Recommended appointment of Charles B. Mullins, M.D., as Executive Vice Chancellor for Health Affairs Emeritus**

RECOMMENDATION

The Chancellor concurs in the recommendation of the Executive Vice Chancellor for Health Affairs that authorization be granted to appoint Charles B. Mullins, M.D., as Executive Vice Chancellor for Health Affairs Emeritus at The University of Texas System Administration. Approval of this recommendation is being requested in accordance with the Regents' *Rules and Regulations*, Series 20301, relating to honorary titles.

BACKGROUND INFORMATION

Dr. Mullins obtained his bachelor's degree from North Texas State University and a medical degree in 1958 from The University of Texas Southwestern Medical School. From 1959 to 1962 he was a flight surgeon in the United States Air Force. Dr. Mullins performed his residency in internal medicine and fellowship in cardiology at Parkland Memorial Hospital in Dallas, and in 1966 began his academic career at U. T. Southwestern Medical School, rising to the rank of Professor of Medicine. From 1977-1979 he was Associate Dean for Clinical Affairs and Director of Medical Affairs at Parkland Memorial Hospital, and from 1979-1981, he was Chief Executive Officer of Parkland Hospital and the Dallas County Hospital District.

On September 1, 1981, Dr. Mullins was named Executive Vice Chancellor for Health Affairs of The University of Texas System and served in this capacity until August 31, 2001. On January 31, 2005, Dr. Mullins retired from U. T. Southwestern Medical Center - Dallas as Professor of Medicine, culminating a distinguished medical career as a researcher, teacher, cardiologist, and administrator. Upon his retirement, Dr. Mullins was appointed Professor Emeritus of Internal Medicine. Approval of President Wildenthal's recommendation that Dr. Mullins be appointed Ashbel Smith Professor Emeritus is included on Page Docket 38. (See Item 1 on Page 34 of the Finance and Planning Committee related to approval of the Docket.)

Dr. Mullins is author or coauthor of more than 100 publications, including research publications, reviews, editorials, books, and abstracts. He is a fellow of the American College of Physicians, American Heart Association Council on Clinical Cardiology, and American College of Cardiology. Dr. Mullins is a distinguished alumnus of the University of North Texas. He was a trustee of the Baylor College of Dentistry and Chairman of the Board of Governors of the American College of Cardiology. He has been a member of a variety of gubernatorial and legislative committees on medical issues and is a member of 14 professional societies and organizations.

3. U. T. System: Report on FY 2004 post-tenure review

REPORT

Executive Vice Chancellor Shine will report on the Fiscal Year 2004 post-tenure review using the attachment on Pages 52.1 - 52.2.

**U. T. System Health Institutions
2003-2004 Post-Tenure Review Report**

During Fiscal Year 2004, 179 tenured faculty members at the five health institutions with tenured faculty were subject to post-tenure review. Of the 179 faculty members subject to review, 174 (or 97.2 %) were evaluated as Performing Well; 4 (or 2.2%) received Needs Additional Support or Marginal evaluations; and 1 (or 0.56%) received an Unsatisfactory evaluation.

The following summary tables provide additional details of the post-tenure review results for academic year 2003-2004.

Summary Post-Tenure Review Results

	Total Subject to Review	Total Performing Well	Total Additional Support or Marginal	Total Unsatisfactory
UT SWMC-Dallas	26	26	0	0
UTMB-Galveston	35	34	0	1
UT HSC-Houston	41	37	4	0
UT HSC-San Antonio	37	37	0	0
UT MDACC	40	39	0	0
Total	179	174	4	1
		97.2%	2.2%	0.56%

Post-Tenure Review Results by Gender

	Subject to Review		Performing Well		Needs Additional Support or Marginal		Unsatisfactory	
	Male	Female	Male	Female	Male	Female	Male	Female
UT SWMC-Dallas	25	1	25	1	0	0	0	0
UTMB-Galveston	31	4	30	4	0	0	1	0
UT HSC-Houston	26	15	24	13	2	2	0	0
UT HSC-San Antonio	31	6	31	6	0	0	0	0
UT MDACC	27	13	27	13	0	0	0	0
Total	140	39	137	37	2	2	1	0

Post-Tenure Review Results by Ethnicity

	Total Subject to Review					Performing Well				
	White	Black	Hispanic	Asian	Other	White	Black	Hispanic	Asian	Other
UT SWMC-Dallas	26	0	0	0	0	26	0	0	0	0
UTMB-Galveston	26	1	4	4	0	25	1	4	4	0
UT HSC-Houston	37	0	0	4	0	34	0	0	3	0
UT HSC-San Antonio	28	0	2	5	2	28	0	2	5	2
UT MDACC	35	0	0	5	0	35	0	0	5	0
Total	152	1	6	18	2	148	1	6	17	2

	Needs Additional Support or Marginal					Unsatisfactory				
	White	Black	Hispanic	Asian	Other	White	Black	Hispanic	Asian	Other
UT SWMC-Dallas	0	0	0	0	0	0	0	0	0	0
UTMB-Galveston	0	0	0	0	0	1	0	0	0	0
UT HSC-Houston	3	0	0	1	0	0	0	0	0	0
UT HSC-San Antonio	0	0	0	0	0	0	0	0	0	0
UT MDACC	0	0	0	0	0	0	0	0	0	0
Total	3	0	0	1	0	1	0	0	0	0

PRESENT STATUS OF EACH UNSATISFACTORY PERFORMANCE:

U. T. Medical Branch: (1 Assoc. Professor). The faculty member with the unsatisfactory review had received a “marginal review” in 2001. Following this re-review, the faculty member was reappointed to a nontenured position.

4. U. T. System: Report on the Chancellor's Health Fellows

REPORT

The Chancellor has approved an initiative proposed by the Executive Vice Chancellor for Health Affairs. This initiative, known as the Chancellor's Health Fellows, is intended to encourage faculty participation, bring added value, and enhance collaborations.

After consultation with the presidents, Dr. Shine was authorized to appoint up to four Fellows during a one-year period, which began April 1, 2004. Each Fellow will be awarded a \$25,000 academic enhancement fund, which can be used for appropriate research and educational purposes. Salary support will not be provided. In subsequent years, a simple application process in well-defined areas may be instituted. Fellows will be faculty members, selected for their expertise, who are willing to facilitate System-wide efforts to enhance achievements in selected areas.

This year, Fellows have been appointed in the areas of

- a. Medical Education: L. Maximilian Buja, M.D., Executive Vice President for Academic Affairs at The University of Texas Health Science Center at Houston, serves as the first Chancellor's Health Fellow for one year beginning April 1, 2004. Among his responsibilities is the organization of a University of Texas System Symposium on Innovations in Medical Education held in October 2004. This event focused on medical student undergraduate education with an emphasis on experiences with interdisciplinary education involving other members of the health-care professions. The goal of this conference was to bring together faculty and staff from the six health institutions who have a special interest and involvement in medical education so that information and ideas could be exchanged and the mission of medical education advanced throughout the U. T. System.
- b. Quality of Care and Patient Safety: Sharon Martin, M.Ed., MT.(AFCP)SC, Vice President for Quality Management at The University of Texas M. D. Anderson Cancer Center, is the appointed chair for this important issue. The purpose of this fellowship is to create a multidisciplinary program focused on intensive care unit (ICU) quality initiatives that will enhance patient safety, utilization of resources, and health-care provider satisfaction. In addition, the fellowship will facilitate collaboration among participating institutions to improve practices through shared knowledge. The ultimate goal is to create an infrastructure for an enduring program of collaborative quality improvement among University of Texas health-care ICU personnel, including the establishment of a website to facilitate knowledge sharing.

- c. Science: Allan Brasier, M.D., Leon Bromberg, M.D., Professor in Internal Medicine; Senior Scientist at the Sealy Center for Molecular Science; and Associate Director at the Proteomics Center at The University of Texas Medical Branch at Galveston, will lead the first U. T. System Science Symposium on Molecular Medicine on February 21-22, 2005. The goal of this symposium is to bring together active scientists in the selected field from both the health and academic campuses to facilitate collaborations and to highlight Texas science.
- d. A fourth Fellow will be appointed later in this fiscal year.

5. **U. T. Southwestern Medical Center - Dallas: Discussion of compact priorities**

REPORT

President Wildenthal and Executive Vice Chancellor Shine will lead a discussion about compact priorities for U. T. Southwestern Medical Center - Dallas as set out in the compact on Pages 54.1 - 54.17.

BACKGROUND INFORMATION

The U. T. System Institution Compacts were sent to the Board of Regents in early September 2004. The compact process was first introduced by Chancellor Yudof at the December 2002 meeting of the Board. The compacts have been integrated into the accountability and strategic framework for the U. T. System.

The compacts are written agreements, between the Chancellor and the presidents of each of the academic and health institutions, that summarize the institution's major goals and priorities, strategic directions, and specific tactics to achieve its goals.

These compacts reflect the unique goals and character of each institution, highlighting action plans, progress, and outcomes. Faculty, staff, and students helped to create these compacts, so that a shared plan and vision resulted. The U. T. System Administration's commitment of resources and time to support each institution's initiatives is included in every compact.

Covering the fiscal years ending 2005 and 2006, the compacts were completed in Summer 2004. They will be updated annually; updates for the second year of the cycle will be completed in August 2005.

To enhance understanding of the compacts, compact priorities for each institution will be discussed at Board meetings in the coming year.

The University of Texas Southwestern Medical Center at Dallas

Compact with the University of Texas System
2004-05 and 2005-06

I. Introduction: Mission and Goals

The University of Texas Southwestern Medical Center at Dallas is a component institution of The University of Texas System and is committed to pursuing high standards of achievement in instruction, research, and clinical activities. Since its inception in 1943, UT Southwestern has evolved as one of the leading biomedical institutions in the country and its programs are designed and implemented with the intent to sustain this progress in the future.

As an academic health science center, the central mission of the institution is to educate health professionals whose lifelong career objectives will be to provide the best possible care, apply the most appropriate treatment modalities, and continue to seek information fundamental to the treatment and prevention of disease. Within an environment of interdisciplinary activity and academic freedom at UT Southwestern, students receive training from faculty scholars who have in-depth expertise in the many specialties of health care and the biomedical sciences. Faculty members also apply their research and clinical skills to generate new knowledge in the fight against disease while serving the people of Texas to the best of their ability. Research findings are made available directly to students and indirectly to the general public as practicing professionals adopt new treatment modalities. The focus of the faculty, students, and administration at The University of Texas Southwestern Medical Center at Dallas will remain on providing exemplary educational programs, creating new knowledge, delivering quality medical care, maintaining the highest ethical standards, advancing the scientific basis of medical practice, and demonstrating concern and compassion for all people. Every aspect of the university's operation will be conducted in as cost-effective a manner as possible.

The institution consists of the Southwestern Medical School, the Southwestern Graduate School of Biomedical Sciences, and the Southwestern Allied Health Sciences School and offers degrees and programs with subject matter limited to health-related fields.

The central purpose of The University of Texas Southwestern Medical Center at Dallas is to produce physicians who will be inspired to maintain lifelong medical scholarship and who will apply the knowledge gained in a responsible and humanistic manner to the care of patients. The Southwestern Medical School has assumed responsibility for the continuum of medical education. The institution offers instructional programs not only in undergraduate medical education leading to the M.D. degree, but also graduate training in the form of residency positions and fellowships as well as continuing education for practicing physicians and medical scientists. An important focus of the educational effort is training primary care physicians and preparing doctors who will practice in underserved areas of Texas. Another instructional role of Southwestern Medical School faculty is that of fully preparing those medical students who seek a career in academic medicine or research, including providing the opportunity to earn both the M.D. and Ph.D. degrees simultaneously.

The Southwestern Graduate School of Biomedical Sciences provides well qualified individuals seeking an M.A., M.S., or Ph.D. degree with the opportunity and the encouragement to investigate rigorously and be creative in solving significant problems in the biological, physical, and behavioral sciences. In addition to acquiring information in their area of research expertise, graduate students are encouraged to develop and test new ideas in the classroom and to communicate their ideas to others within the research-oriented medical community. Although enrolled in a specific program, the students are not restricted to courses in their major field of study. Exposure to a wide variety of academic disciplines is necessary to prepare each individual for the rapidly changing emphasis in the biomedical sciences. Therefore, graduate students at UT Southwestern gain a wide perspective of contemporary biomedical science through interdisciplinary courses, seminars and informal discussions involving scholastic interaction with students and faculty from other educational programs within the University.

The educational programs of the Southwestern Allied Health Sciences School have been established to educate individuals at the baccalaureate and master's degree levels for those professions which support the health care delivery team concept. The School offers baccalaureate degree programs in several fields, post-baccalaureate courses of study, certificate programs, and master's degree programs in allied health science fields of study. As an integral part of UT Southwestern Medical Center, the School works cooperatively in education, research, and service contexts. It prepares allied health professionals of the highest quality and competency to help meet health care needs of the people of Texas. Through research and scholarly pursuits related to health care, it advances scientific knowledge and practices of the allied health profession. It offers consultation, technical assistance, and professional services to meet education and health care needs of the community. In addition, it contributes to the continued growth and development of allied health professions, including reduction of barriers to career advancement through pathways to graduate or post-graduate education. The School views its community obligations as being important and therefore works actively to publicize career opportunities and respond in an appropriate manner to the requirements of health care institutions, agencies, and service providers in the area.

II. Major Ongoing Priorities and Initiatives

A. Short Term Priorities and Initiatives

1. Consolidate the operations of Zale Lipshy University Hospital and St. Paul University Hospital into the patient care mission of the university

Priority: Very High Priority – Essential to the future of the physician referral practice

Objectives: Ensure the future growth and excellence of the clinical referral practice through stabilization of the primary hospitals that serve our private patients. In order to provide a full spectrum of patients for our clinical, education and research missions, a financially strong, well-managed hospital is required. The clinical practice must have access to privately insured patients to ensure an adequate stream of income to support the whole practice. Undergraduate and graduate training is enhanced by the opportunity to assist in the treatment of patients seen in such facilities at an earlier stage of disease. To resolve these challenges, the objective will be to fully integrate outpatient and inpatient services by UT Southwestern assuming responsibility for the operation and governance of Zale Lipshy University Hospital and St. Paul University Hospital.

Strategies: The following sequential strategies are planned: (1) Enter into contracts to provide management oversight assistance to the hospitals. This step is already in place, and improvements are evident. (2) Obtain experienced management for the hospitals in key positions. (3) Enter into contracts for consulting assistance in the key financial and operating processes. (4) Consolidate the information technology and telecommunications functions of the university and hospitals. The project is already taking place under contracts with the hospitals. Due to the contractual nature of the relationship, the consolidation is not as efficient or streamlined as is desirable. The Information Resources Department of the university has included the needs of the hospitals in its strategic plan due to the contract obligations. (5) Enter into a financial consolidation with the hospitals in a form which best meets the future needs of the university. This step is currently under study during the development of the Compact. The analysis and final decision on the future relationship of the university with the two hospitals includes consultation with physicians, administrators, UT System administration, and

ultimately, with the Board of Regents. A full merger of the hospitals within the university should be considered as an optimal means to provide the most financially and functionally attractive, long-term solution to the challenges faced by the clinical practice and the hospitals.

Resources: For full success, the university needs to assume full responsibility for managing and governing the hospitals. A plan to acquire the assets and retire the liabilities of the hospital corporations should be developed. Based on an assessment of fair market value of real estate and equipment, the primary source of funding is expected to be the sale of bonds through the UT System revenue financing system, with the bonds to be retired from hospital revenues in future years. Combining the hospitals within the university umbrella is sure to stimulate more philanthropic support as the financial questions associated with the hospitals' future viability are resolved. With the financial strength of UT Southwestern and the support of UT System, capital investment options will be open to the hospitals to help maintain the facilities and provide the advanced equipment necessary to the hospitals' futures.

Progress Measures: A major indicator will be the financial performance of the hospitals. As the benefits of consolidation take hold, the hospitals should return to a strong, positive financial condition. Likewise, the practice plan should excel from improved hospital financial strength. Such improvements will require several years to be fully realized and will be impacted by the level of capital investment available. Over time, the consolidated hospitals should become reorganized in noticeable magazines, such as *US News and World Report*.

Major Obstacles: No major obstacles are known at this time. Analysis of regulatory issues, contingent financial obligations, legal issues, and accreditation issues remain to be completed. The primary challenge going forward will be the availability of capital for new investment as described later in the Compact.

2. Develop financial resources, both internal and external, to support clinical and research expansion

Priority: High priority – Expansion and enhancement of UT Southwestern's programs will require substantial new investment in buildings and equipment. The full range of sources, including PUF bonds, RFS bonds, Tuition Revenue Bonds, and institutional, gift, and grant funds, as well as private sector finance, will be needed.

Objectives: Provide funding for additional clinical and research space in a financially sound manner, as space is needed. As new and enhanced programs are developed and additional faculty members are recruited, both new and renovated space will be required for expanded work. Specialized medical equipment in the clinical departments and research equipment not funded by sponsors will require significant resources. Campus infrastructure support for these activities will also require additional funding. With a growth rate of 8% to 10% in both clinical and research activity, significant new resources will be required from external sources.

Strategies: (1) Successfully complete the university's \$500,000,000 capital campaign. Begun in 2002, the campaign is designed to provide an opportunity for the community to participate in the growth of the institution. Funds have been raised in support of both research and clinical programs. (2) Use debt capacity of the growing UT Southwestern enterprise in compliance with UT System guidelines and prudent management. Over the past fifteen years, RFS bonds and notes have

been used in combination with other resources to expand the Aston Center, finance four new buildings forming the north campus, purchase new land and buildings, and finance clinical equipment. The use of enterprise accounting to better judge clinical business performance and the use of projection models in the new financial planning office will provide better information to assist in producing the financial modeling necessary to support bond financing proposals. (3) Obtain assistance from the Board of Regents in allocations of Permanent University Fund Bond proceeds. PUF bonds have been a major contributor to new building projects, primarily in support of research expansion. In each of the four north campus buildings, PUF bonds have been of vital importance in helping persuade philanthropists to provide private gifts. (4) Achieve continued state support through the Tuition Revenue Bond program. Two buildings on the north campus have received direct support through this program. Participation in capital expansion with TRB financing provides a meaningful, public statement by the legislative and executive branches of state government in support of the growth and improvement of UT Southwestern's programs. Under guidelines regulating the financial support of federally sponsored research, the interest on debt and depreciation of original cost is recoverable. This provides a reliable source of funds to pay back debts incurred in the financing of research buildings. All three bond programs are included in the submission of proposals to recover financing costs on federally sponsored projects. (5) Construction grant opportunities will be used wherever possible when grantors offer programs to assist in capital formation. (6) In some cases, private sector finance may provide facility expansion opportunities. Through the use of ground leases on university property and operating leases in privately owned buildings, space requirements may be accommodated without the use of university capital funds. Presently, the university is seeking proposals for the development of a facility for biotechnology start-up companies interested in the licensing of university-owned intellectual property. (7) Allocation methodologies will be employed on an annual basis during the budget process to supply capital funds from unrestricted sources. A capital planning and source tracking system is to be developed for a multi-year internal plan for capital investment. A financial planning office has been created under the Office of Business Affairs to support this effort.

Resources: Internal financial support for each of the strategies will be provided through the annual budget.

Progress Measures: Achievement of this goal will be measured by the success in bringing forward capital projects in a timely manner, as the need for space and equipment requires. Research expenditures per square foot of research space are measured to time the need for new research space. Clinical enterprise accounting measures are being developed to measure the utility of clinical and hospital space to judge both efficiency and expansion requirements. Using a measure of work performed (Relative Value Units) and charges per square foot of clinical space will assist in determining the timing of the need for expansion. The formal capital campaign, semi-annual Capital Improvements Plan of the Board of Regents, and sessions of the Texas Legislature offer opportunities to achieve measurable support from external sources. Provision of necessary space should be followed by measurable increases in research grants and clinical revenues.

Major Obstacles: Due to its success and reputation, the university has no major internal obstacles to overcome in justifying access to a diversified set of funding sources. However, competing external demands on State and UT System resources may tax the ability of the university to secure this source of funding. Unlike many

universities, funding at UT Southwestern is needed primarily to enable the faculty to serve the research and clinical missions of the institution, rather than to serve enrollment growth.

3. Implement the processes necessary to achieve the goals of the clinical transformation project

Priority: High priority – Achieving excellence in all aspects of the delivery of clinical care and service to our patients is a top priority. We are initially focusing on our ambulatory practice, where we perceive the greatest room for improvement, but ultimately plan to encompass our entire clinical practice.

Objectives: Our goal is to transform the practice into a cohesive, patient-oriented program that will combine the highest quality of patient care from medical and technological perspectives with the highest quality of customer service. The changes are not aimed at making marginal incremental improvements, but rather at producing a fundamental transformation of the quality of service of our patients' experiences. We believe that improvements in the service culture of UT Southwestern is an essential aspect of medical student and resident education.

Strategies: Several strategies are planned. We have begun a number of improvements in our practice infrastructure including support services (telephones, registration, scheduling and business processes), electronic medical records, practice metrics, and employee development and training. We are restructuring middle-management to empower a cadre of well-trained clinic medical directors and managers, who will have responsibilities to the entire practice as well as to their departments or divisions. Undergirding the "transformation" must be a transformation of our institutional "culture" toward a patient-centered focus.

Resources: Donors have already pledged support of over \$40,000,000 toward a goal of \$100,000,000 for this multi-year initiative. Ongoing costs of operations resulting from new initiatives will be included in the annual budget funded from the practice plan; it is anticipated that practice income growth plus philanthropic endowments will more than cover the recurring costs. Infrastructure elements that are in design or reorganization and that are deemed necessary to achieve our objectives include: (1) electronic medical records; (2) support services (telephones, registration, scheduling and business processes); (3) practice metrics (development of the clinical data warehouse); and (4) employee development and training.

Progress Measures: Patient satisfaction surveys are used to measure satisfaction and identify problem areas. Practice metrics are in development to measure wait times for visits, tests and procedures, provider bumped appointment rates, clinic visit times, telecommunications performance, clinical volume and productivity, and financial indicators.

Major Obstacles: The following obstacles will need to be overcome to achieve the objectives of the initiative:

- a. The complexity of moving our clinical operations toward "best practice" models
- b. The magnitude of the process of re-engineering, implementation and "roll out" of the electronic medical record across a predominantly subspecialty medical practice

- c. Changing the “culture” and behavior of clinical leaders, providers and staff into a service-oriented model

4. Add new infrastructure support in information technology with reliable, secure systems that meet the needs of students, faculty, staff, and patients, including Electronic Medical Records

Priority: High priority – Today, information technology – the ability to communicate and transmit data in real time anywhere, anytime – is an indispensable part of the delivery of services in research, education and clinical care. Any assault on the security of communication networks can endanger the institution’s intellectual property, private patient information, student records, and financial records. Providing much higher levels of security is essential while the university provides greater data processing capacity and capabilities.

Objectives: The objectives are to: (1) identify the areas of instability of the current telecom suppliers and minimize reliance on leased fiber optic pathways to critical systems; (2) create a multi-homed (dual) Internet connection for mission critical Internet services; (3) implement redundant and high-availability electrical distribution and network hardware; and (4) implement higher levels of monitoring, oversight, and remediation for departmental computing resources.

Strategies: The following strategies have been identified: (1) Create a redundant gigabit backbone connecting the university and the major hospital affiliates; (2) Create network security zones allowing segregation of low, medium and high risk computing facilities; (3) Continue to examine internal and external networks and computing facilities for security vulnerabilities; (4) Maintain disaster recovery plans for major computing and telecommunications facilities serving the university, Zale Lipshy University Hospital, and St. Paul University Hospital. We would also continue the expansion and regular rehearsal of disaster recovery/business continuity plans and examine the feasibility of reducing our reliance on our hot site (Chicago) by moving to co-located facilities; and (5) Participate in the LEARN organization seeking to construct a high speed Texas network capable of participating in national GRID computing initiatives. Until LEARN is proven reliable, the university will maintain commercial connections to the commodity Internet and Internet 2.

Resources: Significant investment in skilled staff to accomplish the tasks resulting from the strategies will be required. Funding will be needed for hardware, software, renovation, and systems development to achieve the objectives. Although a detailed budget has not yet been developed, an annual investment of at least \$3,000,000 allocated from internal sources will be required.

Progress Measures: Progress measures are as follows: the completion and successful test of the university’s redundant gigabit backbone, the reduction in the number of university facilities outfitted with low-speed wiring and network equipment, the maintenance of an acceptable level of computing and network risks, the successful test of the university’s disaster recovery/business continuity plans, and the completion of the LEARN network and commercial quality Service Level Agreements.

Major Obstacles: The many diverse challenges to overcome have a strong influence on the rate of accomplishment. Increased security needs will require Information Resources and university administration to become more involved in

direct oversight of departmental computing initiatives. This represents a significant cultural and operational shift for UT Southwestern. For the hospitals and university clinics, all projects must ensure there will be no impact on patient care.

B. Long Term Priorities and Initiatives

1. Develop the resources necessary to insure the long-term financial health of the university without suffering significant negative impacts from the unpredictable and sometimes sub-optimal growth of state support

Priority: High priority – UT Southwestern’s growth rates in clinical and research activity historically exceed the growth of state support. To maintain these growth rates over the long term will require supplemental support from both internally generated and external sources.

Objectives: It is essential that we provide sufficient financial support to allow for the continued enhancement and growth of the research and clinical missions. One specific objective is to obtain full funding of the cost of indigent care services at Parkland Memorial Hospital. Rapid growth of the demand for services and the reluctance of county, state and Parkland officials to increase support for indigent care have placed severe financial challenges on Parkland and compromised its ability to pay for the full range of physician services necessary for one of the nation’s largest public teaching hospitals. UT Southwestern is the sole provider of physician services at Parkland. In order to continue our growth trend in research and clinical care, increased support will be necessary from philanthropic and federal sources, as well as appropriate increases from state and local government.

Strategies: To achieve this goal, the university will need to maintain a strong and responsible financial condition as a first requirement. Whether from debt markets, external supporters, or state or UT System resources, a strong reputation for financial stewardship is necessary to maintain the confidence of those who finance our growth. Bringing this message forth along with our needs and opportunities will be a vital part of our responsibility to support the growth of the institution. A second strategy will be to educate the local community further of our close relationship with and mutual dependence on Parkland Memorial Hospital and the essential requirement for Parkland to have adequate financial support to serve the health care needs of local citizens most in need and to invest in the centers of excellence, while Parkland and UT Southwestern together offer the metroplex area. A third strategy will be to work with representatives of state government and UT System colleagues to define state funding allocations to health institutions based on excellence and achievement. Today, only a minimal amount of formula funding is based on these factors. A fourth strategy will be to continue adding to the supply of private funds available to the university.

Resources: Strong leadership in vital areas of public relations, financial and operational management, and fund raising are required to achieve these objectives. Active support by the Board of Regents, UT System officials, private citizens, and local and state elected officials, along with our representatives in Washington, D.C., will be necessary to obtain the funding necessary to meet our needs.

Progress Measures: Progress can be measured by changes in amounts and methods of finance in state support, improvements to the Parkland Memorial Hospital contract terms, new federal funding, and private support beyond the current campaign. The opening of new relationships for grant support will also provide evidence of success in this initiative.

Major Obstacles: The many demands on state funding for education and indigent care, including the projected rapid growth in K-12 and undergraduate enrollment, will compete with our objectives. There is always a danger that competing public needs, along with the reluctance of elected governmental entities, including the Dallas County Commissioners Court, to raise taxes, will result in inadequate support of essential services.

2. Provide the campus infrastructure necessary to allow for continual growth in the research and clinical missions consistent with the past growth rate of 8% to 10% per year

Priority: High Priority – Growth cannot continue without the basic administrative and technological support necessary. Likewise, new facilities will be needed as demand expands.

Objectives: Provide administrative leadership, trained staff, secure and reliable systems, facilities, and equipment to meet the needs of faculty and students as growth opportunities are presented.

Strategies: The strategies to meet this initiative are: (1) Develop succession plans to all key administrative positions; (2) Create a central training office to oversee and support staff training programs across the campus; (3) Explore and develop new performance-based compensation plans for employees at all levels; (4) Establish a formal process for the evaluation and recommendation of replacement administrative systems; and (5) Construct new buildings to house new programs along with the equipment necessary for faculty success.

Resources: A combination of internal sources institutionally derived from central sources and cost recovery charges to departments will be used along with external sources from UT System, state, and private funds. The ability to access PUF funds, tuition revenue bonds, and other state support will be required as the limited internal sources cannot provide the magnitude of funds necessary to accommodate the growth rate of the campus.

Progress Measures: Telecommunications, network, and administrative system capacity will need to grow, in order to meet the growth needs of the university. Maintaining adequate human capital to support growth can be measured by tracking unfilled positions and comparing salary levels to the local market conditions. Building capacity can be measured by the amount of new square footage added to the university.

Major Obstacles: Access to funding for major capital projects and operating funds to maintain market competitive rates for administrative positions are the two major challenges facing this initiative.

3. Develop the clinical practice capabilities necessary to achieve a level of excellence recognized nationally to place the university among the top academic medical centers for both inpatient and outpatient services.

Priority: High Priority – In order to continue our success in the growth of the practice, the recruitment of top physicians, and the attraction of outstanding

undergraduate students, residents and fellows, the reputation of the practice will need to continue to improve.

Objectives: Seek to attain a national and international reputation for excellence in the practice of medicine, with our centers of clinical excellence being recognized as equal to the premier medical centers in the country.

Strategies: The following strategies are in the planning or active development stages to achieve this objective: (1) Development of the Electronic Medical Record in both the inpatient and outpatient environments; (2) Expansion of the Clinical Data Repository for the inclusion of patient results originating at affiliated institutions; (3) Further the development of a heart disease center including programs in genetics leading to gene therapy and transplant; (4) Development of a comprehensive organ transplant program to include bone marrow, liver, kidney, pancreas, heart, and lung; (5) Development of a major program in restorative services, such as bone and joint, physical medicine, and plastic surgery; and (6) Enhance clinical neuroscience programs.

Resources: Additional faculty with expertise in understaffed disciplines, a new ambulatory surgical center, expanded inpatient facilities, and a local and national marketing program to inform the public and professionals of the excellence of the clinical programs will be required.

Progress Measures: Metrics to track the progress of this initiative will include new patients in each of the programs, the number of operations conducted, RVU's and revenue generated by the programs; the scientific impact of the enhanced clinical programs will be measured by numbers of peer-reviewed grants and by the frequency of citations of published papers.

Major Obstacles: Challenges to overcome will be the perception of the university in some quarters as having a limited focus on clinical care and clinical research; the present lack of convenient, consolidated clinical facilities of sufficient scale and scope; the increase in national competition for top faculty; and the availability of funds to launch new programs and maintain them.

4. Continue to develop new research programs of excellence while improving existent programs so as to further advance the university's position as a leading institution of biomedical research.

Priority: High Priority – In order to continue to grow as a leading institution of biomedical research, the university will need to continue to expand its areas of research strength while critically selecting new areas in which to develop strong research programs.

Objectives: Seek to develop programs of excellence in clinical research and new areas of basic research while continuing to expand and improve existing programs of excellence.

Strategies: The following programs are in development: (1) Development of an active program in clinical cancer research; (2) Establishment of a Center for Biostatistics and Clinical Science that will provide a home for the development of programs in biostatistics and epidemiology while providing an infrastructure for the development and training of clinical researchers; (3) Development of a program in

advanced neuroimaging to allow translation of knowledge in molecular and cellular neuroscience to clinical research in cognitive neuroscience and neurological disease; (4) Development of programs in stem cell biology that focus on an understanding of the basic biology of stem cells and "stemness", while developing translational programs that explore the application of stem cell biology to the treatment of human disease; and (5) Expand research programs that are presently strong including cell and molecular biology, genetics, structural biology, basic neuroscience, basic cancer research, chemical biology, and developmental biology.

Resources: Additional faculty will need to be recruited in all of these areas. Funds will be required to provide the start-up costs as well as recurring support for these faculty and programs. The biomedical research facilities planned to open in 2005 and 2006 will provide the needed research space, but additional space will be required later in the decade.

Progress Measures: Metrics to track the progress in this initiative will include the growth in research expenditures, total grant dollars awarded, grant dollars awarded by the National Institutes of Health, frequency of citations of published papers, and faculty elected to the National Academy of Sciences.

Major Obstacles: Challenges to overcome will be the recruitment of a Cancer Center Director, recruitment of key faculty leaders in biostatistics, epidemiology, stem cell biology and neuroimaging, and the development of the proper paradigm for training clinical investigators. Funds will have to be raised to support expensive programs in cancer and stem cell biology, as well as to purchase equipment for neuroimaging.

5. Develop interdisciplinary and inter-institutional collaborations with UT Arlington, UT Dallas, and other universities to share and expand knowledge, services and operational efficiencies

Priority: High priority – Sharing of knowledge and capabilities is a UT Southwestern, UT System and state goal.

Objectives: Maximize the potential of each institution in its various missions through the exchange of knowledge and the combination of resources to gain efficiencies in operations and increased scale in both academic and administrative services.

Strategies: Strategies will include the following: (1) Formation of an internal task force charged with identifying academic resources with common purpose from target institutions, organizing and participating in the exchange of ideas with target institutions, and recommending candidate projects in specialty fields, such as functional MRI, neuroscience, computational biology, bioengineering and medical chemistry; (2) Obtaining funding specific to candidate projects; and (3) Seeking approval of academic programs for undergraduate and graduate students which leverage two or more institutions' educational and research capabilities. In addition, it will be necessary to work closely with community leaders, elected and appointed officials, and hospital administrators, both on-campus and off-campus.

Resources: Availability of faculty leaders to devote the time and effort to these programs will be needed. Seed funding of projects will be needed from external

sources, such as philanthropy and special state and federal grants and contracts, as well as on-going support from local, state, and federal sources.

Progress Measures: Measures will include: (1) the number of successful new collaborations; (2) the number of institutions participating; (3) grants and contracts awarded; (4) cost savings achieved; (5) new degree programs; and (6) increases in external funding.

Major Obstacles: The availability of start-up resources to invest in faculty collaborations will be a challenge for the future.

III. Future Initiatives of High Strategic Importance

Position the university and our region as a desirable site for high-tech start-ups and relocations

Objectives: Create a biotech center adjacent to the university to allow start-up companies who license our technology to stay in Texas.

Strategies: Seek private capital to develop land under contract to the university as a biotech park. Provide research core services on a cost recovery basis which encourage relocations and new companies to locate within the park.

Resources: Funds are being invested to purchase land for a biotech park. New facility construction will be required. Centralized core services available to university researchers will be priced to serve the needs of biotech tenants with limited on-site investment.

Progress Measures: Completion of a contract with a private developer experienced in biotech tenant recruitment and facility construction and management; leasing of space to biotech tenants.

IV. Other Critical Issues Related to Institutional Priorities

A. Impact of Initiatives

Enrollment Management: Not applicable

Diversity of Faculty and Staff: Not applicable

Community and Institutional Relations: The growth in scale and reputation of the clinical program and consolidation of the hospitals will further raise the profile of the university as world-class academic medical center serving the outpatient and inpatient needs of the region with outstanding services. This changes the public perception of the medical school as an institution only serving the needs of indigent patients and conducting research. Competitive strains could develop between the university and other physicians and hospitals serving the metroplex. Education of the public along with the marketing strategies identified will be needed.

Finances: This has been covered in the initiatives.

Facilities: This has been covered in the initiatives.

Other infrastructure issues: None

B. Unexpected Opportunities or Crises: Not applicable

V. System and State Priorities

Increasing Student Access and Success: Consolidating the operations of Zale Lipshy University Hospital and St. Paul Hospital into the patient care mission of the university (Section II.A.1) may provide opportunities to accommodate additional students in several of our academic programs that require sites and faculty for clinical training. Research expansion (Section II.A.2) provides opportunities to increase enrollment in our biomedical science graduate programs. Interdisciplinary and inter-institutional collaborations with UT Arlington, UT Dallas and other institutions (Section II.B.5) will provide opportunities to develop new graduate programs as these collaborations yield new areas of research and training. In such an environment, enrollment can increase and Texas students have the opportunity for the most promising scientific education.

Collaborations among UT System institutions, particularly academic health institution collaborations: Covered in Section II.

Increasing External Research Funding: A mark of success at UT Southwestern, external research funding has increased annually at an average rate of approximately 8% per year for the past ten years, well in excess of the national average for institutions of our size.

VI. Compact Development Process

The administration through the Office of Business Affairs and the Office of Academic Planning began the development of the Compact by reviewing both the Presidential Work Plan and the university's Six Year Plan. The Six Year Plan is a faculty and administration collaborative document which is revised every two years. The most recent revision is now in its final draft. From these documents, a group of senior administrators compiled a list of various projects, initiatives and ideas that could be used for the short-term and long-term priorities and initiatives section. The details for each priority and initiative were drawn heavily from the Presidential Work Plan and the Six Year Plan, but additional details and information included suggestions by other officials of the university who have expertise in specialized areas. The first draft of the plan will continue a review process to include faculty and student leadership. When the final plan is submitted, the process will have included a broad section of faculty, represented by the Six Year Plan, senior administration, and student leadership.

VII. System Contributions

- PUF and TRB support (Health Affairs; Governmental Relations)
- Funding for clinical and research faculty (Health Affairs; Governmental Relations)
- State and federal resources (Governmental Relations; Federal Relations)
- Assist in the acquisition of Zale Lipshy University Hospital and St. Paul University Hospital in a timely manner (OFPC; Health Affairs; Business Affairs; OGC)

VIII. Appendices

A. Budget Summary

**The University of Texas Southwestern Medical Center at Dallas
Operating Budget
Fiscal Year Ending August 31, 2004**

	FY 2003 Adjusted Budget	FY 2004 Operating Budget	Budget Increases (Decreases) From 2003 to 2004	
			Amount	Percent
Operating Revenues:				
Tuition and Fees	\$ 8,697,512	9,049,296	351,784	4.0%
Federal Sponsored Programs	161,121,610	186,308,678	25,187,068	15.6%
State Sponsored Programs	14,076,788	13,365,014	(711,774)	-5.1%
Local and Private Sponsored Programs	155,790,656	173,829,194	18,038,538	11.6%
Net Sales and Services of Educational Activities	13,585,596	14,735,222	1,149,626	8.5%
Net Sales and Services of Hospital and Clinics	-	-	-	-
Net Professional Fees	187,218,176	207,478,828	20,260,652	10.8%
Net Auxiliary Enterprises	10,731,625	12,346,945	1,615,320	15.1%
Other Operating Revenues	18,035,329	26,018,692	7,983,363	44.3%
Total Operating Revenues	<u>569,257,292</u>	<u>643,131,869</u>	<u>73,874,577</u>	<u>13.0%</u>
Operating Expenses:				
Instruction	325,183,939	363,993,006	38,809,067	11.9%
Academic Support	20,651,792	21,935,690	1,283,898	6.2%
Research	218,728,080	255,096,655	36,368,575	16.6%
Public Service	58,794,478	67,964,554	9,170,076	15.6%
Hospitals and Clinics	-	-	-	-
Institutional Support	47,766,687	51,293,592	3,526,905	7.4%
Student Services	2,071,806	2,095,912	24,106	1.2%
Operations and Maintenance of Plant	46,246,769	44,464,218	(1,782,551)	-3.9%
Scholarships and Fellowships	1,651,477	1,741,036	89,559	5.4%
Auxiliary Enterprises	11,307,419	12,216,879	909,460	8.0%
Total Operating Expenses	<u>732,402,447</u>	<u>820,801,542</u>	<u>88,399,095</u>	<u>12.1%</u>
Operating Surplus/Deficit	<u>(163,145,155)</u>	<u>(177,669,673)</u>	<u>(14,524,518)</u>	<u>8.9%</u>
Nonoperating Revenues (Expenses):				
State Appropriations & HEAF	115,594,537	116,432,322	837,785	0.7%
Gifts in Support of Operations	22,130,108	24,662,500	2,532,392	11.4%
Net Investment Income	39,626,699	46,699,942	7,073,243	17.8%
Other Non-Operating Revenue	-	-	-	-
Other Non-Operating (Expenses)	-	-	-	-
Net Non-Operating Revenue/(Expenses)	<u>177,351,344</u>	<u>187,794,764</u>	<u>10,443,420</u>	<u>5.9%</u>
Transfers and Other:				
Transfers From Endowments	-	-	-	-
Transfers (To) Endowments	-	-	-	-
AUF Transfers Received	-	-	-	-
AUF Transfers (Made)	-	-	-	-
Transfers From (To) Unexpended Plant	-	-	-	-
Transfers for Debt Service	(19,379,884)	(23,957,213)	(4,577,329)	23.6%
Other Additions and Transfers	722,934	1,952,416	1,229,482	170.1%
Other Deductions and Transfers	-	(769,975)	(769,975)	-
Total Transfers and Other	<u>(18,656,950)</u>	<u>(22,774,772)</u>	<u>(4,117,822)</u>	<u>22.1%</u>
Surplus/(Deficit)	<u>\$ (4,450,761)</u>	<u>(12,649,681)</u>	<u>(8,198,920)</u>	<u>184.2%</u>
Total Revenues	\$ 746,608,636	830,926,633	84,317,997	11.3%
Total Expenses and Debt Service Transfers	(751,782,331)	(844,758,755)	(92,976,424)	12.4%
Surplus (Deficit)	<u>\$ (5,173,695)</u>	<u>(13,832,122)</u>	<u>(8,658,427)</u>	

	FY 2004 Budget
Revenue	
General Revenue	117,584,122
Local Income	61,080,927
Medical Services Research and Development	299,789,630
Faculty Supplement Plan	1,494,113
All Other Designated	71,450,534
Restricted - Grants and Contracts	265,830,000
Auxiliary	<u>13,697,307</u>
Total Revenue	<u><u>830,926,633</u></u>
Expenditures	
Faculty Salaries	216,963,466
Staff Salaries	215,135,945
Fringe Benefits	99,543,430
Maintenance and Operations	226,084,588
Professional Liability Insurance	5,903,447
Travel	8,756,524
Official Functions	131,350
Utilities	13,570,538
Scholarships	1,741,036
Library Books	1,100,000
Debt Service	23,957,213
Capital Expense	<u>31,871,218</u>
Total Expenditures	<u><u>844,758,755</u></u>
Surplus / (Deficit) - Funded from Prior Year Funds	(13,832,122)

B. Statistical Profile

SWMC					
	1999	2000	2001	2002	2003
Fall UG headcount enrollment					
Allied Health	246	239	215	169	
Biomedical Sciences	12	2	6	24	
Fall grad/professional headcount enrollment					
Allied Health	63	65	100	134	
Biomedical Sciences	411	375	420	472	
Medical School	807	824	813	838	
Total enrollment	1,281	1,264	1,333	1,444	1,749
	year of matriculation				
	1999	2000	2001	2002	
Undergrad degrees awarded					
Allied Health certificates	4	5	9	5	
Allied Health baccalaureate awards	148	103	106	104	
Grad/Professional degrees					
Biomedical Science	78	73	65	63	
Medical	194	184	203	201	
Allied Health	0	29	33	32	
Total	272	286	301	296	
	1999				2003
Accredited GME resident programs	66				78
Residents in GME accredited programs	959				1,149
	1999	2000	2001	2002	2003
Federal research expenditures	\$99,994,840	\$109,165,343	\$131,820,109	\$155,257,992	\$177,133,099
	1999	2000	2001	2002	2003
Faculty fall headcount	1,586	1,566	1,573	1,536	
Classified staff	3,199	3,223	3,353	3,686	3,855
Non-Classified staff	121	124	127	142	164
	99	00	01	02	03
Hospital admissions					
Hospital days	370,942	379,770	399,136	445,820	
Clinic visits	1,752,510	1,528,751	1,755,500	2,064,987	
Unsponsored charity care	\$194,564,381	\$211,953,613	\$234,938,900	\$256,968,945	
Endowment total value	\$593,224,000				\$656,221,000

C. Institution-Specific Information

UT Southwestern is ranked 16th in the country for Medical Schools – Research and 30th for Medical Schools – Primary Care by *U.S. News and World Report*.

There are also the following honors among its faculty:

- Four recipients of the Nobel Prize
- Fifteen members of the National Academy of Sciences
- Twelve members of the American Academy of Arts and Sciences
- Fifteen members of the Institute of Medicine

From a survey of federally funded universities in *Science Watch*, UT Southwestern earned a Top 10 ranking in 4 out of 6 major fields. Among peer institutions, only Harvard and UC San Francisco received a better overall ranking, based on their criteria. However, UT Southwestern confers more medical degrees and provides much more indigent care than our peer institutions.

In self-conducted patient satisfaction surveys, UT Southwestern received a 91.86% satisfaction rating in 2002, where 94% were satisfied with the physicians alone.

D. Links to Web Resources

The University of Texas Southwestern Medical Center at Dallas
(<http://www.utsouthwestern.edu>)

The University of Texas System (<http://www.utssystem.edu>)

National Institute of Health (<http://www.nih.gov>)

Association of American Medical Colleges (<http://www.aamc.org>)

U.S. News and World Report Magazine (<http://www.usnews.com>)

Science Watch (<http://www.sciencewatch.com>)