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FOR
HEALTH AFFAIRS COMMITTEE**

Committee Meeting: 2/10/2016

Board Meeting: 2/11/2016
Galveston, Texas

*Alex M. Cranberg, Chairman
Ernest Aliseda
David J. Beck
Jeffery D. Hildebrand
Sara Martinez Tucker*

| | Committee Meeting | Board Meeting | Page |
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| Convene | 4:00 p.m. <i>Chairman Cranberg</i> | | |
| 1. U. T. System: Discussion regarding tuition and fee proposals for Fiscal Years 2017 and 2018 for U. T. Southwestern Medical Center, U. T. Medical Branch - Galveston, U. T. Health Science Center - Houston, U. T. Health Science Center - San Antonio, and U. T. M. D. Anderson Cancer Center | 4:00 p.m. Discussion <i>Health Presidents Dr. Greenberg</i> | Not on Agenda | 309 |
| 2. U. T. System Board of Regents: Discussion and appropriate action regarding Consent Agenda items, if any, assigned for Committee consideration | 4:30 p.m. Discussion | Action | 330 |
| 3. U. T. System Board of Regents: Proposed appointments to The University of Texas System Health Care Advisory Committee | 4:33 p.m. Action <i>Dr. Greenberg</i> | Action | 331 |
| 4. U. T. Health Science Center - Tyler: Approval to create the School of Community and Rural Health | 4:38 p.m. Action <i>President Calhoun Dr. Lakey</i> | Action | 338 |
| 5. U. T. System: Report on a U. T. Systemwide Clinical Data Network | 4:43 p.m. Report/Discussion <i>Dr. Elmer Bernstam, U. T. Health Science Center – Houston</i> | Not on Agenda | 344 |

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| 6. U. T. System: Approval of \$10.8 million from the Available University Fund to be deployed over four fiscal years to support a new U. T. System Virtual Health Network Infrastructure, including the implementation of a pilot telemedicine project across the U. T. System health institutions; finding that the expenditure is appropriate; and authority to substitute Permanent University Funds for Available University Funds | 5:03 p.m. Action <i>President Callender</i> <i>Dr. Alexander Vo,</i> <i>UTMB</i> <i>Dr. Greenberg</i> | Action | 358 |
| 7. U. T. Health Science Center - San Antonio: Report on the Sam and Ann Barshop Institute for Longevity and Aging Studies | 5:15 p.m. Report/Discussion <i>President Henrich</i> | Not on Agenda | 370 |
| Adjourn | 5:30 p.m. | | |

1. **U. T. System: Discussion regarding tuition and fee proposals for Fiscal Years 2017 and 2018 for U. T. Southwestern Medical Center, U. T. Medical Branch - Galveston, U. T. Health Science Center - Houston, U. T. Health Science Center - San Antonio, and U. T. M. D. Anderson Cancer Center**

DISCUSSION

Executive Vice Chancellor Greenberg will discuss the tuition and fee proposals for Fiscal Years 2017 and 2018 for U. T. Southwestern Medical Center, U. T. Medical Branch - Galveston, U. T. Health Science Center - Houston, U. T. Health Science Center - San Antonio, and U. T. M. D. Anderson Cancer Center. A PowerPoint presentation is set forth on [Pages 310 - 316](#).

Executive Vice Chancellor Greenberg will outline the institutions' proposals and recommendations as set forth on the following pages, and the following institutional Presidents will be available to address any questions regarding the proposals for the respective health institutions. The tuition and mandatory fee proposals for the health institutions are on [Pages 317 - 329](#).

- U. T. Southwestern Medical Center, President Podolsky, [Page 317](#)
- U. T. Medical Branch - Galveston, President Callender, [Pages 318 - 322](#)
- U. T. Health Science Center - Houston, President Colasurdo, [Pages 323 - 326](#)
- U. T. Health Science Center - San Antonio, President Henrich, [Pages 327 - 328](#)
- U. T. M. D. Anderson Cancer Center, President DePinho, [Page 329](#)

U. T. Health Science Center - Tyler did not request tuition or fee plan changes for Fiscal Years 2017 and 2018. Therefore, the tuition and fee plan approved by the Board of Regents on August 23, 2012, remains in effect.

U. T. System Health-Related Institutions Proposed Tuition Adjustments

Context and Overview

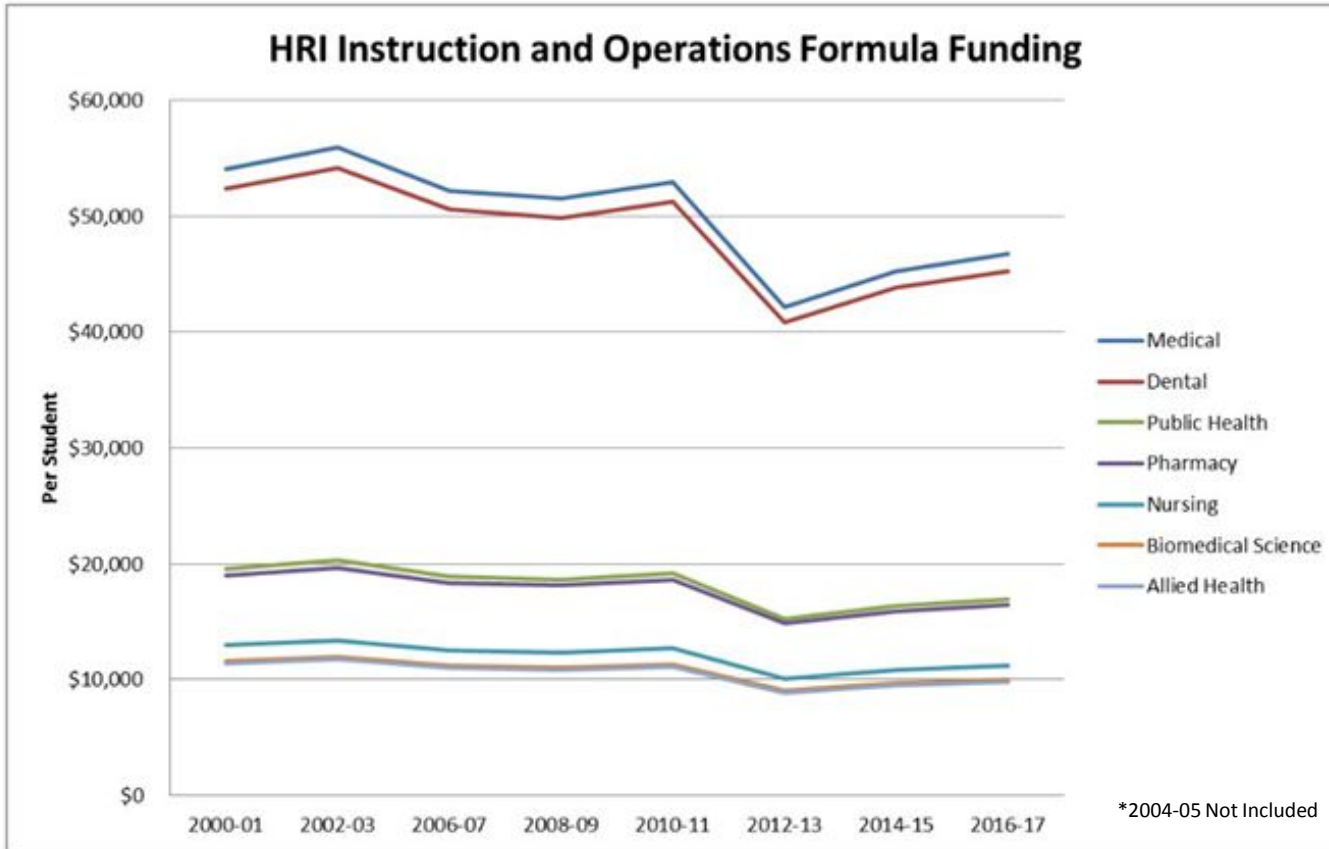
Raymond S. Greenberg, M.D., Ph.D.
Executive Vice Chancellor for Health Affairs

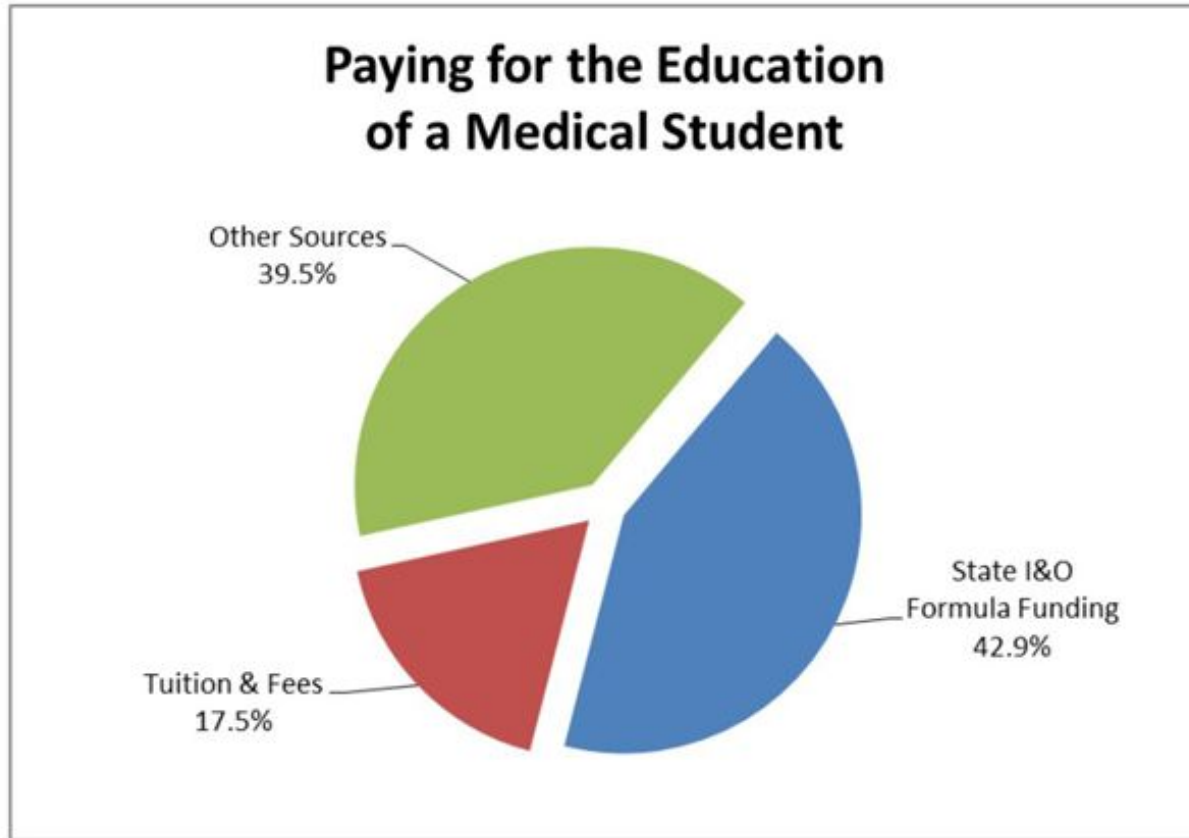
U. T. System Board of Regents' Meeting
Health Affairs Committee
February 2016

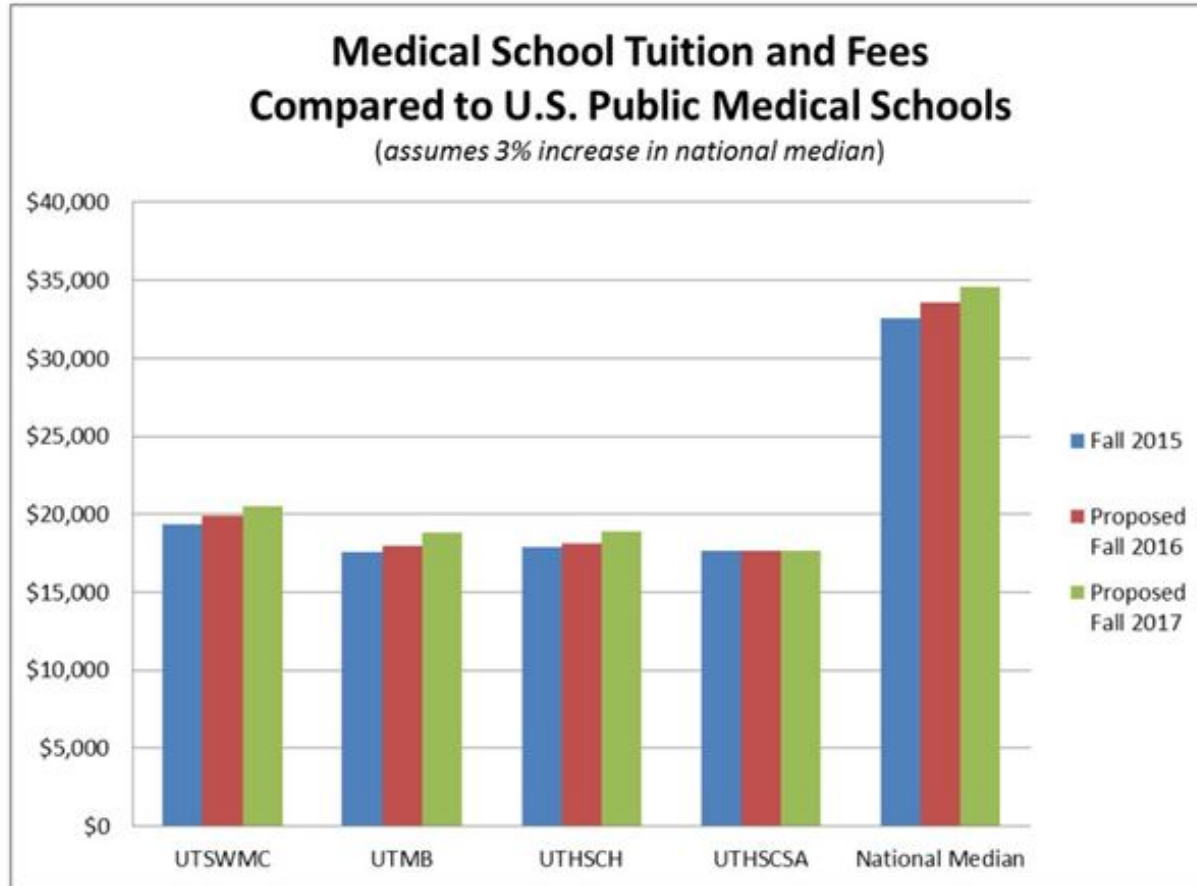


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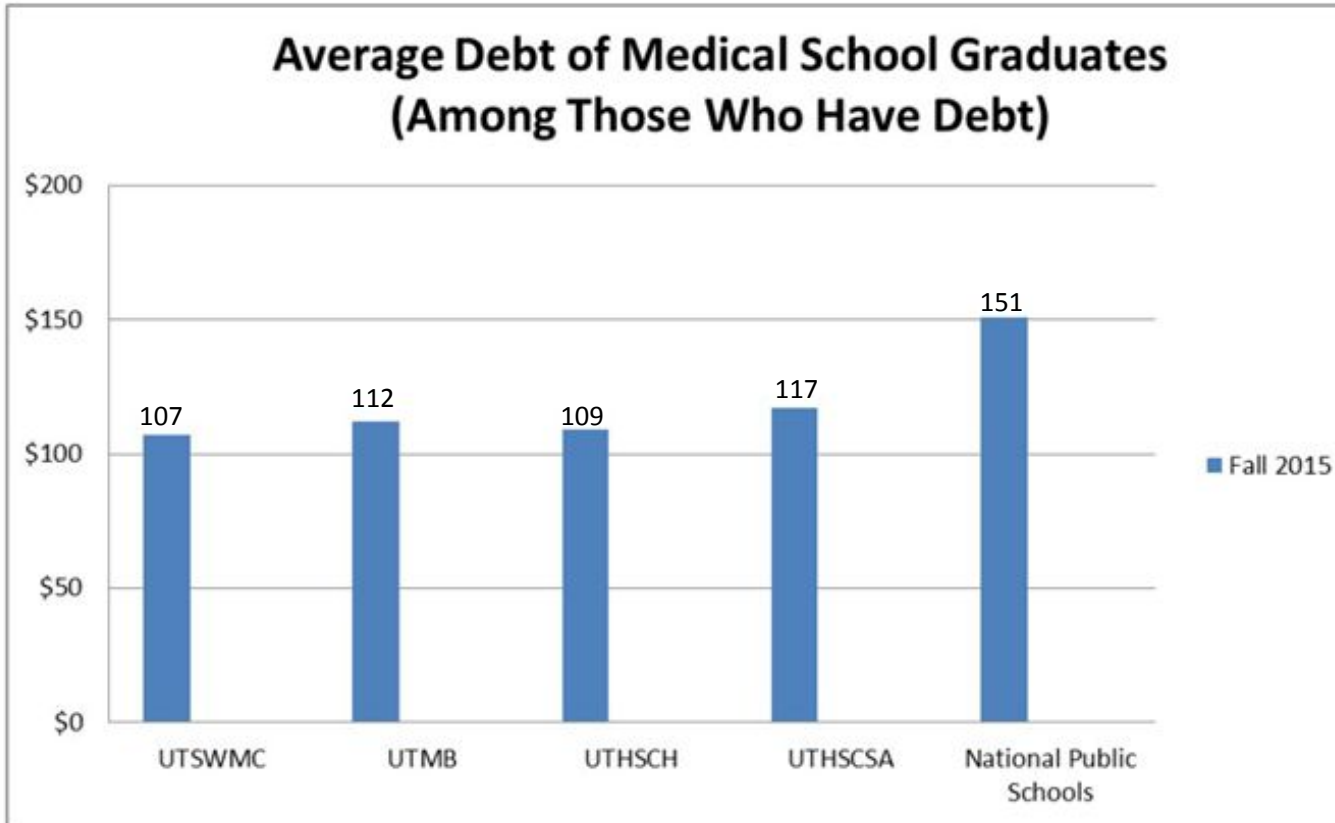
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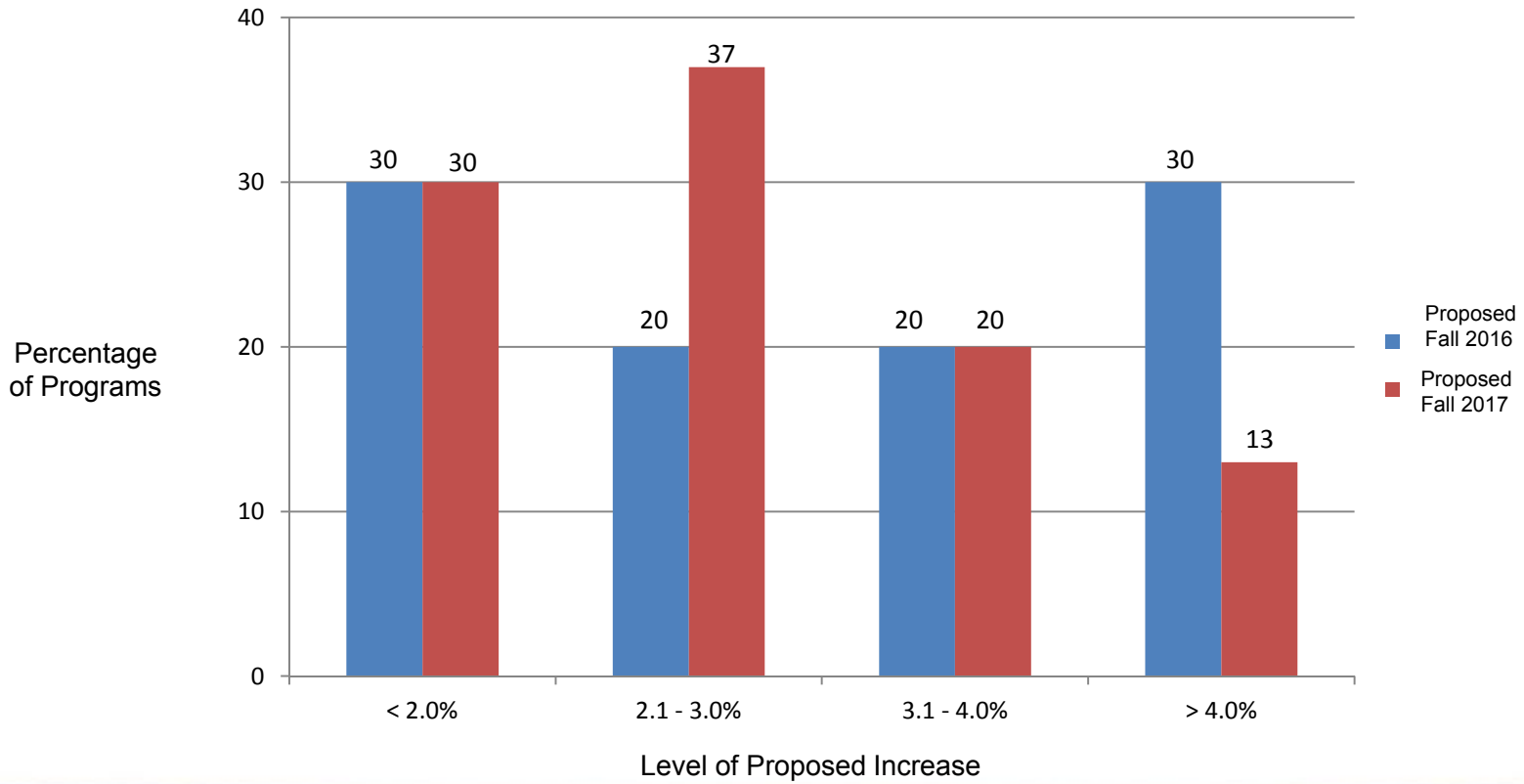


Process for Proposal Development

1. In 2014, institutions developed five-year tuition plans.
2. In 2014, U. T. System Board of Regents approved first year of plans.
3. In 2015, U. T. System Board of Regents approved second year of plans.
4. In late 2015, institutions were asked to update third and fourth years of plans and make any appropriate modifications.
5. Plans were finalized, with student input.
6. Plans are presented now for U. T. System Board of Regents' review.



Distribution of Requested Percentage Tuition Increases



Summary of Proposed Tuition and Fee Plan: U. T. SOUTHWESTERN MEDICAL CENTER

Summary of Proposed Resident Tuition and Mandatory Fee Increases

| | Fall 2015 | Prop. Fall 2016 | % Over Fall 2015 | \$ Over Fall 2015 | Prop. Fall 2017 | % Over Fall 2016 | \$ Over Fall 2016 |
|--|-----------|-----------------|------------------|-------------------|-----------------|------------------|-------------------|
| Medical | \$19,343 | \$19,923 | 3% | \$580 | \$20,521 | 3% | \$598 |
| Biomedical Sciences 24 semester credit hours (SCH) | \$7,743 | \$7,975 | 3% | \$232 | \$8,215 | 3% | \$240 |
| Health Professions 24 SCH | \$7,743 | \$7,975 | 3% | \$232 | \$8,215 | 3% | \$240 |

- o Estimate reflects tuition and mandatory fees.

Projected New Revenue

| | Increase in Revenue for 2016-2017 | Increase in Revenue for 2017-2018 |
|---|-----------------------------------|-----------------------------------|
| Medical | \$544,312 | \$560,643 |
| Biomedical Sciences and Health Professions | \$263,881 | \$271,799 |

The additional tuition and fee revenue will be used to fund expenses to develop and maintain the West Campus Simulation and Education Center (1%) and help defray faculty salary inflationary costs (2%).

- o Two floors, or 28,889 square feet, of the new West Campus facility will be dedicated to a new state-of-the-art simulation and education center.
- o Inflationary increases of institutional operations and faculty salaries to retain outstanding faculty.

Summary of Proposed Tuition and Fee Plan: U. T. MEDICAL BRANCH - GALVESTON

Summary of Proposed Resident Tuition and Mandatory Fees Increases

| | Fall 2015 | Prop. Fall 2016 | % Over Fall 2015 | \$ Over Fall 2015 | Prop. Fall 2017 | % Over Fall 2016 | \$ Over Fall 2016 |
|---|--------------|-----------------------|------------------------|-------------------------|-----------------------|------------------------|-------------------------|
| School of Medicine | | | | | | | |
| MD | \$16,989 | \$17,939 | 5.59% | \$950 | \$18,839 | 5.02% | \$900 |
| Graduate School of Biomedical Sciences | | | | | | | |
| Public Health Programs ** | \$2,228 | \$2,282 | 2.42% | \$54 | \$2,336 | 2.37% | \$54 |
| Biomedical Science Programs ** | \$2,120 | \$2,165 | 2.12% | \$45 | \$2,210 | 2.08% | \$45 |
| School of Nursing | | | | | | | |
| Undergraduate BS * | \$3,576 | \$3,576 | 0.0% | \$0 | \$3,640 | 1.8% | \$64 |
| Graduate MS ** | \$3,616 | \$3,616 | 0.0% | \$0 | \$3,666 | 1.4% | \$50 |
| Graduate DNP ** | \$3,619 | \$3,619 | 0.0% | \$0 | \$3,669 | 1.4% | \$50 |
| School of Health Professions | | | | | | | |
| Undergraduate BS in CLS * | \$3,614 | \$3,696 | 2.28% | \$82 | \$3,779 | 2.24% | \$83 |
| Undergrad. BS in Respiratory Care * | \$3,509 | \$3,592 | 2.35% | \$83 | \$3,674 | 2.30% | \$82 |
| Graduate MS in CLS ** | \$2,753 | \$2,816 | 2.29% | \$63 | \$2,879 | 2.24% | \$63 |
| Grad. MS in Health Professions ** | \$2,753 | \$2,816 | 2.29% | \$63 | \$2,879 | 2.24% | \$63 |
| Grad. MS in Nutrition & Metabolism ** | \$2,768 | \$2,831 | 2.28% | \$63 | \$2,894 | 2.22% | \$63 |
| Graduate MS in PA ** | \$3,149 | \$3,225 | 2.4% | \$76 | \$3,301 | 2.37% | \$76 |
| Graduate MOT ** | \$2,813 | \$2,876 | 2.24% | \$63 | \$2,939 | 2.19% | \$63 |
| Graduate DPT ** | \$3,149 | \$3,213 | 2.04% | \$64 | \$3,290 | 2.38% | \$77 |

* Undergraduate estimates are based on full-time enrollment of 15 credit hours

** Graduate estimates are based on full-time enrollment of 9 credit hours

Projected Annual Tuition Revenue

| | Increase in Revenue for 2016-17 | Increase in Revenue for 2017-18 |
|---|---------------------------------------|---------------------------------------|
| School of Medicine | \$828,000 | \$828,000 |
| Graduate School of Biomedical Sciences | \$42,727 | \$42,727 |
| School of Nursing | \$0 | \$150,782 |
| School of Health Professions | \$65,263 | \$65,263 |

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| Summary of Proposed Tuition and Fee Plan: U. T. MEDICAL BRANCH - GALVESTON |
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Estimate of Proposed NON-Resident Tuition and Mandatory Compulsory Fees Increases

| | Current Fall 2015 | Proposed Fall 2016 | Increase Over Fall 2015 | Proposed Fall 2017 | Increase Over Fall 2016 |
|---|----------------------|-----------------------|-------------------------------|-----------------------|-------------------------------|
| School of Medicine | | | | | |
| MD | \$30,089 | \$31,771 | 5.59% | \$33,366 | 5.02% |
| Graduate School of Biomedical Sciences | | | | | |
| Public Health Programs ** | \$5,738 | \$5,792 | 0.94% | \$5,846 | 0.93% |
| Biomedical Science Programs ** | \$5,630 | \$5,675 | 0.80% | \$5,720 | 0.79% |
| School of Nursing | | | | | |
| Undergraduate BS * | \$9,467 | \$9,467 | 0.0% | \$9,532 | 0.7% |
| Graduate MS ** | \$7,126 | \$7,126 | 0.0% | \$7,176 | 0.7% |
| Graduate DNP ** | \$7,129 | \$7,129 | 0.0% | \$7,179 | 0.7% |
| School of Health Professions | | | | | |
| Undergraduate BS in CLS * | \$9,839 | \$10,086 | 2.52% | \$10,348 | 2.53% |
| Undergraduate BS in Respiratory Care * | \$9,734 | \$9,982 | 2.54% | \$10,237 | 2.56% |
| Graduate MS in CLS ** | \$6,358 | \$6,515 | 2.48% | \$6,677 | 2.49% |
| Graduate MS in Health Professions ** | \$6,357 | \$6,515 | 2.48% | \$6,677 | 2.49% |
| Graduate MS in Nutrition & Metabolism ** | \$6,372 | \$6,530 | 2.47% | \$6,692 | 2.48% |
| Graduate MS in PA ** | \$6,753 | \$6,923 | 2.52% | \$7,099 | 2.53% |
| Graduate MOT ** | \$6,417 | \$6,575 | 2.45% | \$6,737 | 2.46% |
| Graduate DPT ** | \$6,754 | \$6,891 | 2.03% | \$7,066 | 2.55% |

* Undergraduate estimates are based on full-time enrollment of 15 credit hours

** Graduate estimates are based on full-time enrollment of 9 credit hours

Summary of Proposed Tuition and Fee Plan: U. T. MEDICAL BRANCH - GALVESTON

Expected Use for Tuition Additional Revenue

The tuition increase in the School of Medicine is needed to defray inflationary costs (3%) and to respond to students requests that the school address the specific initiatives described below. Non-resident tuition is raised an equal percentage as resident tuition, which results in a higher dollar increase for non-residents. The additional revenue will be used (1) to offset inflationary cost increases; (2) to support a faculty advising system; and (3) to support the costs of community-based education and the physicians who currently serve as voluntary clinical preceptors for students on community-based assignments. A fee increase is also requested to support the standardized patient program which provides clinical skills teaching, practice, direct observation and feedback to students.

The additional funds in the Graduate School of Biomedical Sciences would be used to support bridging of enrolled students, student development activities and student academic conferences. These activities are currently supported by investigator funds and GSBS funds but limit the scope and frequency of these important activities.

Additional revenue for the School of Health Professions will support faculty to supervise clinical settings, maintain distance education programs and instructional software, and recoup course costs.

The proposed increase in tuition in the School of Nursing will be used to increase the number of full-time faculty, and retain current full-time faculty. Additionally, the increased funding would support part-time and pay by letter (PBL) clinical faculty and necessary resources for teaching in the classroom, online and simulation. The mandate by the State and UTMB's President, to double enrollments has necessitated a dramatic increase in resources and for PBL faculty member to accommodate the education and clinical supervision of students.

Summary of Proposed Tuition and Fee Plan: U. T. MEDICAL BRANCH - GALVESTON

Proposed Mandatory Fee Increases

UTMB is proposing the following compulsory fee increases. These fees were reviewed and approved by the UTMB Student Fee Advisory Committee.

| Mandatory Fee Name | Current Fee | Proposed Fee Fall 2016 | Proposed Fee Fall 2017 |
|---|--|---|---|
| Student Services Fee* | 10.99 per credit hour (\$600 per yr. for SOM & PA) | 8.50 per credit hour (\$464.1 per yr. for SOM & PA) | 8.50 per credit hour (\$464.1 per yr. for SOM & PA) |
| Distance Education Fee** | 53.00 per credit hour | \$55.00 per credit hour | \$56.00 per credit |
| Alumni Fieldhouse Fee*** | NOTE: 3.16 of the 10.99 charged above is currently designated for the Alumni Fieldhouse (\$173 of the \$600 above for SOM & PA) | 4.00 per credit hour (\$218.40 per year for SOM & PA) | 5.00 per credit hour (\$273 per year for SOM & PA) |
| Campus Security and Safety Fee | \$0 | \$10 per semester \$30 per year for SOM & PA) | \$10 per semester \$30 per year for SOM & PA) |
| Student Computing & Teaching Equipment Fee | \$73.50 per semester (\$220 per year for SOM & PA) | \$78.50 per semester \$235 per year for SOM & PA) | \$83.50 per semester \$250 per year for SOM & PA) |
| Library Acquisition Fee | \$325.00 per year | \$350.00 per year | \$375.00 per year |
| Educational Technology Infrastructure Fee | \$45.00 per year | \$49.50 per year | \$54.50 per year |

* Fee charged for face to face courses only and is being reduced because fieldhouse is no longer going to be paid out of Student Services Fee. It will now be its own standalone fee.

** Fee charged for online courses only

*** This fee is being moved from the Student Services Fee and is now being charged as a standalone fee. Fee will not be charged to online courses.

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| Summary of Proposed Tuition and Fee Plan: U. T. MEDICAL BRANCH - GALVESTON |
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Proposed Incidental, Program and Course Related Fee Increases

UTMB is proposing changes to the following incidental, program and course related fees. All of these fees are being charged to cover costs associated with providing these services.

| Incidental, Course or Program Fee | Fee Name | Current Fee | Proposed Fee Beginning Fall 2016 |
|---|--|---|--|
| Incidental | Graduation Fee | \$70 – Bachelors \$100 - Masters \$132 - Doctoral | \$93 - Bachelors \$97 - Masters \$155 - Doctoral |
| Incidental | ID Badge Fee | \$5 per ID | \$20 per ID |
| Incidental | Application Processing Fee | New Fee | \$10 for all applications |
| School of Medicine | Application Fee | New Fee | \$25 |
| School of Medicine | Standardized Patient Program Fee | \$50 | \$100 |
| School of Medicine | NBME Year 3 Testing Fee | New Fee | \$175 |
| School of Medicine | USMLE Step 1 Year 2 Preparation Fee | New Fee | \$50 |
| Course | Nutrition and Metabolism Internship Fee | New Fee | \$100 |
| Lab | PHYT 6110 Surface Anatomy | \$0 | \$2 |
| Lab | PHYT 6228 Differential DX in PT | \$15 | \$25 |
| Course | PHYT 6227 Evidence Based Seminar | New Fee | \$15 |
| Course | Differential Dx in PT (Natl. Practice Exam) | \$225 | \$250 |
| Lab | PHYT 6350 Bridge Comps in PT | \$10 | \$35 |
| Lab | Dx & Management NM Dys II | \$20 | \$35 |
| Course | RESC 4153 Board Exam Review | New Fee | \$50 |
| Course | RESC 5266 Clinical Simulation Review | New Fee | \$70 |

Summary of Proposed Tuition and Fee Plan: UT Health Science Center at Houston

Summary of Proposed Resident Tuition and Mandatory Fee Increases

| | Fall 2015 | Prop. Fall 2016 | % Over Fall 2015 | \$ Over Fall 2015 | Prop. Fall 2017 | % Over Fall 2016 | \$ Over Fall 2016 |
|--|-----------|-----------------|------------------|-------------------|-----------------|------------------|-------------------|
| Biomedical Informatics (SBMI) (24 sch) | \$8,437 | \$8,797 | 4.27% | \$360 | \$8,797 | 0% | \$0 |
| Biomedical Sciences (GSBS) | \$4,368 | \$4,368 | 0% | \$0 | \$4,368 | 0% | \$0 |
| Dentistry (SOD) * | \$3,744 | \$3,744 | 0% | \$0 | \$3,848 | 3% | \$104 |
| Medical School | \$17,457 | \$18,157 | 4% | \$700 | \$18,867 | 4% | \$710 |
| Nursing (SON) | | | | | | | |
| Undergrad (15 sch) | \$3,685 | \$3,865 | 4.8% | \$180 | \$3,959 | 2.4% | \$94 |
| Graduate (9 sch) | \$2,551 | \$2,709 | 6.1% | \$158 | \$2,830 | 2.4 | \$121 |
| Public Health (SPH) (23 sch) | \$5,897 | \$6,127 | 3.90% | \$230 | \$6,367 | 3.91% | \$240 |

*SOD is only proposing PostGraduate Program tuition increases. DDS and Dental Hygiene Programs are not being proposed.

Estimate reflects tuition and mandatory fees.

Projected New Revenue

| | Increase in Revenue for 2016-17 (FY17) | Increase in Revenue for 2017-18 (FY18) |
|-------------|--|--|
| SBMI | 51,840 | 51,840 |
| GSBS | NA | NA |
| SOD | NA | 34,736 |
| MS | 700,000 | 700,000 |
| SON | 187,642 | 176,406 |
| SPH | 323,606 | 320,753 |

School of Biomedical Informatics (SBMI):

- SBMI, following its original 5-Year Tuition and Fee Plan, proposes to increase Resident Designated Tuition by \$15/semester credit hour for Fall 2016 with no increases proposed for Fall 2017.
 - Designated Tuition will increase from \$131/SCH to \$146/SCH.
- SBMI, following the original 5-Year Tuition and Fee Plan, is not proposing any school specific incidental, course, or laboratory fee increases for Fall 2016 or Fall 2017.
- Additional revenue from the tuition increase will be used to towards recruiting highly trained teaching faculty and growing student support services in the area of business and technical writing skills. SBMI employers have indicated that strong writing skills are foundational for health informatics professionals.

Graduate School of Biomedical Sciences (GSBS):

- GSBS, following its original 5-Year Tuition and Fee Plan, is not proposing any tuition or school specific incidental, course or laboratory fee increases for Fall 2016 or Fall 2017.

School of Dentistry (SOD):

Summary of Proposed Tuition and Fee Plan: UT Health Science Center at Houston

- SOD, requesting an EXCEPTION to the original 5-Year Tuition and Fee Plan, is proposing a tuition increase for both Resident and Non-Resident tuitions for the Advanced Education Programs (postgraduate) effective Fall 2017. On review, the tuition for this program has not been raised since 1999-2000 and since this time has increased both in the number and average salary of teaching faculty for the programs.
 - Resident Designated Tuition will increase from \$46/SCH to \$48/SCH. Resident Differential Tuition will increase from \$48/SCH to \$50/SCH. *This will cap the Resident Differential rate matching the legislative statutory tuition rate of \$50/SCH.*
 - Non-Resident Designated Tuition will increase from \$46/SCH to \$50/SCH. Non-Resident Differential Tuition will increase from \$48/SCH to \$72/SCH.
- Additional revenue from the tuition increase will be used for a more equitable balance of faculty recruitment and retention for the postgraduate program.
- All currently enrolled postgraduate students will be exempt from the proposed increase with only new entering students beginning Fall 2017 affected by new rates.
- SOD, following the original 5-Year Tuition and Fee Plan, is not proposing any tuition increases for the Dental Hygiene (DH) or Doctor of Dental Surgery (DDS) programs.
- SOD, following the 5-Year Tuition and Fee Plan, is not proposing any school specific incidental, course, or laboratory fee increases for Fall 2016 or Fall 2017.

Medical School (MS):

- MS, following its original 5-Year Tuition and Fee Plan, is proposing a tuition increase of \$500/year for the M.D. Program in the Resident Designated tuition for both Fall 2016 and Fall 2017.
 - Resident Designated Tuition will increase in Fall 2016 from \$3,725/year to \$4,225/year.
 - Resident Designated Tuition will increase in Fall 2017 from \$4,225/year to \$4,725/year.
- MS, following the 5-Year Tuition and Fee Plan, is proposing two school specific incidental fee increases.
 - Standardized Patient Fee increase in Fall 2016 going from \$800/year to \$1000/year.
 - Technology Fee increase in Fall 2017 going from \$700/year to \$900/year.
- Additional revenue from the tuition and fee increases will be used towards resources needed for the implementation of the newly revised M.D. Curriculum scheduled to begin in Fall 2016. The recruitment and retention of faculty as more faculty will be required as small group facilitators, scholarly concentration mentors and career focus track mentors. Increased standardized patient use for clinical skills instruction and assessments, with more advanced use of cutting-edge technology in the development of high quality videos, web-based modules and custom generated examinations.
- MS, following the original 5-Year Tuition and Fee Plan, is not proposing any laboratory or course fee increases for Fall 2016 and Fall 2017.

School of Nursing (SON):

- SON, following its original 5-Year Tuition and Fee Plan, is proposing tuition increases for both the undergraduate and graduate programs for both Fall 2016 and Fall 2017.
 - Resident Undergrad Designated Tuition will increase in Fall 2016 from \$140/SCH to \$146/SCH. Fall 2017 it will increase from \$146/SCH to \$152/SCH.

Summary of Proposed Tuition and Fee Plan: UT Health Science Center at Houston

- Resident Graduate Designated Tuition will increase in Fall 2016 from \$144/SCH to \$156/SCH. Fall 2017 it will increase from \$156/SCH to \$169/SCH.
- Non-Resident Undergrad Designated Tuition will increase in Fall 2016 from \$381/SCH to \$405/SCH. Fall 2017 it will increase from \$405/SCH to \$429/SCH.
- Non-Resident Graduate Designated Tuition will increase from \$137/SCH to \$147/SCH. Fall 2017 it will increase from \$147/SCH to \$158/SCH.
- Non-Resident Graduate Differential Tuition will increase from \$369/SCH to \$405/SCH. Fall 2017 it will increase from \$405/SCH to \$442/SCH.
- SON, following the original 5-Year Tuition and Fee Plan, is proposing school specific incidental fees and course fees for Fall 2016 and Fall 2017. SON is also requesting an EXCEPTION to the Plan by proposing a new incidental fee titled, Portfolio Fee.
 - Clinical Placement Fee increase in Fall 2016 going from \$135/semester to \$145/semester. No increase for this fee in Fall 2017.
 - Nursing Achievement Exam-BSN (NCLEX) increase in Fall 2016 going from \$180/semester to \$200/semester. No increase for this fee in Fall 2017.
 - Simulation Fee increase in Fall 2016 going from \$165/semester to \$175/semester. No increase for this fee in Fall 2017.
 - EXCEPTION NEW FEE: Portfolio Fee proposed at \$50/semester beginning Fall 2016 for all undergraduate and graduate students. This fee will support new software and personnel needed to track, advise, coach and maintain the increased number of students progressing through various degree programs.

School of Public Health (SPH):

- SPH, following its original 5-Year Tuition and Fee Plan, is proposing tuition increases for Resident and Non-Resident Designated and Differential tuition for Fall 2016 and Fall 2017.
 - Resident Designated Tuition will increase in Fall 2016 from \$113/SCH to \$123/SCH. Fall 2017 it will increase from \$123/SCH to \$133/SCH.
 - Non-Resident Designated Tuition will increase in Fall 2016 from \$107/SCH to \$116/SCH. Fall 2017 it will increase from \$116/SCH to \$125/SCH.
 - Non-Resident Differential Tuition will increase in Fall 2016 from \$325/SCH to \$358/SCH. Fall 2017 it will increase from \$358/SCH to \$390/SCH.
- SPH, following its original 5-Year Tuition and Fee Plan, is not proposing any new incidental or laboratory fees for Fall 2016 and Fall 2017. SPH is requesting an EXCEPTION to the Plan by proposing an increase to the SPH Dietetic Internship Course Practicum Fee (PH 9997).
 - EXCEPTION: Proposed increase of \$1500.00 to the Dietetic Internship Course Practicum Fee (Course PH 9997, Sec. 800 and 850 only) from \$3000.00 to \$4,500.00 for a 24-month program. This increase of the course practicum fee will support the recruitment and retention of teaching faculty, support personnel for the cooking demonstration laboratory training and supplies and maintenance upkeep for the new simulation lab/kitchen. This internship practicum fee has not increased since 2009. The new increase in the course fee will only apply to new incoming students entering the program for or after Fall 2016.

UNIVERSITY STUDENT SERVICES FEE (SSF):

The University of Texas Health Science Center at Houston (UTHealth) is submitting the original 5-Year Fee Plan for the proposed increases to the Student Services Fee that is

Summary of Proposed Tuition and Fee Plan: UT Health Science Center at Houston

charged across the board to all students enrolled at UTHealth. The SSF covers five student support services, 1) Recreation, 2) Health, 3) Shuttle, 4) Counseling, and 5) Student Government. The following is being proposed to increase the SSF from the current annual cost of \$532.65 to \$543.45, an approximate 2.025% overall increase to the fee:

- Fall 2016 will have no increase to the existing fee.
- Fall 2017 proposed increases for two of the support areas covered by the fee.
 - Shuttle Services will have a 10% increase from \$73.25/year to \$80.60/year. Over 90% of ridership on UTHealth shuttles are students, but the current fee only covers 25% of the cost. Contract renewal in Fall 2017 anticipates higher operational costs, plus with increased ridership there is planning to add a new bus.
 - Counseling Services will have a 10% increase from \$34.45/year to \$37.90/year. This fee covers approximately 33% of counseling costs. The fee increase will help sustain the model of providing a full time psychologist working only with students. The increase will also help support continued improvement by providing more outreach and workshops for increased anxiety and stress our students face today.

UTHEALTH STUDENT ENGAGEMENT

UTHealth, has six very diverse graduate and professional schools with program specific tuition rates and school specific incidental, course and laboratory fees, and allows each school to conduct their own Student Fees Advisory Council to review, comment and make recommendations to the Dean in regard to proposed tuition and fees.

The Student InterCouncil, the official student governance organization made up of 24 student representatives from all schools, is presented with incidental fees that affect students in all six UTHealth schools. The Student Services Fee proposed increase was presented to this group for official review, comment and vote.

UTHealth Schools and Auxiliary Enterprises (oversees the Student Services Fee) speak to specific student engagement during this process of tuition and fee increases for Fall 2016 and Fall 2017 in their individual reports attached to this summary.

Summary of Proposed Tuition and Fee Plan: U. T. Health Science Center - San Antonio

Summary of Proposed Resident Tuition and Mandatory Fee Increases

AY 2017 & AY 2018

| | Fall 2015 | Prop. Fall 2016 | % Over Fall 2015 | \$ Over Fall 2015 | Prop. Fall 2017 | % Over Fall 2016 | \$ Over Fall 2016 |
|-----------------------------|------------------------------|-----------------------|------------------------|-------------------------|-----------------------|------------------------|-------------------------|
| Medicine | No Tuition Increase Proposed | | | | | | |
| Dentistry | | | | | | | |
| Endodontics | \$11,436 | \$11,858 | 3.7% | \$421 | \$12,300 | 3.7% | \$442 |
| Dental Hygiene | \$6,768 | \$6,968 | 3.0% | \$200 | \$7,168 | 2.9% | \$200 |
| Nursing | | | | | | | |
| Undergraduate | \$8,047 | \$8,229 | 2.3% | \$182 | \$8,423 | 2.4% | \$194 |
| Graduate | \$7,032 | \$7,184 | 2.2% | \$152 | \$7,346 | 2.4% | \$162 |
| Health Professions | | | | | | | |
| BS Clinical Lab Sciences | \$8,003 | \$8,368 | 4.6% | \$365 | \$8,536 | 2.0% | \$168 |
| BS Respiratory Care | \$8,190 | \$8,579 | 4.8% | \$390 | \$8,751 | 2.0% | \$172 |
| MS Occup. Therapy | \$11,952 | \$12,535 | 4.9% | \$583 | \$12,786 | 2.0% | \$251 |
| D Physical Therapy | \$10,752 | \$11,281 | 4.9% | \$529 | \$11,507 | 3.0% | \$226 |
| MS Phys Asst Studies | \$17,872 | \$18,756 | 4.9% | \$884 | \$19,132 | 2.0% | \$376 |
| Emergency Health Science | \$7,737 | \$8,011 | 3.5% | \$274 | \$8,171 | 2.0% | \$160 |
| MS Respiratory Care | \$16,227 | \$16,227 | 0% | \$0 | \$16,551 | 2.0% | \$324 |
| Biomedical Sciences | \$4,832 | \$4,896 | 1.3% | \$64 | \$4,962 | 1.4% | \$67 |
| Medical Services Fee | \$159.75 | \$159.75 | 0% | \$0 | \$175.65 | 9.95% | \$15.90 |

Estimates reflect annual tuition and mandatory fees.

Projected New Revenue

| School / Fee | Increase in Revenue for 2016-2017 | Increase in Revenue for 2017-2018 |
|--|--------------------------------------|--------------------------------------|
| School of Medicine | N/A | N/A |
| School of Dentistry (DH / Endodontics) | \$17,136 | \$17,368 |
| School of Nursing | \$106,005 | \$115,844 |
| School of Health Professions | \$94,290 | \$147,791 |
| Graduate School of Biomedical Sciences | \$13,989 | \$14,804 |
| Medical Services Fee | \$49,290 | \$54,405 |

Revenue estimates are net of scholarship set-aside requirements.

Summary of Proposed Tuition and Fee Plan: U. T. Health Science Center - San Antonio

TUITION INCREASE JUSTIFICATION:

The proposed increases for the School of Dentistry Graduate Endodontics and Dental Hygiene undergrad programs will be utilized to provide competitive compensation to the endodontic and dental hygiene faculty to ensure the recruitment and retention of those of the highest quality.

The proposed increases for the School of Nursing will be used to address the costs of attracting and retaining qualified faculty.

Additional revenue for the School of Health Professions will provide the ability to have sufficient funding to cover the costs of retaining quality faculty and to invest in equipment upgrades across several programs to continue to train students at the optimal level.

The proposed increases for the Graduate School of Biomedical Sciences are intended to support the increasing costs of graduate educational programs including enhanced learning tools and software to track student milestones aimed at improving student success.

The proposed increase for the Medical Services fee would be directed toward addressing the expanded needs for health and wellness, and in particular, mental health and wellness for our students. If approved by the required student referendum, the proposed annual fee of \$175.65 in AY 2018 would still be well below what peer institutions charge in AY 2016 for their Medical Services Fee.

ENGAGEMENT OF STUDENTS:

Institutional leadership has routinely engaged and informed the Student Government Association regarding the 5-year tuition plans for all schools. In addition, administrative leadership in each school met with student leadership and held at least two forums open to the general study body where an appropriate representation of each school's student body was in attendance.

Summary of Proposed Tuition and Fee Plan: UTMDACC

Summary of Proposed Resident Tuition and Fee Increases *

| | Fall 2015 | Prop. Fall 2016 | % Over Fall 2015 | \$ Over Fall 2015 | Prop. Fall 2017 | % Over Fall 2016 | \$ Over Fall 2016 |
|---------------------------|--------------|-----------------------|------------------------|-------------------------|-----------------------|------------------------|-------------------------|
| Health Professions | | | | | | | |
| Undergrad. (15 sch) | \$1,676 | \$1,919 | 14.5% | \$243 | \$1,964 | 2.3% | \$45 |
| Graduate (15 sch) | \$1,676 | \$2,669 | 59% | \$993 | \$2,714 | 1.7% | \$45 |

* Estimate reflects tuition, mandatory fees, laboratory fees and average course fees.

It includes a proposed (new) Preceptor Course Fee of \$35 per clinical preceptor course and the approximate increase in cost per semester is \$200.

Projected New Revenue

| | Increase in Revenue for 2016-17 | Increase in Revenue for 2017-18 |
|--|---------------------------------------|---------------------------------------|
| Health Professions (15 semester credit hours) | \$165,350 | \$13,500 |

How will the additional revenue be used?

The proposed increases in designated tuition and fees for the School of Health Professions (SHP) reflect the need for resources to drive innovation in education at SHP while maintaining our high-touch, small-group hands-on teaching of the health professions. Current **innovation investments** are focused in part on simulation technology in the MD Anderson simulation lab that allow our students to learn in environments that closely resemble the clinical environment, but offer a risk-free opportunity for skill development.

The additional funds realized from the **Differential Tuition** will be used to offset the increasing expenses associated with laboratory supply cost and equipment in the Genetics programs. All programs in health care education are expensive. However graduate programs are more costly than undergraduate programs in that they focus on more advanced aspects of the subject. The acquisition and maintenance of equipment is costly and with the rapid advances in healthcare ongoing investment is necessary. The materials for training students in the Genetics laboratories are also becoming more sophisticated (e.g. next gen sequencing, RNA sequencing), and this further increases costs.

All of the SHP programs require clinical preceptorships as a requirement for degree completion. The increased funding from the **Clinical Preceptor Course Fee** will be used to defray the expenses incurred in managing the preceptorships. Hospital affiliates are requiring more supervision by our core faculty adding expense for faculty to travel to affiliate sites or in some cases the need to add adjunct or part-time faculty.

Student approval of Tuition and Fee Increase

On December 1, 2015, at a Student Congress meeting, student representatives were informed that a proposal would be going forward to increase tuition and fees. The students had no objections at that time. A follow up conversation is planned in early 2016 at a future Student Congress meeting.

2. **U. T. System Board of Regents: Discussion and appropriate action regarding Consent Agenda items, if any, assigned for Committee consideration**

RECOMMENDATION

The proposed Consent Agenda is located at the back of the book. Consent Agenda items assigned to this Committee are on [Pages 618 - 761](#).

3. **U. T. System Board of Regents: Proposed appointments to The University of Texas System Health Care Advisory Committee**

RECOMMENDATION

Chairman Foster, Chancellor McRaven, Deputy Chancellor Daniel, and Executive Vice Chancellor Greenberg recommend the following individuals be appointed as the inaugural members of The University of Texas System Health Care Advisory Committee

- **Mr. Carrol Aulbaugh**, retired CFO of the Memorial Hermann Healthcare System
- **Mr. Charles J. Barnett**, M.H.A., FACHE, President of CognitiveScale's healthcare business unit and retired CEO of Seton Healthcare Family
- **Mr. Douglas D. Hawthorne**, M.H.A., LFACHE, Founding CEO Emeritus of Texas Health Resources
- **Eduardo Sanchez**, M.D., M.P.H., FAAFP, Chief Medical Officer for Prevention at the American Heart Association, formerly Commissioner of the Texas Department of State Health Services, and formerly Vice President and CMO for Blue Cross and Blue Shield of Texas

Detailed biographical information and a PowerPoint presentation are set forth on the following pages.

BACKGROUND INFORMATION

On August 20, 2015, the Board of Regents established The University of Texas System Health Care Advisory Committee (HCAC) to be composed of individuals who collectively have expertise in the following areas of health and healthcare operations: clinical and business operations, finance, reimbursement, law, policy, and quality of care.

HCAC members will advise the Board of Regents, the Chancellor, the Office of Health Affairs, the Office of Academic Affairs, and the U. T. System health institutions on strategic directions; major initiatives, contracts, and affiliations; recommending financial and clinical performance measures to be reviewed; reviewing operations and making recommendations as appropriate; and recommending policy for approval by the Board of Regents or the Chancellor.

U. T. System Health Care Advisory Committee

Carrol Aulbaugh

Mr. Aulbaugh served for 14 years as the Chief Financial Officer of the Memorial Hermann Healthcare System, retiring from that position in 2013. Prior to his work at Memorial Hermann, Mr. Aulbaugh worked at the Sisters of Mercy Health System in Saint Louis for the first seven years as the Chief Financial Officer, followed by three years as the Chief Operating Officer.

The first two decades of his career in the health field were spent with the Sisters of Charity Health Care System (Christus Health) in Houston in a variety of financial positions, ultimately leading to his appointment as Chief Financial Officer and then Chief Operating Officer.

Mr. Aulbaugh remains an active advisor to many health care organizations, including The University of Texas Health Science Center at Houston where he serves on the Audit Committee. In addition, he is on the Board of RediClinic in Houston, as well as the Sisters of Charity of Nazareth (Louisville) and the Sisters of Charity (St. Louis). Mr. Aulbaugh is also active with a variety of community and faith-based organizations, including serving as the Treasurer of St. Vincent de Paul in Katy, Texas, and as a Board member of both the Katy Christian Ministries and the Northwest Christian Ministries.

Mr. Aulbaugh is a native of Beaumont, Texas. He attended Southern Methodist University and graduated with a BBA in Accounting from Lamar University in Beaumont. He is married to the former Alicia Phelps and they have three children and eight grandchildren.

Charles J. Barnett, M.H.A., FACHE

Mr. Barnett is the president of CognitiveScale's healthcare business unit. He brings an illustrious 30-year career in healthcare administration to CognitiveScale's senior leadership team. Prior to CognitiveScale, Mr. Barnett served as president and CEO of Seton Healthcare Family. Under his leadership, Seton Healthcare grew from a \$200 million to a \$2.5 billion organization. Subsequently, he was president of Healthcare Operations at Ascension Health prior to returning to Seton as executive board chair, where he guided the integration of Alexian Brothers Health System and Marian Health System, increasing Ascension Health's assets by \$4.1 billion to \$26 billion.

Before joining Seton, Mr. Barnett was the vice president and chief operating officer of Fairfax Hospital in Falls Church, VA. Mr. Barnett is a Fellow of the American College of Healthcare Executives (FACHE) and has earned numerous promotions, awards and accolades from the healthcare industry, former employers, and national and local organizations. These include being appointed a member of the Organizing Committee for the development of a medical school at The University of Texas at Austin, Chair of the Capitol Area United Way, Austin Partners in Education, and Children's Optimal Health. Mr. Barnett was named Austinite of the Year in 2009 for his various accomplishments. He received the Heart Association's Distinguished Service Award and the Rostow Award for community leaders who have made a difference in the lives of children.

Mr. Barnett earned a master's degree in Healthcare Administration from Xavier University and a bachelor's and master's degree from the University of Cincinnati. Mr. Barnett has also authored articles on a variety of healthcare issues and has presented at numerous national healthcare conferences.

Douglas D. Hawthorne, M.H.A., LFACHE

Mr. Hawthorne is the Founding Chief Executive Officer Emeritus of Texas Health Resources (Texas Health). At the helm, he oversaw the health system with 24 acute care and short-stay hospitals that are owned, operated, joint-ventured, or affiliated with Texas Health Resources.

The health system includes the Texas Health Presbyterian, Texas Health Arlington Memorial, and Texas Health Harris Methodist hospitals, a large physician group, outpatient facilities, and home health, preventive and fitness services, and an organization for medical research and education. Texas Health also has relationships with helicopter air ambulances and other health-related ventures.

Mr. Hawthorne was born in Orange, N.J., in 1947, and grew up in San Antonio, Texas. He earned his Bachelor of Science degree and his Master's degree in Health Care Administration from Trinity University in San Antonio. He served Presbyterian Healthcare Resources in many roles since his graduation in 1971.

Guided by the mission of improving the health of the people in the communities served by Texas Health, Hawthorne successfully implemented a unique vision and conquered several challenges within the system and his industry. Perhaps the largest of these is overseeing the joining of several highly successful healthcare brands - Presbyterian Healthcare Resources, Harris Methodist Hospitals, and Arlington Memorial Hospital - a move that helped create Texas Health Resources in 1997. Texas Health has been reaping the benefits of his strategy and vision ever since and has enjoyed a successful integration of the organizations into one health system that serves one in every four people in North Texas.

Under Hawthorne's leadership, Texas Health and its member organizations have received numerous awards. Four hospitals within Texas Health have been named among the Top 100 Hospitals in America nationally, regionally, or for clinical excellence. The Greater Dallas Community Relations Commission and Dallas Together Forum have honored Texas Health for its commitment to diversity. In 1995 and 1998, the American Hospital Association presented Texas Health with its coveted NOVA Award for outstanding community service.

In addition to helping lead the formation of Texas Health, Hawthorne's other notable career achievements include six mentions in seven years (2003-2009) in *Modern Healthcare* magazine's list of 100 Most Powerful People in Health Care, receiving the *Modern Healthcare* CEO IT award in 2008, receiving the Diversity Ambassador of the Year Award from the American Red Cross Chisholm Trail Chapter, receiving the Texas Hospital Association Trustee Award in 2004, receiving the American College of Healthcare Executives 2002 Gold Medal Award, serving as chairman of the Dallas-Fort Worth Hospital Council and the Texas Hospital Association, receiving the Earl M. Collier Award for Distinguished Hospital Administration in 1994 from the Texas Hospital Association and receiving the Boone Powell Sr. Award of Excellence for distinguished hospital administration by the Dallas-Fort Worth Hospital Council in 1996.

Eduardo Sanchez, M.D., M.P.H., FAAFP

Dr. Sanchez is Deputy Chief Medical Officer for the American Heart Association (AHA). He brings an interest and expertise in prevention and population health to AHA. From 2008 until March 2013, he served as Vice President and Chief Medical Officer (CMO) for Blue Cross and Blue Shield of Texas (BCBSTX) where he focused on worker and worksite wellness, clinical prevention, and chronic disease management, particularly diabetes and cardiovascular disease. Dr. Sanchez led the Institute for Health Policy at the University of Texas (UT) School of Public Health as its director from 2006 to 2008, and from 2001 to 2006, he served as Texas' state

health officer, Commissioner of the Texas Department of State Health Services from 2004 to 2006 and the Texas Department of Health from 2001 to 2004. And he served as the local public health officer in Austin-Travis County from 1994 to 1998.

Dr. Sanchez currently serves as Chair of the Partnership for Prevention Board of Directors and Chair of the National Commission on Prevention Priorities. He chairs the Texas Public Health Coalition. From 2008 to 2012, he served as chair of the Advisory Committee to the Director of the Centers for Disease Control and Prevention. He serves on the newly formed Institute of Medicine's Roundtable on Obesity Solutions.

He is the recipient of the 2011 Association of State and Territorial Health Officials (ASTHO) Alumni Award and the 2011 Texas Public Health Association (TPHA) James E. Peavy Memorial Award. In 2005, he was awarded the Texas School Health Association (TSHA) John P. McGovern Award and the 2005 American Academy of Family Physicians (AAFP) Public Health Award.

Dr. Sanchez received his M.D. from the University of Texas Southwestern Medical School in Dallas, an M.P.H. from the University of Texas Health Science Center at Houston School of Public Health, and an M.S. in biomedical engineering from Duke University. He holds a B.S. in biomedical engineering and a B.A. in chemistry from Boston University. Dr. Sanchez is board certified in family medicine.

The University of Texas System Health Care Advisory Committee

Raymond S. Greenberg, M.D., Ph.D.
Executive Vice Chancellor for Health Affairs
U. T. System

U. T. System Board of Regents' Meeting
Health Affairs Committee
February 2016



U. T. System Health Care Advisory Committee

At the August 2015 meeting of the U. T. System Board of Regents, the Board approved a new advisory body composed of individuals who collectively have expertise in the following areas of health and health care operations:

- Clinical and business operations
- Finance
- Reimbursement
- Law
- Policy
- Quality of care



U. T. System Health Care Advisory Committee

The Chairman of the Board of Regents, the Chancellor, the Deputy Chancellor, and the Executive Vice Chancellor for Health Affairs propose the following be appointed to serve on the inaugural Committee:



Carrol Aulbaugh

Charles J. Barnett,
M.H.A., FACHE



Douglas D. Hawthorne,
M.H.A., LFACHE

Eduardo Sanchez,
M.D., M.P.H., FAAFP



4. **U. T. Health Science Center - Tyler: Approval to create the School of Community and Rural Health**

RECOMMENDATION

The Chancellor concurs in the recommendation of the Deputy Chancellor, the Executive Vice Chancellor for Health Affairs, and President Calhoun that approval be granted to create the School of Community and Rural Health at U. T. Health Science Center - Tyler.

A PowerPoint presentation is set forth on the following pages.

BACKGROUND INFORMATION

The proposed U. T. Health Science Center - Tyler School of Community and Rural Health will initially administer the Master of Public Health degree program, which has been approved by the Executive Vice Chancellor for Health Affairs as required by Regents' *Rules and Regulations*, Rule 40307. U. T. Health Science Center - Tyler will be the only institution in Texas to offer a generalized MPH program specializing in rural community health and the unique needs of rural Texans and other underserved populations with similar challenges.

The creation of the new School has been approved by the Executive Vice Chancellor for Health Affairs pending approval by the Board. Upon approval by the Board of Regents, the Office of Health Affairs will notify the Texas Higher Education Coordinating Board of the change so that the U. T. Health Science Center - Tyler administrative unit structure can be updated.

Texas Education Code Section 65.11 authorizes the Board of Regents to provide for the "administration, organization, and names of the institutions and entities in The University of Texas System in such a way as will achieve the maximum operating efficiency of such institutions and entities[.]"

The U. T. Health Science Center - Tyler School of Community and Rural Health

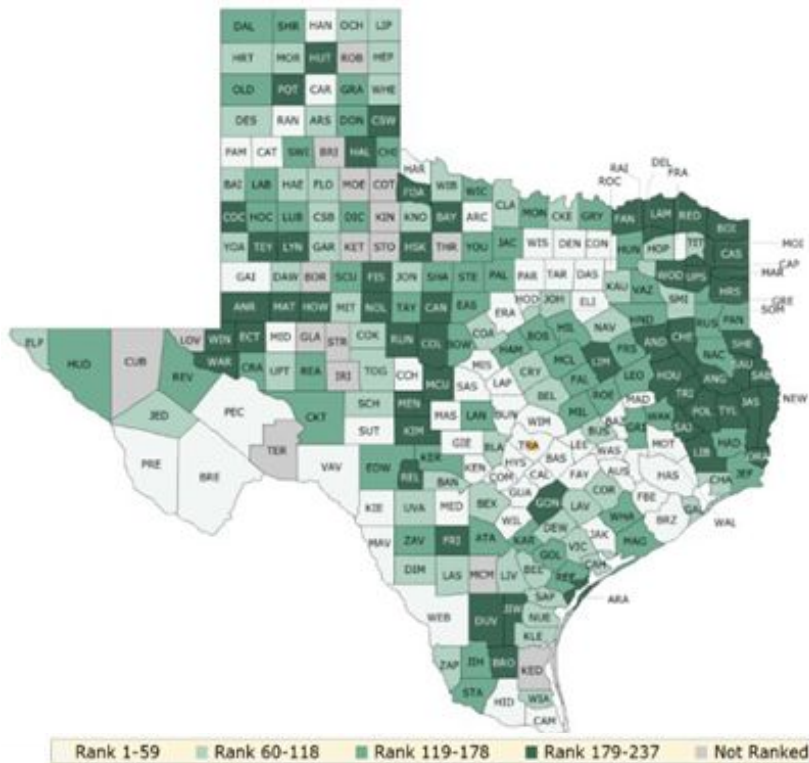
Kirk Calhoun, M.D., President

David Lakey, M.D., Senior Vice President for Population Health

U. T. System Board of Regents' Meeting
Health Affairs Committee
February 2016



The Health Challenges in Northeast Texas



- The population of Northeast Texas is older, poorer, less educated, and at greater risk of early death than the state average
- No community health program in Texas focused on meeting the needs of rural Texans



Recognized and Successful History of Addressing Community and Rural Health Needs

- Heartland National Tuberculosis Center in *nine states*
- Southwest Agricultural Safety and Health Center in *five states*
- Texas Institute of Occupational Safety and Health
- Public Health Lab of East Texas – Member of the National Bioterrorism Laboratory Response Network
- Physician training programs focused on rural primary care
- Anchor institution for the 1115 Waiver in Northeast Texas
- Nearly \$40 million annually in federally funded demonstration projects focused on population health



The Opportunity: Creating an Applied Approach to Community and Rural Health

- Designed to be accessible and affordable
- Utilizes existing assets and faculty, with some recruitment
- Addresses critical community health workforce shortages
- Focuses on meeting the needs of rural communities
- Prepares students to solve problems in their hometowns
- Cross-trains rural physician residents



Next Steps

1-6 months

- Obtain Texas Higher Education Coordinating Board and accreditation approvals
- Recruit department chair and develop curriculum

6-12 months

- Recruit core faculty and finalize coursework development
- Advertise program and recruit first-year students

12-18 months

- Enroll first cohort of 15 full-time student equivalents
- Recruit additional faculty

18-24 months

- Grow program to target of 35 full-time student equivalents
- Graduate first student cohort (Spring 2019)



5. U. T. System: Report on a U. T. Systemwide Clinical Data Network

REPORT

Elmer Bernstam, M.D., MSE, Associate Dean for Research and Professor in the School of Biomedical Informatics at U. T. Health Science Center - Houston, will report on the rationale for and development of a coordinated clinical data network for U. T. System institutions.

Dr. Bernstam holds the joint appointment of Associate Dean for Research and Professor in the School of Biomedical Informatics and is the Director of the Biomedical Informatics Group at the institution's Center for Clinical and Translational Services (CCTS). The CCTS lab created and maintains the institution's clinical data warehouse, which contains health data for over 400,000 patients.

A PowerPoint presentation is set forth on the following pages.

Planning for a U. T. Systemwide Clinical Data Network

Elmer Bernstam, M.D., MSE, Associate Dean for Research and Professor
U. T. Health Science Center - Houston, School of Biomedical Informatics

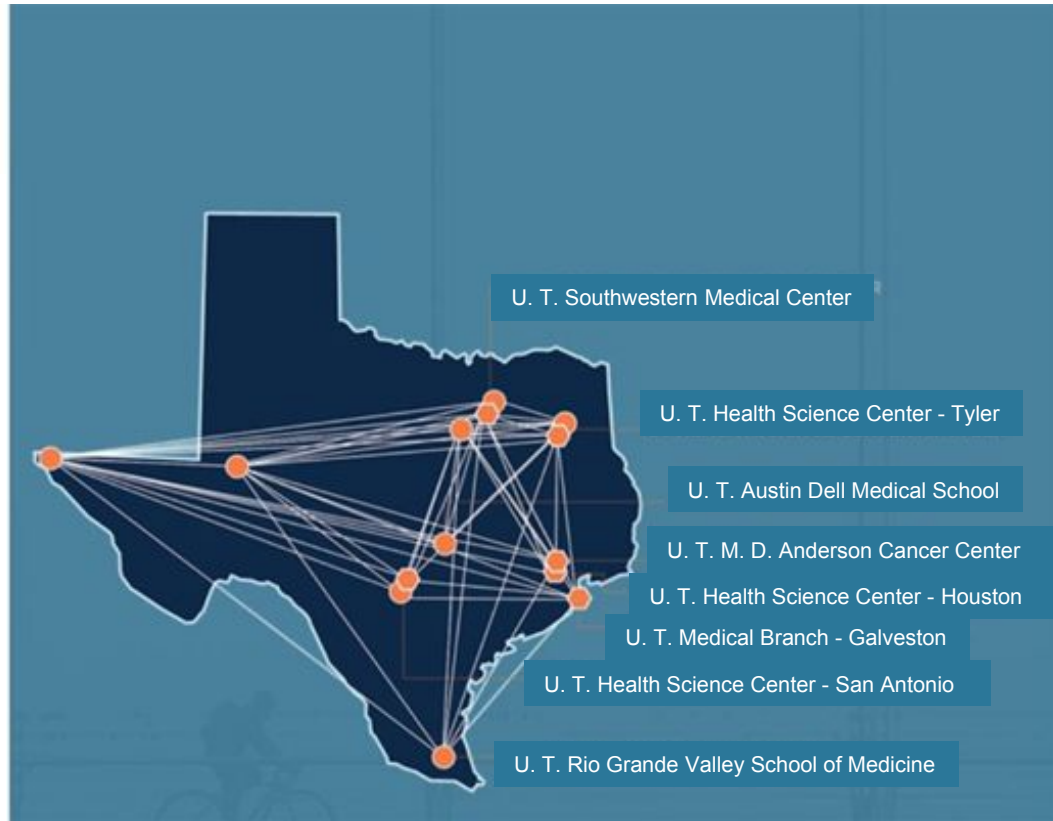
U. T. System Board of Regents' Meeting
Health Affairs Committee
February 2016





THE U. T. SYSTEM HEALTH CARE ENTERPRISE

U. T. System will develop a collaborative health care enterprise that will leverage U. T. System's size and expertise, and connect U. T. System's regional capabilities to provide Texas, the nation, and the world with the finest health care possible.



What is a Clinical Data Network?

- Electronic Health Record (EHR)
 - Transactional system for clinical use
 - Single patient queries
- Clinical Data Network (CDN)
 - Data aggregation and reporting for:
 - Research
 - Administration
 - Patient safety and bio-surveillance



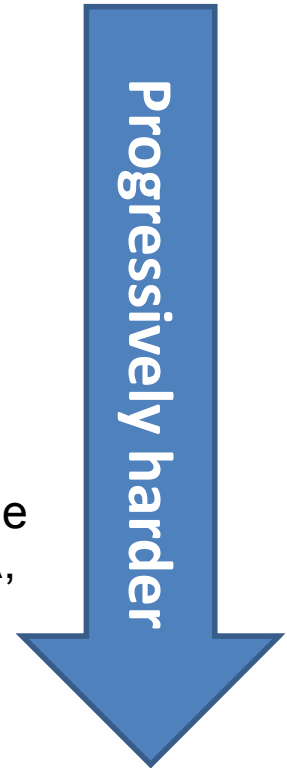
Creating a Clinical Data Network: A rigorous process

- Necessary Considerations
 - HIPAA/Security and all other applicable state and federal laws guarding Individually Identifiable Information
 - Data Stewardship – continuing and strengthening data stewardship as an integral component of the U. T. System and U. T. System institutional culture
- U. T. System and U. T. System Institutional Participants
 - Privacy Officer
 - Legal Counsel
 - Compliance Offices
 - Policy Offices



Components of a Clinical Data Network

- Hardware and software infrastructure
 - Informatics for Integrating Biology and the Bedside (i2b2) (data models, user interface)
- Processes and procedures
 - Extract/Transform/Load (ETL)
 - Regulatory/Political: How are data accessed? By whom?
 - Necessary agreements with assurances may vary depending on the CDN Model selected and the justification for data needs (e.g., BAA, Data Use Agreements, Interagency Agreements)
- Data
 - Vocabularies, standards, accuracy



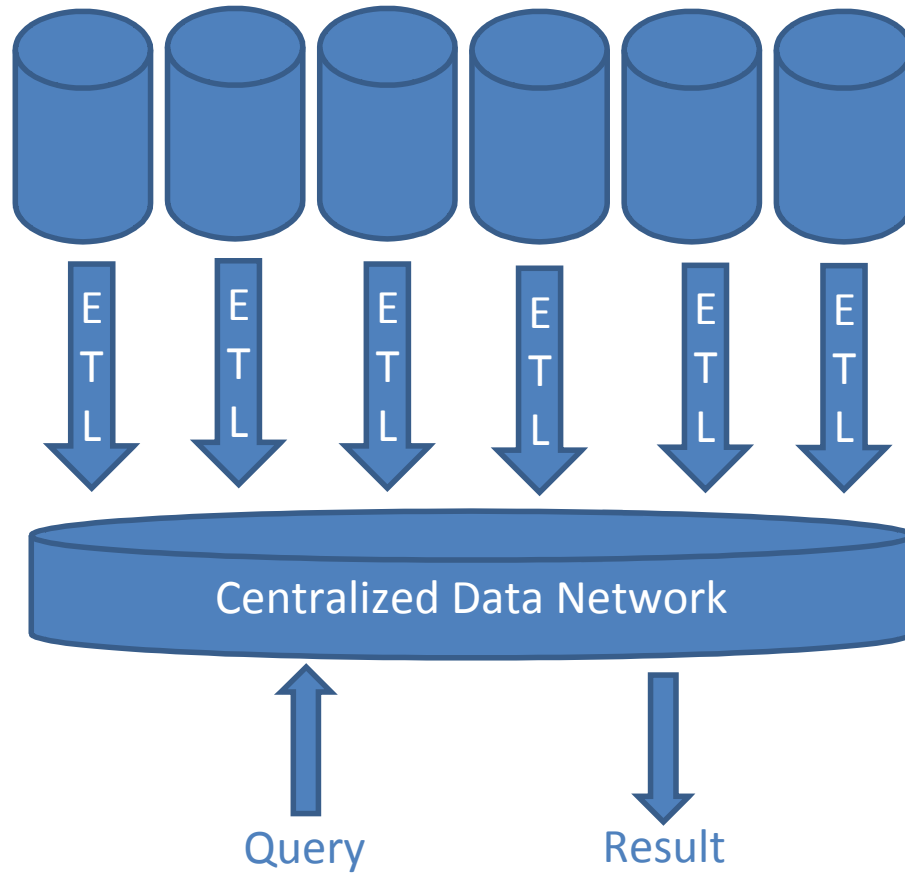
Centralized Model

Advantages

- Efficient queries
- Single set of policies and procedures
- Simpler structure

Disadvantages

- Single point of failure
- Everyone must agree to send data off site



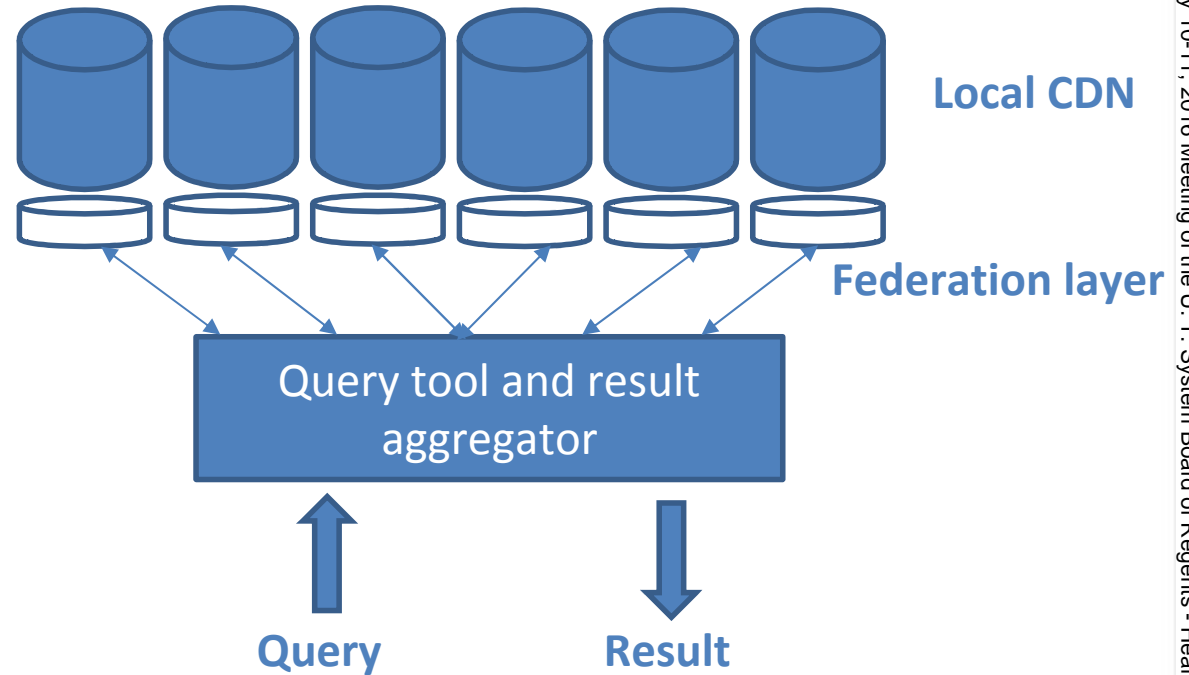
Distributed Model

Advantages

- Institutional control of data
- Standardized format
- Retained ownership

Disadvantages

- Sites must manage a data warehouse locally
- Coordinated change



Data Sources

- Clinical data
 - Electronic health records
 - Departmental systems
 - Patient-entered data (e.g., FitBit)
- Administrative data
 - Charges
 - Claims
 - Costs



Kinds of Questions that Can be Asked

- Clinical outcomes
 - Comparative effectiveness research
 - Do stroke patients do better with Drug A or Drug B?
 - What is the rate of post-operative infections?
- Financial metrics
 - How much does it cost to perform a coronary artery bypass graft surgery at U. T. System institutions?



i2b2 Example

The screenshot shows the i2b2 Query & Analysis Tool interface. The main window is titled "i2b2 Query & Analysis Tool" and includes a top navigation bar with "Project: Abstracts", "User: Elmer Bernstam", and "Find Patients | Analysis Tools | Message Log | Help | Logout".

The interface is divided into several sections:

- Navigate Terms / Find Terms:** A tree view on the left shows a hierarchy of medical terms, including "DISEASES OF THE CIRCULATORY SYSTEM", "ACUTE RHEUMATIC FEVER", "CEREBROVASCULAR DISEASE", "Intracerebral hemorrhage", "Late effects of cerebrovascular d", "Occlusion and stenosis of prece", "Occlusion of cerebral arteries", "Other and ill-defined cerebrovasi", "Other and unspecified intracranic", "Subarachnoid hemorrhage", and "Transient cerebral ischemia".
- Workplace:** A large empty white area for displaying results.
- Previous Queries:** A list of recent queries with their IDs and dates, such as "ANTIC->=>85 -Intra@14:56:43 [7-24-2013] [eb...".
- Query Tool:** The central area for building the query. It shows:
 - Query Name: "ANTIC->=>85 -Intra@14:56:43"
 - Temporal Constraint: "Treat all groups independently"
 - Three groups of terms:

| Group 1 | Group 2 | Group 3 |
|----------------|----------------|---|
| ANTICOAGULANTS | >=85 years old | Intracerebral hemorrhage Subarachnoid hemorrhage |
 - Logical operators: "one or more of these" (green boxes) and "AND" (blue boxes) connecting the groups.
 - Buttons: "Run Query", "Clear", "Print Query", and "New Group".
- Query Status:** A box at the bottom right showing:
 - Finished Query: "ANTIC->=>85 -Intra@14:56:43" [21.3 secs]
 - Compute Time: 19.1 secs
 - Number of patients for "ANTIC->=>85 -Intra@14:56:43": patient_count 20



Benefits: Piece of the Learning Health Care System

- More efficient health care for Texans
- Discovery to improve the health care for Texans
- Improved competitiveness research funding
 - Public (e.g., National Institutes of Health)
 - Private (e.g., pharmaceutical and biosciences industry)



Approach

- Distributed, based on i2b2 + Shared Health Research Informatics Network (SHRINE)
 - Maximum control remains with local institutions
- Start with
 - Institutions that have large health enterprises + partners
 - UTSWMC, UTHSCH, UTHSCSA, UTMB
 - Key needs + data needed to address
 - Management of clinical enterprise
 - Structured data
 - Demographics, charges/billing codes



Timelines

- December 2015
 - Establish contacts at six health institutions and two medical schools
- January-February 2016
 - Visit each of the six existing institutions
 - Identify priorities, existing data sources
- March-April 2016
 - Validate findings with each institution
 - Formulate project plan



6. **U. T. System: Approval of \$10.8 million from the Available University Fund to be deployed over four fiscal years to support a new U. T. System Virtual Health Network Infrastructure, including the implementation of a pilot telemedicine project across the U. T. System health institutions; finding that the expenditure is appropriate; and authority to substitute Permanent University Funds for Available University Funds**

RECOMMENDATION

The Chancellor concurs with the recommendation of the Deputy Chancellor, the Executive Vice Chancellor for Health Affairs, and the Executive Vice Chancellor for Business Affairs that the U. T. System Board of Regents

- a. approve \$10.8 million from the Available University Fund (AUF) to be deployed over four fiscal years to support a new U. T. System Virtual Health Network Infrastructure, including the implementation of a pilot telemedicine project across the U. T. System health institutions;
- b. find that the expenditure of AUF for this purpose is appropriate in furtherance of the System's responsibility to provide oversight and coordination of the activities of the System and that benefit a broad number of the institutions of the System, in this case through a centralized telemedicine entity linking all U. T. System health institutions into connected virtual care hubs as an integrated healthcare provision model for quality care management; and
- c. authorize the U. T. System Associate Vice Chancellor, Controller, and Chief Budget Officer to substitute Permanent University Funds (PUF) for AUF after consultation with the Chancellor for appropriate capital expenditures.

A PowerPoint presentation is set forth on the following pages.

BACKGROUND INFORMATION

The U. T. System Virtual Health Network Infrastructure would benefit a broad number of U. T. System institutions. Funding for this initiative will be issued over a four-year time period and evaluated annually by the Executive Vice Chancellor for Health Affairs by success in attaining high performance metrics, such as quality control reliability and low variability. Funds would be provided for technical support and capital purchases to implement this initiative.

Eight full-time equivalent positions are expected to be supported by the requested funds.

Advance notice of this potential initiative was provided to the Legislative Budget Board as required by Rider 8, Page III-61 of the current *General Appropriations Act*.

A Quantum Leap in Healthcare: The University of Texas Systemwide Virtual Health Network

Raymond S. Greenberg, M.D., Ph.D.
Executive Vice Chancellor for Health Affairs
The University of Texas System

David L. Callender, M.D., MBA, FACS
President
The University of Texas Medical Branch at Galveston

Alexander H. Vo, Ph.D.
Vice President, Telemedicine and Health Services Technology
The University of Texas Medical Branch at Galveston

U. T. System Board of Regents' Meeting
Health Affairs Committee
February 2016



THE UNIVERSITY of TEXAS SYSTEM
FOURTEEN INSTITUTIONS. UNLIMITED POSSIBILITIES.

WWW.UTSYSTEM.EDU

A Complex Problem

- Healthcare access is a challenge
- Lacking coordination between physical and behavioral health
- Healthcare costs continue to rise
- Diminishing resources allocated for healthcare
- Medical workforce shortage
- Increasing patient population; being insured does not guarantee access
- Challenging reimbursements
- Chronic and aging populations

TRADITIONAL HEALTHCARE DELIVERY

- Limited Access
- Inconsistent Coordination



A Challenging Prospect

Texas has:

- More than 630 hospitals
- One of the largest medical complexes in the U.S. (Texas Medical Center)
- One of the largest academic health systems in the U.S. (The University of Texas at Austin)

Life Tributes

Business

small business
ExpressNews.com

Wednesday, December 9, 2015 | SECTION B | SAN ANTONIO EXPRESS-NEWS

Texas ranks last in health access and affordability

Report: State's overall performance up slightly

By Peggy O'Hare
STAFF WRITER

Texas' overall health care performance improved slightly, but the Lone Star State was ranked dead last among all states nationwide for health access and affordability and second worst for prevention and treatment in a nonprofit health research group's assessment released late Tuesday.

Perhaps most alarming, the rankings indicate Texas has slipped when it comes to childhood vaccinations. Only 64 percent of all Texas children between 19 and 35 months old received all their recommended vaccinations last year, down from 72 percent in 2013, according to the data compiled by the Commonwealth Fund.

Texas was one of 16 states that saw its childhood vaccination rates slip in the assessment, but it stood out for having the biggest drop.

ExpressNews.com
Interactive: A look at health care access, affordability in Texas.
Document: See how Texas ranked in the report.

Dr. David Blumenthal, president of the Commonwealth Fund, suggested that cost may be a factor, noting he's been told the cost for a full complement of childhood vaccinations has risen from a few hundred dollars to around \$3,000.

Yet the state-by-state rankings showed Texas has improved its quality of patient care in some categories and — like all states — reduced its number of uninsured residents.

Health continues on B2

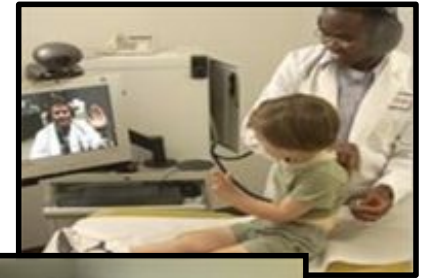
We can change this narrative!



A Compelling Opportunity

Technology is rapidly becoming a cornerstone in healthcare as it:

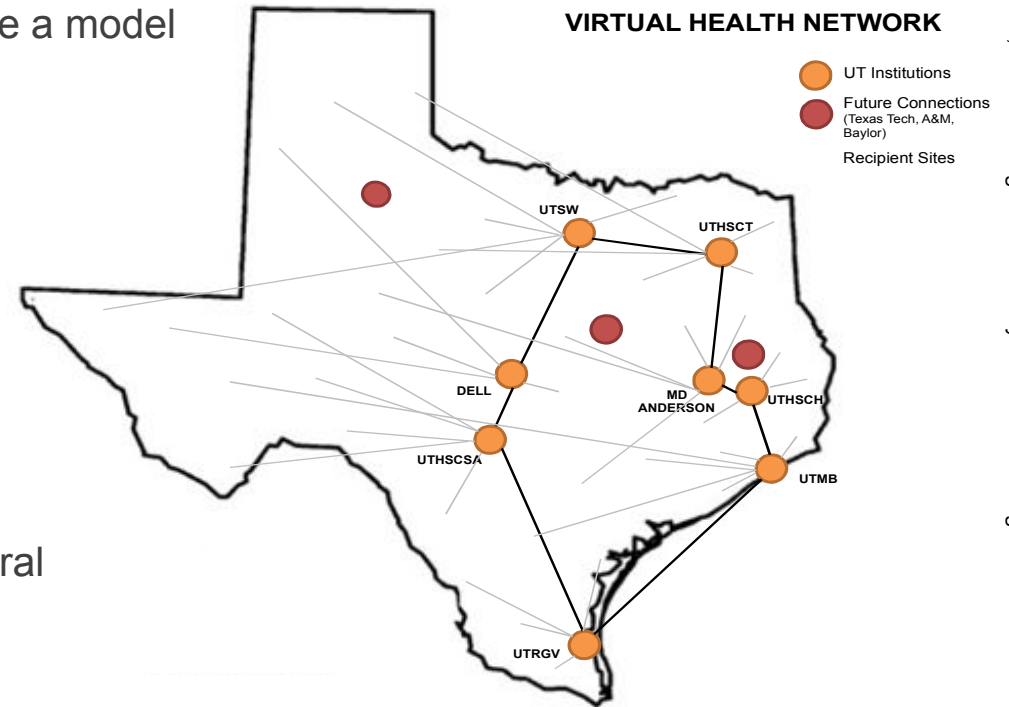
- Provides/increases access
- Coordinates care
- Mitigates costs
- Multiplies workforce output
- Adds value to services
- Strengthens quality assurance
- Promotes treatment advances



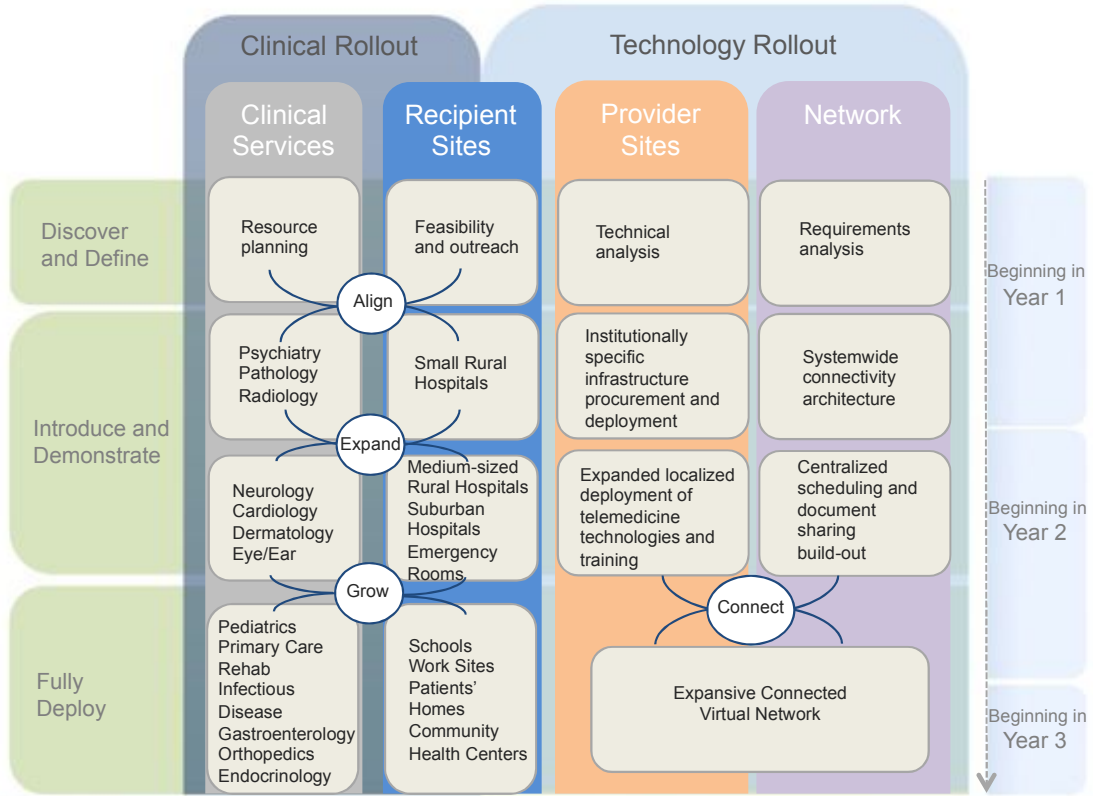
Taking the Lead in Telehealth

U. T. System can leverage technology to create a model for care delivery that:

- Expands current programs
- Initiates innovations
- Provides access to every citizen
- Facilitates virtual centers of excellence
- Serves as a conduit for coordinated care
- Bridges access to specialty services for rural providers and their patients
- Invites collaborations across institutions



Phased Implementation



Tasks and Targeted Milestones

| | MAJOR TASKS | | MILESTONES |
|---------------------------|--|--|---|
| | Clinical | Technology | |
| Discover and Define | <ul style="list-style-type: none"> • Feasibility assessment to discern clinical capacity/needs • Recipient sites identification | <ul style="list-style-type: none"> • Technical analyses for provider and recipient sites • Requirements analysis for scheduling and documentation sharing platforms | <ul style="list-style-type: none"> • Completed feasibility analysis of clinical capacity/needs • List of potential recipient sites • Completed technical analysis for telemedicine technologies |
| Introduce and Demonstrate | <ul style="list-style-type: none"> • Build-up of clinical capacities • Outreach to additional recipient sites • Training of clinical staff • Initiate services • Expansion of clinical offerings • Expansion into additional recipient sites | <ul style="list-style-type: none"> • Procure and deploy telemedicine technologies to institutions and recipient sites • Protocols/Standard operating procedures development and training • Develop architecture for scheduling and document sharing • Agile development of connecting platforms • Testing of connecting platforms • Expansion rollout of telemedicine technologies | <ul style="list-style-type: none"> • Deployment of telemedicine technologies to all U.T. System institutions and selected recipient sites • 25% increase in telemedicine encounters per institution • 25% increase in number of clinical services offered by telemedicine • 25% increase in number of recipient sites • Prototypes of scheduling and document sharing platforms • Initial testing of connecting platforms completed |
| Fully Deploy | <ul style="list-style-type: none"> • Expansion of a full range of clinical offerings • Expansion into nontraditional clinical sites • Coordinated referrals • Virtualized centers of excellence | <ul style="list-style-type: none"> • Scheduling and document sharing platforms rollout and training • Continued telemedicine technologies rollout into nontraditional sites • Coordinated referral management set-up • Coordinating and contracting entity set-up | <ul style="list-style-type: none"> • 50% increase in telemedicine encounters per institution from inception of VHN • 50% increase in clinical services offered • 25% increase in nontraditional recipient sites • Completed rollout of connecting platforms • Registration of coordinating entity |



Expected Outcomes

| | |
|---|----------------------------|
| <p>Discover and Define</p> <ul style="list-style-type: none"> • Current landscape of telemedicine initiatives at each U.T. System institution • Clinical capacity build-up • Recipient sites for expansion and/or outreach • Technology selection | <p>INSTITUTIONAL FOCUS</p> |
| <p>Introduce and Demonstrate</p> <ul style="list-style-type: none"> • Shared or common goals and strategies across U.T. System • Deployment of technologies • Increased access and utilization of medical specialties • Increased support to small rural hospitals and providers • Connecting platforms coming on line | <p>SYSTEM FOCUS</p> |
| <p>Fully Deploy</p> <ul style="list-style-type: none"> • Expansion into nontraditional sites • Coordinated services across U.T. System • Connected network • Access for everyone | <p>STATEWIDE FOCUS</p> |



Impact on Healthcare for Texans

U. T. Systemwide Virtual Health Network (UTS VHN) is expected to:

- Provide an avenue for quicker and more direct access to specialty care to the citizens of Texas
- Reduce duplicative work and increase the quality of care provided
- Act as a workforce multiplier, distributing resources where needed and controlling costs
- Assist rural and small hospitals in staying operational
- Enhance negotiated rates with commercial payers for U. T. System institutions
- Create opportunities for direct contracting with self-insurers
- Establish an unprecedented model of care delivery that can be replicated



Why the UTS VHN Makes Sense

| | | | | |
|---|---|---|---|--|
| <p>PROBLEM</p> <ul style="list-style-type: none"> • Access to healthcare is a challenge • Diminishing resources allocated for provision of care • Increased demand for quality care • Challenging reimbursement for care delivery • Increased competition from private health systems | <p>SOLUTION</p> <ul style="list-style-type: none"> • Implement technologies to enhance service delivery • Connect to all U. T. System institutions for pooling of clinical capacities • Distribute care across all regions of Texas • Partner with others to capture and expand market share | <p>UNIQUE VALUE PROPOSITION</p> <p>Connected health from all of U. T. System’s world-class medical institutions</p> | <p>UNFAIR ADVANTAGE</p> <ul style="list-style-type: none"> • Leveraging expertise from all of U. T. System’s medical institutions • Experienced and proven leadership • Partnership approach • Recognized healthcare providers | <p>CUSTOMER SEGMENTS</p> <ul style="list-style-type: none"> • Individuals • Rural, small hospitals • Medium, suburban hospitals • Emergency departments • Health plans • Government agencies • Third party technology entities |
| <p>EXISTING ALTERNATIVES</p> <ul style="list-style-type: none"> • Long wait time and use of emergency services • Physical expansion to capture market share | <p>REVENUE STREAMS</p> <ul style="list-style-type: none"> • Direct contracts • Enhanced rates • Capitated programs • Concierge programs • Preferred provider preference | <p>KEY METRICS</p> <ul style="list-style-type: none"> • Development and deployment • Utilization • Increased quality and better outcomes • Enhanced productivity and efficiency for health systems • Increased market share • Access for rural and small hospitals | <p>COST STRUCTURE</p> <ul style="list-style-type: none"> • Development • Technology Infrastructure • Contracted Services (administrative, logistics, training, support) • Professional Services | <p>EARLY ADOPTERS</p> <p>Entities that are challenged with providing and maintaining health for varied populations</p> |
| <p>CHANNELS</p> <ul style="list-style-type: none"> • 1-degree network • Business to business • Business to consumer | | | | <p>HIGH LEVEL CONCEPT</p> <p>Leveraging technology to distribute renown clinical expertise to all citizens of Texas</p> |



Funding Request

Phased Budget

| Program Phases | Discover and Define | Introduce and Demonstrate | Fully Deploy | Program Totals |
|--|---------------------|---------------------------|--------------------|---------------------|
| Revenue | | | | |
| Board of Regents | \$2,698,893 | \$4,318,229 | \$3,778,449 | \$10,795,575 |
| Total Request | \$2,698,893 | \$4,318,229 | \$3,778,449 | \$10,795,575 |
| Expenses | | | | |
| Infrastructure | | | | |
| Technology Infrastructure and Maintenance | \$598,200 | \$957,120 | \$837,480 | \$2,392,800 |
| API Development and Implementation | \$225,000 | \$360,000 | \$315,000 | \$900,000 |
| Connectivity Services Broadband | \$402,000 | \$643,200 | \$562,800 | \$1,608,000 |
| Scheduling Software | \$120,000 | \$192,000 | \$168,000 | \$480,000 |
| Facility Lease and Utilities | \$48,000 | \$76,800 | \$67,200 | \$192,000 |
| Infrastructure Total | \$1,393,200 | \$2,229,120 | \$1,950,480 | \$5,572,800 |
| Contracted Services | | | | |
| Design, Oversight, and Administration | \$175,712 | \$281,140 | \$245,997 | \$702,850 |
| Logistics and Coordination | \$106,682 | \$170,692 | \$149,355 | \$426,730 |
| Technology Assessment and Implementation | \$150,611 | \$240,977 | \$210,855 | \$602,442 |
| Technical Support and Training | \$175,712 | \$281,140 | \$245,997 | \$702,850 |
| Business Modeling, Billing Structure, and Analysis | \$112,958 | \$180,732 | \$158,141 | \$451,831 |
| Business Development and Marketing | \$200,509 | \$320,814 | \$280,712 | \$802,036 |
| Legal and Contracting | \$200,509 | \$320,814 | \$280,712 | \$802,036 |
| Contracted Services Total | \$1,122,693 | \$1,796,309 | \$1,571,769 | \$4,490,775 |
| Professional Services * | \$135,000 | \$216,000 | \$189,000 | \$540,000 |
| Travel | \$48,000 | \$76,800 | \$67,200 | \$192,000 |
| Total Expenses | \$2,698,893 | \$4,318,229 | \$3,778,449 | \$10,795,575 |

Budgetary Note

*Consultants for network architecture, commercial plan contracting, and business support services



7. **U. T. Health Science Center - San Antonio: Report on the Sam and Ann Barshop Institute for Longevity and Aging Studies**

REPORT

President Henrich will report on the Sam and Ann Barshop Institute for Longevity and Aging Studies at U. T. Health Science Center - San Antonio. A PowerPoint presentation is set forth on the following pages.

BACKGROUND INFORMATION

The Sam and Ann Barshop Center for Longevity and Aging Studies was established in 1998, and the Board approved the naming on February 14, 2001, in recognition of a gift from the Barshops. The Center was renamed the Sam and Ann Barshop Institute for Longevity and Aging Studies when it opened. The late Mr. Barshop served on the Board of Regents from 1987-1995.

The Barshop Institute is dedicated to the promotion of healthy aging. Its world-class scientific community of researchers and physicians seek discoveries to treat and ameliorate the underlying causes of aging, a cost-effective approach to broadly enhance the quality of later life.

The Sam and Ann Barshop Institute for Longevity and Aging Studies U. T. Health Science Center - San Antonio

William L. Henrich, M.D., M.A.C.P., President
U. T. Health Science Center - San Antonio

U. T. System Board of Regents' Meeting
Health Affairs Committee
February 2016



THE UNIVERSITY of TEXAS SYSTEM
FOURTEEN INSTITUTIONS. UNLIMITED POSSIBILITIES.

WWW.UTSYSTEM.EDU

Sam and Ann Barshop Institute for Longevity and Aging Studies

- Institute established in 1998
- In 2001, renamed for former Regent Sam Barshop and wife, Ann, who made a major gift to the institute (Barshop Institute)
- Located on approximately 166 acres on the Texas Research Park campus, is an internationally-recognized institute in aging science



The Barshop Institute



Sam and Ann Barshop Institute for Longevity and Aging Studies



International Recognition

- \$6.5 million federal funding, chiefly from National Institute on Aging
- Ranks first in Texas in aging research
- 120 faculty members involved
- Biology of Aging Training Grant (T32) from the National Institute on Aging, the largest training grant in the country
- Only institute in the world with four prestigious federal center grants:
 - Nathan Shock Center of Excellence in the Basic Biology of Aging
 - Claude D. Pepper Older Americans Independence Center
 - Geriatric Research, Education and Clinical Center
 - Aging Interventions Testing Program



Research Breakthroughs

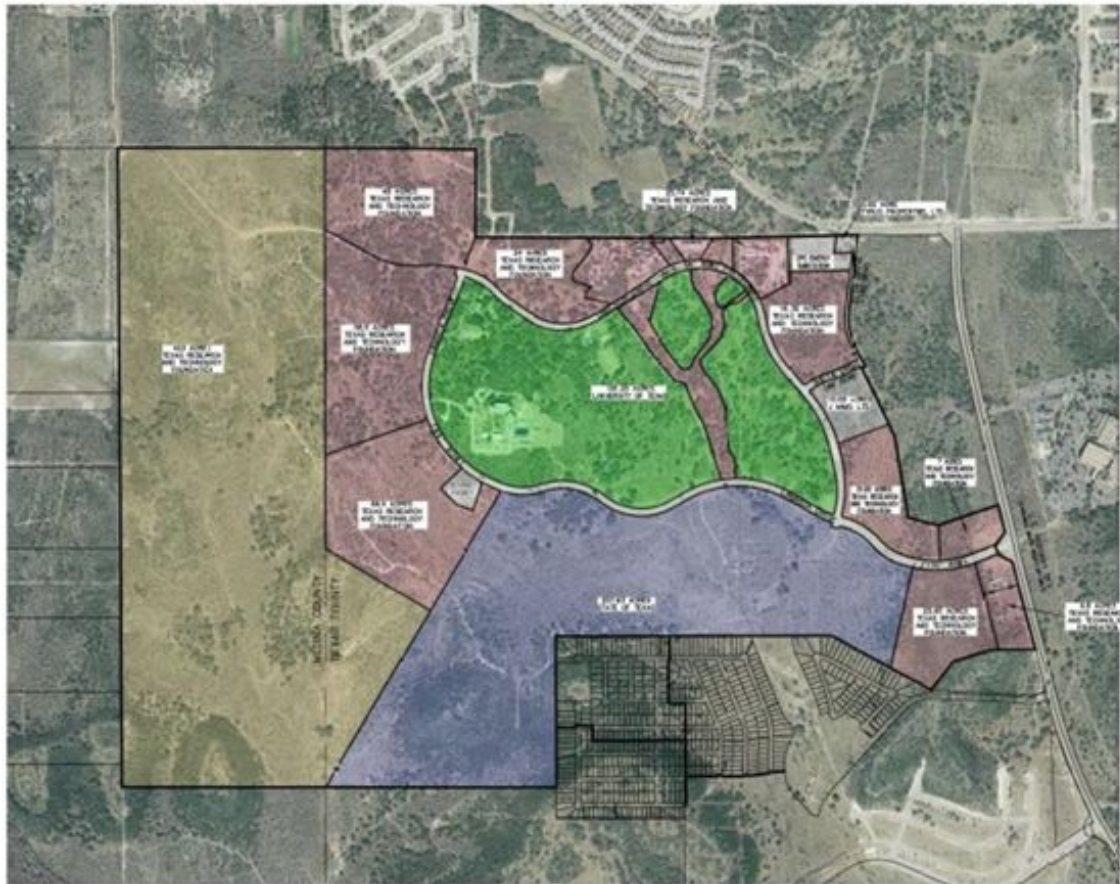
- Rapamycin improves some age-related diseases (Alzheimer’s disease, cancer)
- The paradox of reduced insulin signaling and an increased lifespan – a novel concept
- Paradigm-shifting findings on dietary restriction
- Naked mole-rats show negligible effects of aging despite high oxidative stress levels








Challenges/Opportunities

- Texas Research Park: 1,236 acres, northwest San Antonio, 23 miles from U. T. Health Science Center - San Antonio Campus
- The entire mission of the Texas Research Park is changing: the Park has sold 257 acres and plans to sell an additional 700 acres to commercial developers for mixed purpose uses





Texas Research Park

-  Health Science Center
-  Texas Research and Technology Foundation
-  Texas Research and Technology Foundation (for Sale)
-  General Land Office
-  Other

