



TABLE OF CONTENTS FOR HEALTH AFFAIRS COMMITTEE

Committee Meeting: 8/10/2005

Board Meeting: 8/11/2005
U. T. Medical Branch - Galveston

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

	Committee Meeting	Board Meeting	Page
Convene	1:30 p.m. <i>Chairman Clements</i>		
1. U. T. System: Quarterly report on health issues by Executive Vice Chancellor Shine	1:30 p.m. Report <i>Dr. Shine</i>	Not on Agenda	66
2. U. T. System: Approval of the following changes to the U. T. System Professional Medical Liability Benefit Plan: (a) Premium rates effective September 1, 2005; (b) revisions to add U. T. System institutions and adoption of associated premiums; and (c) revisions to increase coverage for certain out-of-state externships and adoption of associated premiums	1:40 p.m. Action <i>Dr. Shine</i> <i>Mr. Burgdorf</i>	Action	66
3. U. T. System Board of Regents: Amendment of Regents' <i>Rules and Regulations</i>, Series 31007, regarding tenure, to allow U. T. Health Center - Tyler to offer term appointments for faculty	1:50 p.m. Action <i>President Calhoun</i>	Action	72
4. U. T. Health Center - Tyler: Authorization to acquire approximately 21.38 acres of land and improvements located at 3402 Old Omen Road, Tyler, Smith County, Texas, from Tyler Area Senior Citizens Association (TASCA) at fair market value as established by independent appraisals, for extension of campus programs and resolution regarding parity debt	1:55 p.m. Action <i>President Calhoun</i> <i>Ms. Mayne</i>	Action	74
5. U. T. Southwestern Medical Center - Dallas: Approval of a Doctor in Physical Therapy (DPT) degree program	2:05 p.m. Action <i>President Wildenthal</i>	Action	77
6. U. T. M. D. Anderson Cancer Center and U. T. Health Science Center - Houston: Authorization to negotiate and enter into an economic development agreement with the State of Texas for creation of the Center for Advanced Biomedical Imaging	2:10 p.m. Action <i>Dr. Shine</i>	Action	79

7. U. T. Health Science Center - San Antonio: Discussion of compact priorities

Committee Meeting	Board Meeting	Page
<i>2:15 p.m.</i> Report <i>President Cigarroa</i> <i>Dr. Shine</i>	Not on Agenda	83

Adjourn

2:30 p.m.

1. **U. T. System: Quarterly report on health issues by Executive Vice Chancellor Shine**

REPORT

Dr. Shine will report on health matters of interest to the U. T. System. This is a quarterly update to the Health Affairs Committee of the U. T. System Board of Regents.

2. **U. T. System: Approval of the following changes to the U. T. System Professional Medical Liability Benefit Plan: (a) Premium rates effective September 1, 2005; (b) revisions to add U. T. System institutions and adoption of associated premiums; and (c) revisions to increase coverage for certain out-of-state externships and adoption of associated premiums**

RECOMMENDATION

The Chancellor concurs in the recommendation of the Executive Vice Chancellor for Health Affairs and the Vice Chancellor and General Counsel that

- a. faculty and resident participant premium rates for Fiscal Year 2006 for The University of Texas System Professional Medical Liability Benefit Plan (Plan) be unchanged from the rates for Fiscal Year 2005 and that no portion of reserves from the Plan be returned to the participating U. T. System institutions. The current and recommended premium rates are set forth in Exhibits 1 and 2 on Pages 71.1 - 71.3.
- b. Article II of the Plan be amended as shown on Page 67 in congressional style to provide coverage to U. T. System institutions to be effective immediately and to apply retroactively to liability claims filed after September 1, 2003, and that proposed premium rates be adopted for the increased coverage shown in Exhibit 3 on Page 71.4; and
- c. Article VII of the Plan be amended as shown on Page 68 in congressional style to provide coverage to U. T. medical students who are pursuing clinical externships outside of Texas effective September 1, 2005, and that proposed premium rates be adopted for the increased coverage as shown in Exhibits 4 and 5 on Pages 71.5 - 71.6.

**THE UNIVERSITY OF TEXAS SYSTEM PROFESSIONAL
MEDICAL LIABILITY BENEFIT PLAN**

. . .

**ARTICLE II
DEFINITIONS**

Unless otherwise required by the context, the following definitions shall control:

A. ***Plan Participant*** shall mean:

1. Staff physicians and dentists who are medical doctors, oral surgeons, oral pathologists, dentists, doctors of osteopathy, or podiatrists appointed to the full-time faculty of a medical or dental school or hospital of the System, medical doctors employed in health services at and by a general academic institution of the System;
2. Residents and fellows enrolled in a residency program or fellowship at a System medical or dental school who are duly licensed, credentialed, and registered to practice their profession;
3. Medical doctors, oral surgeons, oral pathologists, dentists, doctors of osteopathy, and podiatrists appointed to the faculty of a medical school or hospital of the System on a part-time or volunteer basis, and who either devote their total professional service to such appointments or provide services to patients by assignment from the department chairman. For purposes of the Plan, such persons are "Plan Participants" only when providing services to patients in conjunction with supervision of medical or dental students or residents by assignment from the department chairman and shall become Participants in the Plan only as provided in Article IV, Section 2; ~~and~~
4. Medical or dental students of a medical or dental school of the System and only when participating (with prior approval of such medical or dental school) in a patient-care program of a duly accredited medical or dental school under the direct supervision of a faculty member of the school conducting such program; and
5. System institutions against which a liability claim, as that term is defined in Article II. B. below, is made that arises from the treatment or lack of treatment by a Plan Participant in 1-4 above.

B. ***Liability Claim*** means a claim, lawsuit or cause of action based upon treatment or lack of treatment within the United States of America, its territories or possessions, or Canada that departs from accepted standards of medical or

dental care which proximately results in injury to or death of a patient, whether the claim or cause of action sounds in tort or contract, subject to the exclusions described in Article V, Section 4, below.

...

ARTICLE VII LIMITS OF LIABILITY

...

Limits of Liability Schedule

The following limits shall apply unless lower liability limits are set by law, in which case the lower limits shall apply:

Staff Physician - \$500,000.00 per Liability Claim (up to \$1,500,000.00 for all Liability Claims during any one enrollment period)

Resident and Fellows - \$100,000.00 per Liability Claim (up to \$300,000.00 for all Liability Claims during any one enrollment period)

Medical or Dental Student - \$25,000.00 per Liability Claim (up to \$75,000.00 for all Liability Claims during any one enrollment period); upon approval by the Plan Administrator or a delegate, \$1,000,000.00 per Liability Claim (up to \$3,000,000.00 for all Liability Claims during any one enrollment period) for participation in an "away" or off-site experience outside of Texas sanctioned by the U. T. institution and not exceeding three months in duration during any one enrollment period

Annual Aggregate - \$30,000,000.00 for all Liability Claims for all Participants during any one Plan year

Per Claim Limitation - Plan liability shall be limited to \$2,000,000.00 per claim regardless of the number of the claimants or Plan Participants involved in an incident.

.....

BACKGROUND INFORMATION

Authority for the establishment of a self-insurance program to indemnify U. T. System physicians, dentists, and medical students was granted to the Board of Regents by Senate Bill 391, Acts of the 65th Legislature, effective March 10, 1977 (later codified as *Texas Education Code* Section 59.01 *et seq.*). The Plan for Professional Medical Malpractice Self-Insurance was originally approved by the Board of Regents on

April 15, 1977. The Plan has been amended several times, with the most recent amendments on August 12, 2004, to add coverage for physicians and other Plan Participants in actions before state licensing boards. The Plan is funded primarily by the payment of premiums from the Faculty Physicians Practice Plans of the health institutions of the U. T. System.

Actuaries from Tillinghast-Towers Perrin (Tillinghast), the nation's largest medical liability insurance plan actuarial firm, have reviewed the Plan's 28-year experience and recommended experience-based premiums related to the claims loss of each U. T. System institution. They assisted in the preparation of premium recommendations for all items below:

- a. The 78th Texas Legislature passed tort reform measures that limit the liability for state employed physicians and dentists to \$100,000, and Tillinghast was directed to incorporate that statutory change immediately into its premium calculation (effective Fiscal Year 2004). The basic liability limits of \$500,000 per claim for staff physicians and \$100,000 for residents continue to be provided, although statutory changes limit liability to \$100,000 per physician. As of August 31, 2004, there were 5,550 staff and resident physicians of the U. T. System covered by the Plan. In addition, approximately 3,332 medical students are enrolled in the Plan by paying \$25 a year for \$25,000 in coverage. The current and recommended premium rates are set forth in Exhibits 1 and 2.

The rates proposed for Fiscal Year 2006 are unchanged because the trend in losses declined slightly from last year's projections, the adequacy of the asset balance, and the uncertainty resulting from recent law changes. The Plan is adequately funded with assets of \$143.3 million, as of April 30, 2005, and liabilities of approximately \$90 million, allowing reserves to be maintained in accordance with industry standards.

- b. The tort reform legislation (House Bill 4, Acts of the 78th Legislature, effective September 1, 2003) made numerous statutory changes affecting health care liability claims. A significant change affected governmental entities and their employees, including The University of Texas System. A provision contained in the tort reform legislation was designed to discourage plaintiffs from suing both the individual U. T. System physician and the institution, forcing an election of remedies and shifting liability to the institutions (Section 11.05, Chapter 204, Acts of the 78th Legislature, Regular Session, 2003, revising Section 101.106, *Texas Civil Practice & Remedies Code*). Under the election of remedies provisions
 - 1) a plaintiff must make an irrevocable election to sue either the employee or the governmental unit; the law then bars suit against the other;

- 2) if a plaintiff fails to make the election and sues both an employee and the governmental unit, the court must immediately dismiss the individual; and
- 3) if suit is brought against an individual employee but could have been brought under the Tort Claims Act against the governmental unit, the suit is considered to be against the employee in the employee's official capacity only, and the court must dismiss the suit against the individual employee unless the plaintiff's pleadings are amended to substitute the governmental unit for the employee.

Under the new law, personal liability for public servants, now including physicians, is limited to \$100,000. Institutional liability is capped at \$250,000.

The shifting liability resulting from these election of remedies provisions has already left U. T. System health institutions (and some academic institutions) facing financial burdens from medical liability claims. There is no existing mechanism for the institutions to predict or to bear the costs of judgment, settlements, or litigation expenses related to medical liability claims. Because there is general statutory authority for governmental units to establish a self-insurance fund under *Texas Government Code* Section 2259.031 and because the existing Professional Medical Liability Benefit Plan is financially sound, it is recommended that U. T. System institutions be included as Plan Participants to establish a predictable method for bearing the costs of health care liability claims, regardless of whether the individual physician or the institution is the defendant.

- c. Currently, U. T. medical students are indemnified for \$25,000 per Liability Claim and up to \$75,000 for all Liability Claims during any one enrollment period. This coverage limitation has been inadequate for students interested in pursuing clinical experiences outside of Texas which generally occur during the fourth year of medical school. Most facilities in other states require proof of coverage of at least \$1,000,000 per claim and \$3,000,000 aggregate, according to actuary Mr. James Hurley of Tillinghast as well as the Association of American Medical College/Group on Students Affairs Survey Regarding Student Healthcare and Insurance (2003). The Executive Vice Chancellor for Health Affairs and the Vice Chancellor and General Counsel find that other options available for U. T. students are not viable including: 1) acceptance of the current U. T. limits by the "away" institution, 2) "gap coverage" made available by the "away" institution, or 3) student-purchased commercial coverage. According to one U. T. health institution, "Most visited campuses no longer offer 'gap' coverage, and the list of campuses accepting the U. T. System coverage has shrunk." Commercial insurance is not viable because it has become

too costly with costs ranging from \$1,000-\$5,000 per year while the availability of such coverage has become increasingly limited. Many U. T. medical students are deprived of clinical experiences at institutions outside of Texas which they may be considering for residency because of the current limitation in coverage.

Exhibit 4, Class Code (10) on Page 71.5 shows the proposed annual average premium rates for coverage in five groups. The rates vary among these groups of states and among counties of some states based on historical industry data.

The University of Texas System Professional Medical Liability Benefit Plan
Summary of Rates by Risk Class by Institution

Risk Class 1

Institution	Current & Recommended Rates	
	Staff	Resident
UT Cancer Center	\$1,025	\$959
UT SMC Dallas	1,019	953
UTMB Galveston	1,675	1,567
UT HSC Houston	1,624	1,519
UT HSC San Antonio	1,214	1,137
UT HC Tyler	1,452	1,358
UT Austin	1,214	1,137
UT Arlington	1,214	1,137

Risk Class 2

Institution	Current & Recommended Rates	
	Staff	Resident
UT Cancer Center	\$1,603	\$1,500
UT SMC Dallas	1,594	1,491
UTMB Galveston	2,620	2,453
UT HSC Houston	2,541	2,378
UT HSC San Antonio	1,899	1,780
UT HC Tyler	2,272	2,126
UT Austin	1,899	1,780
UT Arlington	1,899	1,780

Risk Class 3

Institution	Current & Recommended Rates	
	Staff	Resident
UT Cancer Center	\$2,562	\$2,397
UT SMC Dallas	2,546	2,382
UTMB Galveston	4,185	3,918
UT HSC Houston	4,059	3,799
UT HSC San Antonio	3,034	2,843
UT HC Tyler	3,630	3,396
UT Austin	3,034	2,843
UT Arlington	3,034	2,843

Risk Class 4

Institution	Current & Recommended Rates	
	Staff	Resident
UT Cancer Center	\$4,765	\$4,458
UT SMC Dallas	4,735	4,430
UTMB Galveston	7,785	7,287
UT HSC Houston	7,550	7,066
UT HSC San Antonio	5,642	5,288
UT HC Tyler	6,750	6,317
UT Austin	5,642	5,288
UT Arlington	5,642	5,288

For easier presentation, the premium rates shown here have been rounded by Tillinghast-Towers Perrin, the Plan actuary.
Office of General Counsel 7/25/05

The University of Texas System Professional Medical Liability Benefit Plan
Summary of Rates by Risk Class by Institution

Risk Class 5

Institution	Current & Recommended Rates	
	Staff	Resident
UT Cancer Center	\$7,019	\$6,568
UT SMC Dallas	6,976	6,526
UTMB Galveston	11,468	10,735
UT HSC Houston	11,120	10,408
UT HSC San Antonio	8,312	7,791
UT HC Tyler	9,943	9,306
UT Austin	8,312	7,791
UT Arlington	8,312	7,791

All Risk Classes Combined

Institution	Current & Recommended Rates	
	Staff	Resident
UT Cancer Center	\$2,464	\$2,974
UT SMC Dallas	2,792	2,538
UTMB Galveston	4,546	4,274
UT HSC Houston	4,290	9,206
UT HSC San Antonio	2,867	3,127
UT HC Tyler	2,809	4,260
UT Austin	NA	NA
UT Arlington	NA	NA
Total/Weighted Average	3,252	3,370

For easier presentation, the premium rates shown here have been rounded by Tillinghast-Towers Perrin, the Plan actuary.
 Office of General Counsel 7/25/05

The University of Texas System Professional Medical Liability Benefit Plan
Dental Rates by Institution

Institution	Current & Recommended	
	Rates	
	Staff	Residents
<u>Dentist - NOC (Risk Class A)</u>		
UT Cancer Center	\$358	\$335
UT SMC Dallas	357	333
UTMB Galveston	586	548
UT HSC Houston	568	532
UT HSC San Antonio	425	398
UT HC Tyler	508	475
UT Austin	425	398
UT Arlington	425	398
<u>Dentist - Oral Surgery (Risk Class B)</u>		
UT Cancer Center	\$1,603	\$1,500
UT SMC Dallas	1,594	1,491
UTMB Galveston	2,620	2,453
UT HSC Houston	2,541	2,378
UT HSC San Antonio	1,899	1,780
UT HC Tyler	2,272	2,126
UT Austin	1,899	1,780
UT Arlington	1,899	1,780

For easier presentation, the premium rates show here have been rounded by Tillinghast-Towers Perrin, the Plan actuary.
Office of General Counsel 7/25/05

Institution Premium Charge

	<u>Estimated 2004/2005 Physician Premium</u>	<u>Indicated Institution Premium*</u>
UT Cancer Center	\$2,182,539	\$100,000
UT SMC Dallas	3,705,087	100,000
UTMB Galveston	4,873,702	100,000
UT HSC Houston	3,982,982	100,000
UT HSC San Antonio	3,343,273	100,000
UT HC Tyler	220,379	11,019
UT Arlington	6,776	339
UT San Antonio	3,177	159
UT Austin	<u>32,249</u>	<u>1,612</u>
Total	\$18,350,164	\$513,129

*Minimum of 5% of 2004/2005 physician premium or \$100,000.

University of Texas System Self-Insurance Plan
 Medical Professional Liability
 Annual Occurrence Rates
 \$1M Limits

Class Code	Class Relativity	Occurrence Rates by Group					Staff and Resident FTE
		Group A	Group B	Group C	Group D	Group E	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
1	1.000	\$380	\$506	\$658	\$911	\$1,772	1,945
2	1.565	594	792	1,030	1,426	2,773	941
3	2.500	949	1,266	1,645	2,278	4,430	667
4	4.650	1,766	2,354	3,060	4,237	8,239	987
5	6.850	2,601	3,468	4,508	6,242	12,137	539
(9)	Group Relativity	0.75	1.00	1.30	1.80	3.50	5,080
(10)	Selected Avg Rate	\$999	\$1,332	\$1,732	\$2,398	\$4,664	

- Notes:
- (2) Based on UT's current rates.
 - (3) - (7) Indicated Occurrence Rate from Exhibit 3 x Respective Class Relativity x Respective Group Relativity.
 - (8) Based on UT's staff and resident exposures for accident year ending 8/31/2004.
 - (9) Judgmentally selected. See table below for states included in each group.
 - (10) Weighted average of columns (3) through (7) and (8).

** States included in

Group A	Group B	Group C	Group D	Group E
Alabama	Alaska	Arizona	California-3	Florida-1
Arkansas	California-1	California-2	DC	Florida-3
Colorado	Connecticut	Hawaii	Florida-2	Michigan-1
Georgia	Delaware	Illinois-2	Illinois-1	New York-0
Idaho	Illinois-4	Illinois-3	Michigan-2	New York-1
Indiana	Kansas	Louisiana	Michigan-3	New York-2
Iowa	Maryland-2	Missouri	Nevada-1	
Kentucky	Maryland-3	Nevada-2	New York-3	
Maine	New Hampshire	Ohio-2	New York-4	
Maryland-1	New Jersey	Oklahoma	Ohio-4	
Massachusetts	New Mexico	Pennsylvania-1	Rhode Island	
Minnesota	North Dakota	Pennsylvania-4	Texas-1	
Mississippi	Ohio-3	Texas-2	West Virginia	
Montana	Pennsylvania-5	Texas-4		
Nebraska	Texas-3	Wyoming		
North Carolina	Utah			
Ohio-1	Virginia-1			
Oregon	Virginia-2			
Pennsylvania-2				
Pennsylvania-3				
South Carolina				
South Dakota				
Tennessee				
Vermont				
Virginia-3				
Virginia-4				
Washington				
Wisconsin				

** See Exhibit 2 for Counties within State Territories.

Also several states have special funds related to medical malpractice. These are: Indiana, Kansas, Louisiana, Nebraska, New Mexico, Pennsylvania, South Carolina and Wisconsin. Most of these have required charges payable to the Fund. UT will need to check with the Facility that the students are working in to determine steps to satisfy Fund requirements.

University of Texas System Self-Insurance Plan
 Medical Professional Liability
 State Territories

State	Territory	Territory Description
California	1	Rest of State
	2	San Diego, Kern, Santa Barbara, Verntura
	3	LA, Orange, San Bernardino
Florida	1	Dade, Broward
	2	Rest of State
	3	Palm Beach
Illinois	1	Cook, McHenry, Madison, St. Clair, Will
	2	DuPage, Kane, Lake
	3	Champaign, Jackson, Macon, Sagamon, Vermilion
	4	Rest of State
Maryland	1	Rest of State
	2	Prince George, Montgomery, Howard, Anne Arundel
	3	City of Baltimore and County
Michigan	1	Wayne, Oakland, Macomb
	2	Bay, Genesee, Hillsdale, Huron, Ingham, Jackson, Lapeer, Lenawee, Livingston, Monroe, Saginaw, St. Clair, Sanilac, Shiawassee, Tuscola, Washtenaw
	3	Rest of State
Nevada	1	Clark
	2	Rest of State
New York	0	Rest of State
	1	New York, Orange, Ulster, Westchester
	2	Bronx, Kings, Queens, Richard, Rockmond, Sullivan
	3	Nassau, Suffolk
Ohio	4	Columbia, Dutchess, Greene, Putnam
	1	Adams, Brown, Carroll, Champaign, Clermont, Clinton, Coshocton, Crawford, Darke, Delaware, Fairfield, Fulton, Guernsey, Hamilton, Hardin, Harrison, Henry, Highland, Hocking, Holmes, Jackson , Knox, Lawrence, Logan, Madison, Meigs, Mercer, Monroe, Morgan, Morrow, Noble, Paulding, Perry, Pickaway, Pike, Preble Putnam, Scioto, Shelby, Tuscarawas, Union, Van Wert, Vinton, Warren, Washington, Wyandot
	2	Cuyahoga, Geauga, Huron, Lake, Lorain, Mahoning, Marion, Medina, Stark, Summit
	3	Allen, Ashland, Athens, Auglaize, Belmont, Butler, Clark, Defiance, Erie, Fayette, Franklin, Gallia, Greene, Hancock, Jefferson, Licking, Lucas, Miami, Montgomery, Muskingum, Ottawa, Ross, Sandusky, Seneca, Wayne, Williams, Wood
4	Ashtabula, Columbiana, Portage, Richland, Trumbull	
Pennsylvania	1	Philadelphia, Montgomery, Delaware
	2	Rest of State
	3	Allegheny
	4	Bucks, Schuylkill
	5	Chester, Lackawanna, Mercer, Monroe, Westmoreland
Texas	1	Brazoria, Cameron, Fort Bend, Galveston, Harris, Hidalgo, Jefferson, Montgomery, Orange
	2	Collin, Dallas, El Paso, Grayson, Kaufman, Tarrant
	3	Rest of State
	4	Bee, Brewster, Brooks, Crane, Crockett, Culberson, Dimmit, Duvall, Ector, Glasscock, Hudspeth, Jeff Davis, Jim Hogg, Jim Wells, Kennedy, Kinney, Kleberg, Lasalle, Live Oak, Loving, Maverick, McMullen, Midland, Pecos, Presidio, Reagan, Reeves, San Patricio, Starr, Terrell, Upton, Val Verde, Ward, Webb, Willacy, Winkler, Zapata
Virginia	1	Arlington, Fairfax, Fauquier, Loudoun Prince William
	2	Gloucester, Isle of Wright, James City, Surry, York
	3	Rest of State
	4	Charles City, Chesterfield, Dinwiddle, Goochland, Henrico, Hanover New Kent, Powhatan, Prince George

3. **U. T. System Board of Regents: Amendment of Regents' Rules and Regulations, Series 31007, regarding tenure, to allow U. T. Health Center - Tyler to offer term appointments for faculty**

RECOMMENDATION

The Chancellor concurs in the recommendation of the Executive Vice Chancellor for Academic Affairs, the Executive Vice Chancellor for Health Affairs, and the Vice Chancellor and General Counsel that the Regents' *Rules and Regulations*, Series 31007 be amended as set forth below in congressional style to allow U. T. Health Center - Tyler to offer seven-year term appointments for faculty:

2. Rule and Regulation

Sec. 1 Granting of Tenure. Tenure denotes a status of continuing appointment as a member of the faculty at an institution of The University of Texas System. Academic titles in which faculty members can hold tenure are listed in Series 31001, Number 2, Section 2.1 of the Regents' *Rules and Regulations*. Tenure may be granted at the time of appointment to any of such academic ranks, or tenure may be withheld pending satisfactory completion of a probationary period of faculty service. Such tenure status shall not be applicable to the faculty of The University of Texas M. D. Anderson Cancer Center or The University of Texas Health Center at Tyler.

Sec. 2 Seven-Year Term Appointment. The University of Texas M. D. Anderson Cancer Center and The University of Texas Health Center at Tyler are is authorized to award a seven-year term appointment that will denote a status of continuing appointment at that institution as a member of the faculty for a period of seven years. Only members of the faculty with academic titles of Professor, Associate Professor, or Assistant Professor may be granted a seven-year term appointment. A seven-year term appointment may be granted at the time of appointment to any of such academic rank or may be withheld pending satisfactory completion of a probationary period of faculty service. No component institution may adopt or implement a seven-year term appointment policy except The University of Texas M. D. Anderson Cancer Center and The University of Texas Health Center at Tyler.

...

Sec. 5. Probationary Service. . . .

5.1 Calculation of Service. For purposes of calculating the period of probationary service, an "academic year" shall be the period from September 1 through the following August 31.

. . .

(b) Each institution with tenured faculty will establish and appropriately communicate a policy for the extension of the maximum probationary period and include the policy in the institutional *Handbook of Operating Procedures* following the standard review and approval process. In the case of The ~~the~~ University of Texas M. D. Anderson Cancer Center and The University of Texas Health Center at Tyler, the institutions may establish a policy that allows the extension of a term-tenure appointment consistent with these guidelines and the term-tenure policy. Institutional policies are to be consistent with the following guidelines:

. . . .

BACKGROUND INFORMATION

The proposed amendments to the Regents' *Rules and Regulations*, Series 31007 relating to tenure of faculty will permit U. T. Health Center - Tyler to offer seven-year term appointments. Currently, U. T. M. D. Anderson Cancer Center is the only institution that can offer seven-year term appointments.

With the passage of Senate Bill 276 during the 79th Texas Legislature, *Texas Education Code* Section 74.602 was amended to authorize U. T. Health Center - Tyler to offer degree programs and courses in allied health and related fields. The proposed amendment to authorize term tenure at U. T. Health Center - Tyler is necessary to implement the legislation, to recruit faculty, and to be competitive with other health institutions in the state.

4. **U. T. Health Center - Tyler: Authorization to acquire approximately 21.38 acres of land and improvements located at 3402 Old Omen Road, Tyler, Smith County, Texas, from Tyler Area Senior Citizens Association (TASCA) at fair market value as established by independent appraisals, for extension of campus programs and resolution regarding parity debt**

RECOMMENDATION

The Chancellor concurs in the recommendation of the Executive Vice Chancellor for Business Affairs, the Executive Vice Chancellor for Health Affairs, and President Calhoun that authorization be granted by the U. T. System Board of Regents, on behalf of U. T. Health Center - Tyler, to

- a. purchase approximately 21.38 acres of land and improvements located at 3402 Old Omen Road, Tyler, Smith County, Texas, from Tyler Area Senior Citizens Association (TASCA) for \$2.6 million, plus an agreement permitting TASCA limited use of the improvements for 15 years after the closing, plus all due diligence expenses, closing costs, and other costs and expenses to complete the acquisition of the property as deemed necessary or advisable by the Executive Vice Chancellor for Business Affairs or the Executive Director of Real Estate;
- b. authorize the Executive Vice Chancellor for Business Affairs or the Executive Director of Real Estate to execute all documents, instruments, and other agreements, and to take all further actions deemed necessary or advisable to carry out the purpose and intent of the foregoing recommendations; and
- c. resolve in accordance with Section 5 of the Amended and Restated Master Resolution Establishing The University of Texas System Revenue Financing System that
 - parity debt shall be issued to pay the project's cost, including any costs prior to the issuance of such parity debt;
 - sufficient funds will be available to meet the financial obligations of the U. T. System, including sufficient Pledged Revenues as defined in the Master Resolution to satisfy the Annual Debt Service Requirements of the Financing System, and to meet all financial obligations of the U. T. System Board of Regents relating to the Financing System;

- U. T. Health Center - Tyler, which is a "Member" as such term is used in the Master Resolution, possesses the financial capacity to satisfy its direct obligation as defined in the Master Resolution relating to the issuance by the U. T. System Board of Regents of tax-exempt parity debt in the aggregate amount of \$2,000,000; and
- this resolution satisfies the official intent requirements set forth in Section 1.150-2 of the *Code of Federal Regulations* that evidences the Board's intention to reimburse project expenditures with bond proceeds.

BACKGROUND INFORMATION

The subject property, owned by TASCAs, consists of a 20,726 square foot multipurpose building and 21.38 acres of land. The building includes office space, meeting rooms, a commercial kitchen, and a ballroom. U. T. Health Center - Tyler wishes to acquire the land, improvements, and most of the furnishings to use for programs of its Center for Healthy Aging, other educational and outreach programs, research, meetings, and conferences.

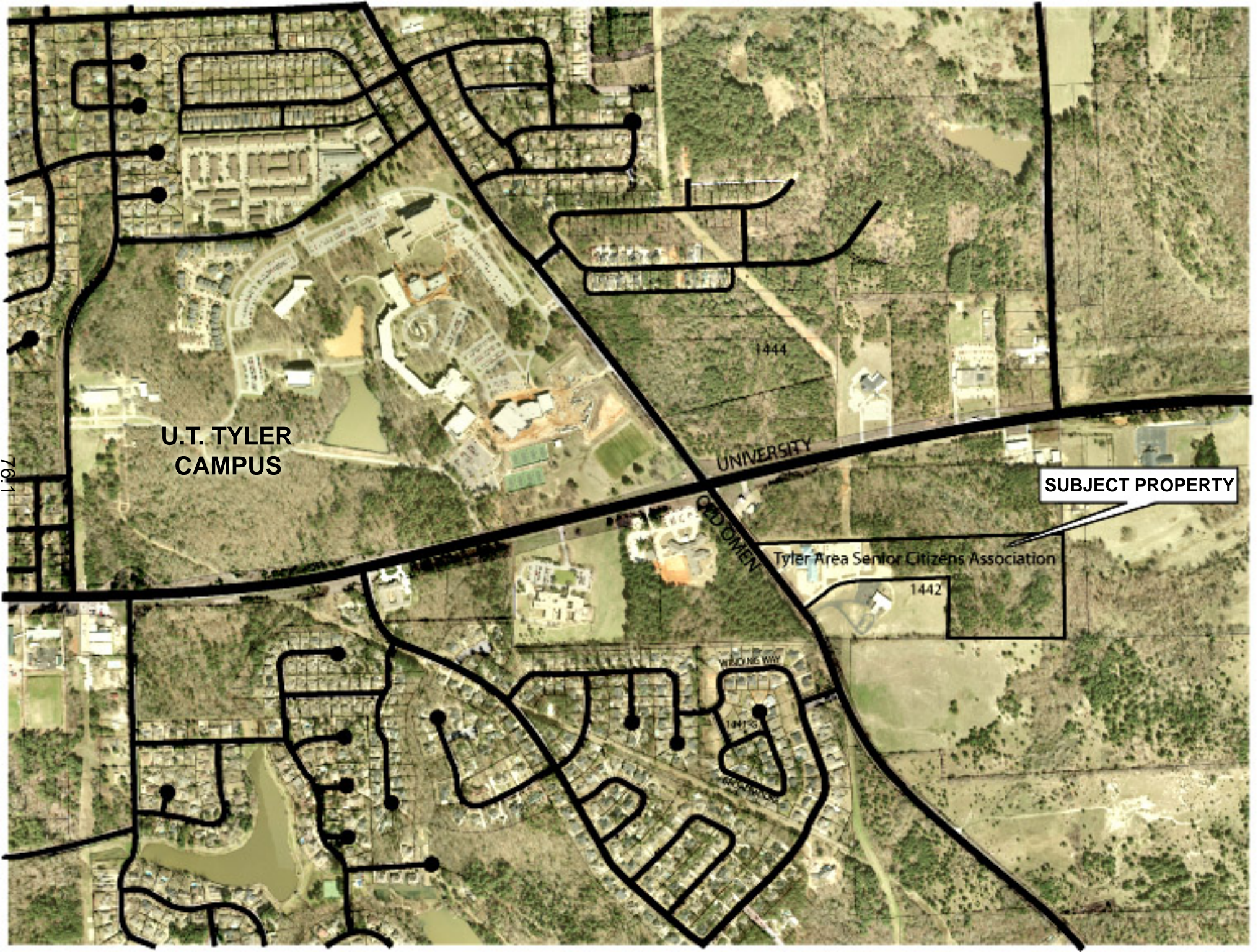
As part of the consideration for the purchase of the property, U. T. Health Center - Tyler will enter into an agreement with TASCAs pursuant to which TASCAs will be permitted limited use of the improvements for a 15-year period. Also as a part of the overall transaction, TASCAs has agreed to establish an endowment in the amount of \$370,000 to benefit the Center for Healthy Aging and to support the operational costs of the improvements on the property.

U. T. Health Center - Tyler has agreed to transfer the unimproved acreage to U. T. Tyler, subject to Board of Regents' approval to be sought at a subsequent meeting of the Board. The exact acreage and price have yet to be determined. Additionally, and also subject to Board of Regents' approval, the two institutions have agreed that at the end of 15 years following the acquisition of the property by U. T. Health Center - Tyler, the institution will transfer the improved portion of the property to U. T. Tyler at a price to be determined.

To fund the purchase, U. T. Health Center - Tyler will use local institutional funds and U. T. System Revenue Financing System debt. The terms and conditions of the agreement to purchase the TASCAs property are set out on the following page.

Transaction Summary

Institution:	U. T. Health Center - Tyler
Type of Transaction:	Purchase
Total Area:	21.38 acres
Improvements:	20,726 square foot single story, masonry veneer multi-purpose structure, including offices, meeting rooms, a commercial kitchen, and a ballroom
Location:	3402 Old Omen Road, Tyler, Smith County, Texas; see attached map on Page 76.1
Seller:	Tyler Area Senior Citizens Association
Purchase Price:	\$2,600,000, plus an agreement permitting the seller limited use of the improvements for 15 years
Appraised Value:	\$2,850,000 (Appraisal Associates, December 8, 2004) \$2,760,000 (Kennedy Holtkamp Thompson, June 9, 2005)
Source of Funds:	\$2,000,000 from Revenue Financing System debt, and the remainder from local funds
Intended Use of Property:	Programs of the U. T. Health Center - Tyler's Center for Healthy Aging and other institutional uses



U.T. TYLER
CAMPUS

UNIVERSITY

OLD WOMEN

SUBJECT PROPERTY

Tyler Area Senior Citizens Association

1444

1442

WITCHING WY

1441

76.1

5. **U. T. Southwestern Medical Center - Dallas: Approval of a Doctor in Physical Therapy (DPT) degree program**

RECOMMENDATION

The Chancellor concurs in the recommendation of the Executive Vice Chancellor for Health Affairs and President Wildenthal that authorization be granted to establish a Doctor of Physical Therapy (DPT) degree program at U. T. Southwestern Medical Center - Dallas and to submit the proposal to the Texas Higher Education Coordinating Board for review and appropriate action.

Upon approval by the Coordinating Board, the next appropriate catalog published at U. T. Southwestern Medical Center - Dallas will be amended to reflect this action.

BACKGROUND INFORMATION

Program Description

This proposal is in accordance with the national trend to recognize the increasing complexity and science-based practice of physical therapy, by moving the entry level of physical therapist education from the current Master's degree to the clinical doctorate. As of January 2005, there are 209 accredited physical therapist educational programs in the United States; 117 of these programs offer the Doctor in Physical Therapy (DPT) as their entry-level degree and four new DPT programs are in the process of development. The accrediting body of the American Physical Therapy Association (APTA) anticipates 95.2% of the current physical therapy programs will offer an entry-level DPT degree by 2010. Given the pace of change to degreed physical therapy programs across the country, it is essential that the schools in Texas transition to an entry-level DPT degree as quickly as possible.

The proposed program will be a clinical/professional degree, not an academic/research degree. It will replace the current Master of Physical Therapy (MPT) degree which is being discontinued. The objectives of the DPT program support graduating students who are competent generalist practitioners. DPT graduates will differ from Master's-trained students in that DPT graduates will be prepared to practice autonomously in underserved areas. The Texas Board of Physical Therapy Examiners adopted Rules under the authority of the *Texas Occupations Code*, Chapter 453, to allow a physical therapist to evaluate a patient without a physician referral. Since they can serve as the entry point of health care and are responsible for referring their patients to other health care providers as needed, the graduates must be able to accurately examine, evaluate, diagnose, prognose, and intervene in the management of impairments, functional limitation, and disabilities of the cardiopulmonary, musculoskeletal, neuromuscular, and integumentary systems.

Need and Student Demand

The U.S. Department of Labor, Bureau of Labor Statistics lists physical therapists as one of the fastest growing occupations for the Years 2002 to 2012. This data projects a 35% growth rate. The demographics of Texas further support the need for more and better trained professionals in the physical therapy field. The national average for physical therapists is 41 per 100,000 population. The statewide average for Texas is 36 per 100,000 population which ranks Texas 30th out of the 50 states.

There are currently 10 physical therapist educational programs in Texas: eight are in public institutions; one is at a private institution, Hardin Simmons University; and a program is offered by the U.S. Army at Fort Sam Houston in connection with Baylor University. Both Hardin Simmons University and the U.S. Army-Baylor program provide the DPT as the entry-level degree. At U. T. Southwestern Medical Center - Dallas, the number of qualified applicants for each physical therapy class has risen steadily over the past five years with this year yielding 200 students who will compete for 40 positions within the program. In the past two years, U. T. Southwestern Medical Center - Dallas lost approximately 10% of qualified applicants who opted to go out of state to attend a program that offers the DPT degree.

Program Quality

The DPT degree will be administered through the Department of Physical Therapy in the Allied Health Sciences School. Each student enrolled in the DPT curriculum will be assigned an advisor from the academic faculty. Twenty-two new courses and seven with an enriched curriculum are being proposed for the DPT curriculum for a total of 94 semester credit hours. Students will also need to successfully complete three clinical experiences to graduate.

The current faculty consists of 9.5 full-time employees. Five of the full-time faculty members hold a Ph.D. in associated areas; the others hold a MPT with a special certification in their areas of expertise. Any new faculty recruited will have a terminal degree at the doctoral level. Recognized expert clinicians from the community have been granted adjunct faculty positions with the department in anticipation of needing their assistance in the proposed curriculum by providing small group instruction in laboratory sessions.

Program Cost

The implementation of the proposed DPT will require no new state funds. The proposed DPT program will replace the MPT program so all funding sources associated with the previously offered MPT program will be used to support the new DPT program. In anticipation of the increased demand for faculty resources, a new full-time faculty position with a starting salary of \$65,000 will be added in Fiscal Year 2006-2007.

If the proposal is approved, there will be a need for increased facility resources, specifically teaching laboratories, but not until the third year the DPT is offered (2009-2010). Year three will have approximately 120 students (40 students per class) enrolled in the program, requiring the need for additional laboratory space. Therefore, there will be a one-time renovation cost of \$60,000 to convert existing physical therapy space into teaching laboratories.

Funding for the additional costs (one faculty position and renovation) will come from revenue generated by the clinical practice. The clinical practice not only affords the students an opportunity to practice clinical skills and decision-making but also provides clinical revenue that can support the academic program.

6. **U. T. M. D. Anderson Cancer Center and U. T. Health Science Center - Houston: Authorization to negotiate and enter into an economic development agreement with the State of Texas for creation of the Center for Advanced Biomedical Imaging**

RECOMMENDATION

The Chancellor concurs in the recommendation of the Executive Vice Chancellor for Health Affairs, the Executive Vice Chancellor for Business Affairs, the Vice Chancellor and General Counsel, the Vice Chancellor for Governmental Relations and Policy, President Mendelsohn, and President Willerson that authorization be given to the Chancellor to negotiate the terms of and execute any and all documents necessary to enter into an economic development agreement, containing the significant provisions outlined below, with the State of Texas, acting by and through the Office of the Governor, Economic Development and Tourism (State) to create the Center for Advanced Biomedical Imaging ("the Center") in The University of Texas Research Park.

BACKGROUND INFORMATION

The University of Texas Health Science Center at Houston ("UTHSC-H") and The University of Texas M. D. Anderson Cancer Center ("UTMDACC") are committed to the development of medical technology and medical diagnostic procedures that will aid in the diagnosis and treatment of heart disease, cancer, and other diseases. General Electric Medical Systems (GEMS) is a global leader in medical information and technology and a manufacturer of advanced radiological and cardiological diagnostic imaging equipment, patient monitoring equipment, and clinical information systems used in hospitals and healthcare facilities worldwide.

UTHSC-H and UTMDACC have entered into a memorandum of understanding with GEMS which establishes and provides for contribution by GEMS to the equipment and operation of the Center in The University of Texas Research Park adjacent to the Texas

Medical Center in Houston, Texas. Integral to this new Center will be research programs in the areas of in vitro and in vivo diagnostics including molecular imaging, advanced imaging applications, and instrumentation development and optimization focused on delivering the "next generation" imaging applications, technologies, and treatments to healthcare.

The U. T. Institutions' interests will be served through enhanced research productivity resulting from on-site access to technology and technical expertise, tools, and support. This productivity can be measured through increased scientific discovery and collaboration, leveraged grant funding, jobs creation, and royalty revenues from commercialized technologies. GEMS' interests will be served through the more rapid development of new product applications that meet the needs of its customers and their patients, and through the development of new technologies that keep it in a technology leadership position. Moreover, patients will benefit through the optimization of clinical tools as well as the timely utilization of the new state-of-the-art applications. Finally, the newly created Center involving GEMS, UTMDACC, and UTHSC-H will provide promising opportunities for the advancement of healthcare delivery, jobs creation, and technology commercialization in the State of Texas.

The significant provisions of the proposed arrangement are summarized below:

I. TEXAS ENTERPRISE FUND COMMITMENT

The Governor, Lieutenant Governor, and Speaker of the House have approved an allocation from the state to The University of Texas System ("U. T. System") in the total amount of \$25,000,000 in support of the Center, to be disbursed according to the following schedule:

- (i) \$15,000,000 as soon as practicable following the execution of the Agreement; and
- (ii) \$10,000,000 as soon as practicable following U. T. System providing the state with sufficient evidence that the construction of the Center has commenced.

II. U. T. SYSTEM OBLIGATIONS

U. T. System will take all steps necessary to ensure that GEMS participation in the project is secured for the full term of the Agreement and, in addition to the funding provided by the state, U. T. System (through UTHSC-H and UTMDACC) will contribute \$25,000,000 for construction and equipment costs for the project.

U. T. System (through UTHSC-H and UTMDACC) commits to meeting a "Job Target" of creating and maintaining 2,252 new full-time employment positions with an average annual gross compensation of \$70,000 by December 31, 2011.

Beginning in January 2008, U. T. System must deliver to the Economic Development and Tourism Division of the Governor's Office (OOGEDT), by January 31 of each year, a compliance verification signed by a duly authorized representative of U. T. System that certifies the number of and generally describes the new employment positions created during the year just ended, and certifies the number of total employment positions existing as of December 31 of the year just ended.

State Funding Subject to Recovery (Claw-Back)

To ensure that the jobs are created and that they are permanent jobs at a salary level that meets the state's expectations in making the grant, funds granted under this agreement must be returned to the state with interest according to a schedule set out in the agreement if the jobs are not created, or if they are fewer in number than the agreed upon job target.

To secure payment for all amounts that may be owed to OOGEDT; U. T. System, UTMDACC, and UTHSC-H grant to OOGEDT a lien against and security interest in any revenues received by U. T. System through UTMDACC and UTHSC-H for commercialization of any technologies that result from activities within the Center.

U. T. System's Additional Obligations

U. T. System agrees to maintain detailed and accurate records, and other supporting data that establish satisfaction of its obligations, and to furnish OOGEDT a copy of UTHSC-H's and UTMDACC's annual financial statements. Upon request from OOGEDT, UTHSC-H and UTMDACC will allow OOGEDT or its designee to audit UTHSC-H's and UTMDACC's financial records related to the expenditure of the funds and the satisfaction of the U. T. System obligations.

III. GENERAL ELECTRIC MEDICAL SYSTEMS COMMITMENT

UTMDACC, UTHSC-H and GEMS have agreed in principle to partner in the Center that will house several biomedical imaging and engineering programs that are in development at UTMDACC and UTHSC-H, and is intended to form the foundation for a long-term, collaborative relationship between GEMS, UTMDACC, and UTHSC-H.

GEMS is committed to providing the following equipment for the Center:

- 1) 3T MR System
- 2) CT Multi Slice system
- 3) Cyclotron and Radiopharmaceutical equipment

In addition to the equipment listed above, GEMS will also provide a state-of-the-art PET/CT system, as well as software upgrades on this system. The U. T. institutions will

purchase service contracts for all units at the regular UTMDACC rates. This GEMS investment including equipment and upgrade (at list price), and annual scientist support could total over \$21,400,000 over a 5-year period, and \$30,600,000 over a 10-year period.

The parties intend to conclude definitive, written collaborative research, option, license, sponsored research, and equipment transfer agreements on terms and conditions that are agreed to by the U. T. institutions and GEMS. Under these agreements, GEMS will have the opportunity to obtain certain worldwide license rights to use technology and intellectual property arising from research and activities at the Center.

The GEMS support proposal includes the list of equipment identified below along with personnel support, a financing proposal, and options to upgrade the equipment during the 10-year term.

1. Estimated List Price Value of GEMS' support for the Center:

Equipment

- 3T Whole Body
- Cyclotron dual beam PETTrace
- TRACERlab MXfdg Radiosynthesis unit
- TRACERlab FXn Radiosynthesis unit
- PET/CT (16 slice)
- CT VCT (64 slice)

Total List Price of Equipment: \$12,400,000

Yearly service contracts, beginning in year two, would be paid separately by the U. T. institutions for all equipment identified in this proposal but the U. T. institutions' annual liability under such contracts will not exceed \$600,000 and any cost above the annual limit will be borne by GEMS.

Should, during the term of the collaborative relationship, the U. T. institutions request additional GEMS diagnostic equipment for the purpose of conducting research at the U. T. Research Park, the U. T. institutions and GEMS will, in good faith, negotiate the terms and conditions for providing such incremental equipment to the U. T. institutions.

2. Additional support offered by GEMS includes the following:

- On-site scientist support, with a total value of \$4,000,000 and \$8,000,000 for 5 and 10 years, respectively.

- Application hardware and software upgrade at estimated list price, valued at \$1,000,000 per year, with the total value of \$5,000,000 and \$10,000,000 for 5 and 10 years, respectively. This excludes magnet swaps or full system replacements.

Coincident with the agreement relating to formation of the Center, the parties intend to conclude a definitive, written option and license agreement that provides GEMS the opportunity to obtain worldwide license rights to use technology and intellectual property arising from activities at the Center.

7. **U. T. Health Science Center - San Antonio: Discussion of compact priorities**

REPORT

President Cigarroa and Executive Vice Chancellor Shine will lead a discussion about compact priorities for U. T. Health Science Center - San Antonio as set out in the compact on Pages 83.1 - 83.23. Dr. Cigarroa's PowerPoint presentation is on Pages 83.24 - 83.44.

SECOND DRAFT: 7/15/05

The University of Texas Health Science Center at San Antonio

**Compact with The University of Texas System
FY 2006 through FY 2007**

I. Introduction: Institution Mission and Goals

The primary goals of the University of Texas Health Science Center at San Antonio are to:

- *educate health care providers and scientists*
- *engage in biomedical and clinical research to improve the health of mankind*
- *provide state-of-the-art clinical care*
- *enhance community health awareness*
- *address health disparities**

Mission Statement

The mission of the University of Texas Health Science Center at San Antonio is to serve the needs of the citizens of Texas, the nation, and the world through programs committed to excellence and designed to:

- educate health professionals for San Antonio and the entire South Texas Community and for the State of Texas to provide the best possible health care, to apply state-of-the-art treatment modalities, and to continue to seek information fundamental to the prevention, diagnosis, and treatment of disease.
- play a major regional, national and international role as a leading biomedical education and research institution in the discovery of new knowledge and the search for answers to society's health care needs.
- be an integral part of the health care delivery system of San Antonio and the entire South Texas community, as well as an important component of the health care delivery system of the State of Texas and the nation.
- serve as a catalyst for stimulating the life science industry in South Texas, culminating in services and technology transfer that benefit local and state economies.
- offer continuing education programs and expertise for professional and lay communities.

Including a total of 1,494 full-time and part-time faculty; 3,186 staff members, and 2,837 students, all of whom are housed on six campuses, UTHSCSA is one of the six health science centers within the UT System. In keeping with its mission, UTHSCSA admits a diverse student body into five different professional schools including Allied Health Sciences, Dental, Biomedical Graduate Studies, Medical and Nursing.

II. Major Ongoing Short-Term and Long-Term Priorities and Initiatives

SHORT-TERM INITIATIVE: ENHANCEMENT OF EXCELLENCE IN EDUCATION

PRIORITY: #1

Goal 1.1- Develop and sustain the quality and capacity of the faculty and the student learning experience by establishing *the Academic Center for Excellence in Teaching (ACET)*. (Note: *The name of the teaching center has been changed. In prior versions of the Compact, it was referred to as the Center for Effective Learning and Teaching.*)

Objective:

- Create a center for learning and teaching to provide "umbrella" support for the five schools in order to ensure that they encourage intellectually rigorous teaching and scholarship in health care professional education that inspires students to become outstanding care providers and future academic leaders.

Strategies:

- Design the framework for the center including appointment of a director; identify the specific areas of focus, menu of programs, services to be sponsored, and methods to certify teaching expertise.
- Review and analyze the current programmatic instruction and methods of delivery.
- Review current methods of instruction for the various academic programs and evaluate the effectiveness of each method.
- Plan/implement course offerings, technical assistance, and a small grants program.
- Work with each school to create an individual strategy designed to enhance teaching and scholarship and to offer additional career enhancements for the faculty.

**Revisions to the Compact are presented in bold, italic type throughout the document.*

Resources:

- Designate 10% of funds from the newly approved tuition increase to create the center.
- Reallocate additional funds where appropriate.

Progress Measures:

- Progress report submitted annually by the director of the center including information regarding upward evaluation by clients, performance of students, and results of accreditation processes. **Progress: To date, Faculty Planning Committee for the Teaching Center completed a study of priorities for faculty and an action plan for implementation.**
- Timelines, developed by May 2005, detailing organization and implementation plans for specific activities of the center. **Progress: Pending finalization.**

Major Obstacles:

- Cultural change necessary to integrate researchers and clinicians.
- Availability of space in which to house the Center and its staff.

Goal 1.2- Faculty Recruitment & Retention

Objective:

- Retain and recruit a diverse faculty of exceptional quality for all schools.

Strategies relevant to all schools:

- Ensure that all searches for new faculty are competitive and nationwide.
- Decrease the difference between the mean faculty compensation at UTHSCSA and comparable figures for equivalent positions at peer schools.
- Provide the faculty with annual incentive payments that are merit based and tied to standards of performance in teaching, patient care, and research as articulated in the mission statement.
- Provide training opportunities for faculty in order to enhance teaching, clinical, and research skills.
- Develop specific strategies designed to increase funding for the HSC and to support recruitment of a diverse faculty.

Additional strategies:

- Provide merit based annual incentive payments tied to mission-based performance in teaching, patient care, and research. (Medicine)
- Recruit, in 12-months, at least one new faculty member who has NIH funding. (Nursing)
- Increase the number of 12-month faculty contracts in order to compete more effectively with other schools of nursing in Texas. (Nursing)
- Implement a peer review process in which faculty members apply for awards of merit, and peers determine the award recipients. (Nursing)

Resources:

- Revenue derived from the recently approved tuition increase. (All schools)
- General revenue, enhanced clinical revenue, research grants and gifts. (HSC)

Progress Measures relevant to all schools:

- Reduction in the difference between the mean faculty compensation at UTHSCSA and comparable figures for equivalent positions at peer schools. **Progress: All schools have evaluated salary differentials using comparisons with national faculty salary survey data. The Dental School has implemented an Academic and Clinical Faculty Incentive Program. The Medical School continues to develop a faculty performance-based compensation plan. The Graduate School did a comparison study of faculty salaries with the AAMC faculty salaries for basic sciences.**
- Evaluation of faculty searches in terms of success/failure in recruitment and in retention and comparison of current data to that of the previous two years. **Progress: Data are being collected through the end of FY05 to assess this measure.**
- Evaluation of faculty in terms of defined measures of clinical, research and scholarly productivity. **Progress: Data are being collected through the end of FY05 to compare with baseline measures.**
- Evaluation of diversity among faculty. **Progress: The School of Medicine is seeking ways to locate a wider diversity of candidates for unfilled/new positions. The School of Nursing is advertising faculty positions in a broader range of journals than previously.**

Additional Progress measure:

- Increase in number of 12-month contracts for faculty. (Nursing) **Progress: The School of Nursing is working on means of providing salary to convert current 9-month contract faculty to 12-month contract faculty.**

Major Obstacles for all schools:

- Inadequate start-up dollars to hire new faculty and/or senior, funded research faculty.
- Inadequate space for each recruiting activity.

Additional Major Obstacles specific to Nursing:

- Insufficient financial resources to attract funded senior research faculty.
- Insufficient financial resources to increase the number of 12-month contracts for faculty.

Goal 1.3- Student Access and Success: Cultivating An Effective Learning and Professional Environment

Objectives:

- Increase enrollment and retention of diverse, top-quality students.
- Follow the NIH Roadmap with regard to interdisciplinary graduate education.

Strategies for each school:

- Allied Health Sciences
 - Create two student centers designed to welcome students and assist them in acclimating to the School: a virtual center on-line, a physical center at the School.
 - Establish early acceptance programs for qualified students coming from regional feeder schools.
- Dentistry
 - Increase the number of elective courses in order to allow students to explore a variety of future career choices, pursue individual research interests and acquire teaching experience.
 - Encourage students to participate in dual degree options and Research and Teaching Training Honors Programs.

SECOND DRAFT: 7/15/05

- Explore funding opportunities in order to expand the dental academic career program, D9STAR.
- Graduate School
 - Appoint a faculty committee to develop and expand the range and scope of graduate programs so that they reflect the nature and complexity of contemporary biomedical science, the nature and scope of faculty research interests, and current mandates from federal/private funding agencies, such as the NIH Roadmap.
 - Finalize the program components for the MS/PhD program.
 - Develop financial resources for the DDS/PhD and MD/PhD programs.
- Medicine
 - Create an Office of Professionalism and Diversity that is charged with enhancing professionalism and humanism among students and faculty.
 - Create a Teaching Academy within the school and under the umbrella of the HSC Academic Center for Excellence in Teaching, the goal of which is to support teaching and learning.
 - Redesign the medical curriculum so that it emphasizes self-directed learning, integrates basic sciences with clinical training, and encourages use of technology.
 - Expand the activities of the Regional Academic Health Center (RAHC) in order to offer experiences in border health to more students.
 - Implement the new Clinical Skills Center.
- Nursing
 - Implement clinical course offerings for nurse practitioner majors in the summer in order to decrease time needed to graduate.
 - Implement curriculum changes at all levels and assess related outcomes.
 - Institute an interview as part of the screening process for admission.
 - Provide web-based format for all masters' level core courses.
 - Offer a Psych/Mental health degree preparation at the MS level.
 - Partner with the VA to develop a model curriculum for certification as a Clinical Nurse Leader.

Resources for all schools:

- Revenues derived from the newly approved tuition increase.
- Reassignment/reallocation of staff, where appropriate.
- Leveraging of funds, where possible, including student fees, training grants and other resources.

Additional resource for Dental, Graduate, Medical:

- New resources designated for initiating new degree programs including dual degree programs.

Progress measures relevant to all schools:

- Improved student profile when figures are evaluated for diversity and number of students recruited, retained and graduated. **Progress: The School of Allied Health has nearly completed early acceptance agreements with UT Brownsville and Prairie View A&M. The Graduate School of Biomedical Sciences has \$9M in federal grants pending review to support an increase in under-represented minorities at the graduate level in biomedical sciences. Graduate School has also obtained \$200k from UT System to jointly host a summer internship program for disadvantaged science students at UTSA for the next two years. The School of Nursing is working to obtain approval for an LVN to BSN program through the Laredo Extension Campus (LEC).**
- Increase pass rates for licensure and certification. **Progress: The School of Medicine is holding the ministep 1 exam later in the year, is adding several Step 1 prep sessions, and has implemented its own clinical skills practice exam for test preparation. The School of Nursing is referring more students to review courses for exam preparation. The School of Allied Health is studying means of improving students' results on the national board examinations in Deaf Education and Hearing Science as well as Physical Therapy.**

Progress measures specific to Allied Health Sciences:

- By summer 2004, student welcome centers will be established. **Progress: Completed.**
- Number of applicants will increase by 10% by fiscal year 2006. **Progress: Pending.**
- By October 2004, initiate an early acceptance agreement with Prairie View A&M. **Progress: Continuing development.**

Progress measure specific to Dentistry:

- In fiscal year 2006, implement a year-round curriculum designed to offer a wide array of electives that will enrich students' education. **Progress: The Dental School has introduced a new policy that, starting with entering students in 2004, students will have mandatory summer clinic sessions between year 2 and 3 and between year 3 and 4. Further planning on converting to 12-month curriculum is nearly finalized.**

Progress measure specific to Graduate School:

- Track requests to the Coordinating Board for new programs or changes to existing programs. **Progress: A faculty committee at the Graduate School of Biomedical Sciences is working on recommendations for new interdisciplinary programs, with expectation that new programs might be presented to the Coordinating Board in September 2006 at the earliest. Programs in neuroscience and bioinformatics are top prospects.**

Progress measures specific to Medicine:

- In Spring 2005, implement the Clinical Skills Center to enhance the pass rates of medical students on the new NBME Step 2 Clinical Skills examination. **Progress: Construction of a new Clinical Skills Center has been completed, equipment installed, and a director for the program hired.**
- Develop teaching sites for the RAHC throughout the Valley. **Progress: A new teaching site was established with an area ophthalmologist.**

Major Obstacles for all schools:

- Ability to secure new and/or reallocated funding.
- Physical space to support these activities.
- Identification of faculty who are willing to participate in these activities.
- Increased integration of Graduate School with teaching programs in the other schools.
- Competition among peer institution for qualified minority students.

SHORT-TERM INITIATIVE: EXPANSION OF SUCCESS IN RESEARCH ACTIVITIES

PRIORITY: #2

Goal 2.1- Increased Funded Research and Training Grants from all Sources

Objectives:

- Increase funding for research dollars from NIH and other extramural sources and expand research programs which focus on identified thematic areas.
- Increase faculty research productivity.

Strategies:

- Institutional
 - Assure that UTHSCSA has the financial capacity and physical space to support new research activities including RO1's and to promote programmatic/thematic research and training grants.

- Recruit a Vice President for Research whose responsibility it will be to facilitate institutional research efforts.
- Modernize the IRB to facilitate enhanced productivity.
- Develop a Clinical Studies Web Site.
- Increase the number/quality of invention disclosures through our Office of Technology Ventures.
- Increase the amount of income generated from intellectual property and accelerate the movement of technology to the marketplace.
- Allied Health Sciences
 - Hire at least one new research faculty in each of the next two years.
 - Increase extramural funding by 10% a year in the next two years.
- Dentistry
 - Organize and promote development of thematic research areas.
 - Expand clinical research programs through special training opportunities in order to address the increasing emphasis of NIH on clinical research.
- Graduate School
 - Develop an Institutional Postdoctoral Training Center/Office to enable the research faculty to recruit, retain and finance postdoctoral research fellows who reflect quality and greater diversity.
 - Support and encourage interdisciplinary, collaborative research initiatives and sharing of core facilities with interested colleagues in all five schools.
 - Increase the number of individual and group pre- and post-doctoral training grants awarded to faculty or groups thereof.
- Medicine
 - Actively seek additional NIH funding awards by recruiting known research faculty in order to improve the national ranking of the school.
 - Identify opportunities to develop and expand centers of excellence for translational research.
 - Allocate resources for research using Mission Aligned Planning process (MAP™) and other data to align support with research efforts.
 - Expand support for collaborative research through continued development of the Medical Education Research Fund, San Antonio Life Sciences Institute (SALSI) and ERC activities.
 - Expand research opportunities and training for junior physician faculty/students/residents, both on main campus and RAHC, and mentor faculty for research success.
 - Create a plan for ongoing maintenance and upgrade of research facilities.
- Nursing
 - Increase funding applications and success rate for sponsored research.
 - Secure new faculty members who have existing external research funding.
 - Brief faculty on research development and translate research instruments to include more culturally diverse subjects.

Resources for all schools:

- Grant and contract awards.
- Funds generated from recent tuition increases, where appropriate.
- Incentive plans, including optimizing the use of institutional F & A dollars.

Resources for the Health Science Center:

- Existing funds that can be reallocated.
- UTHSCSA resources available to faculty on a competitive basis: 1) SALSI grants; 2) New Investigator Funds; 3) Pilot Projects; 4) Faculty Enrichment; and 5) Presidential Research Enhancement Fund.
- Incentives for invention disclosures, patents and revenue sharing.

Progress Measures for all schools:

- Increased number of research and training grants applied for, and awarded. **Progress: A Vice President for Research was appointed in October. New or expanded collaborations have been developed with the San Antonio Institute for Molecular and Cellular Primatology, Central Texas Retreat on Aging, BorderPlex Council, and Center for Research in Musculoskeletal Diseases to advance establishing strong thematic centers for research.**
- Increase in the proportion of faculty with active funding. **Progress: Quantitative data are being collected after close of FY05 to assess progress on this measure.**
- Increase in the number of publications and national presentations. **Progress: Quantitative data are being collected after close of FY05 to assess progress on this measure.**
- Increase in number of invention disclosures, patents, and income from intellectual property. **Progress: Quantitative data are being collected after close of FY05 to assess progress on this measure.**

Major Obstacles for all schools:

- Competition for talented faculty and post-docs nationwide.
- Limited availability of faculty start-up packages.
- Funding necessary to upgrade and maintain existing laboratories/equipment.

SHORT-TERM INITIATIVE: EXPANSION OF EXCELLENCE IN CLINICAL AREAS

PRIORITY: #3

Goal 3.1- Enhance clinical programs in order to ensure excellence in patient care

Objectives:

- Become the provider of choice for many clinical programs in South Texas and beyond, by offering outstanding, efficient and safe patient service.
- Provide care to those most in need.

Strategies:

- Allied Health Sciences
 - Implement a faculty practice.
- Dentistry
 - Establish faculty development programs to enhance clinical skills.
 - Recruit dentists with broad training who can function in a general practice setting.
- School of Medicine
 - Finalize plans for the new Medical Arts and Research Center (MARC) building.
 - Improve and expand patient service at all ambulatory facilities by streamlining customer service via the Vice President for Patient Services at the University Physicians' Group (UPG) and developing patient safety initiatives which focus on the electronic medical record.
 - Continue strategic redesign of UPG's infrastructure.
 - Recruit UPG Vice President for Medical Staff/Associate Dean for Clinical Affairs.
 - Enhance relationships with University Hospital, the VA, CTTC, Christus Santa Rosa and other area health care institutions.
- Nursing
 - Expand clinical service and contracts in primary care settings.
 - Expand Faculty Enrichment program to encourage more clinical practice programs and increase collaboration with MD's in clinical practice.
 - Increase clinical practice and research by outreach to underserved communities through support for both research and practice efforts under MESA Funding.

Resource for Dental and Nursing:

- Increased productivity of clinical faculty as a result of incentive systems.

Resources for Medical:

- Increase in clinical revenue.
- Consider various mechanisms for funding the new ambulatory building.
- Increased productivity of clinical faculty as a result of incentive systems.

Progress Measure for Allied Health:

- Adoption of faculty practice plan for Allied Health by Spring 2005. **Progress: UTHSCSA Allied Health Partners Faculty Practice Plan was approved by Board of Regents. Currently, the Low Vision Center of the Practice Plan is actively treating patients.**

Progress Measures for Dental:

- Billing and collection data for Dental practice plans. **Progress: Data are being collected through the close of FY05 for assessment of progress.**
- Dental school faculty development programs put into place. **Progress: Faculty development programs in the Dental School have been expanded including setting aside one hour each Friday morning during the academic year to have presentations – inviting high caliber speakers for these sessions – to faculty (and students) on new advances in dentistry. Dental Continuing Education credit is awarded for these sessions.**

Progress Measures for Medical:

- Billing and collection data for Medical practice plans. **Progress: Data are being collected through the close of FY05 for assessment of this measure.**
- Adoption of formal plan for the new ambulatory building. **Progress: The Project Planning Schedule has been developed with key milestones. Proposals from architectural and design firms are undergoing review.**

Progress Measure for Nursing:

- Dollars in Faculty Enrichment plans and number of faculty with contracts at the Nursing School. **Progress: Faculty Enrichment Plan policies have been revised to encourage greater participation by the nursing faculty.**

Major Obstacle for Allied Health, Dental, and Nursing:

- Assuring that efficient and effective clinical operations are in place and functioning.

Major Obstacles for Medicine:

- Aligning the faculty culture with the need for clinical productivity and responsiveness.
- Successful recruitment of clinical faculty, as needed.
- Assuring that efficient and effective clinical operations are in place and functioning.

SHORT-TERM INITIATIVE: ORGANIZATIONAL EFFECTIVENESS AND PRODUCTIVITY

PRIORITY: #4

Goal 4.1- Improve the fiscal infrastructure and support services at all levels in order to enhance the goals and priorities of the Health Science Center.

Objectives:

Administration, Business Affairs, and Information Technology

SECOND DRAFT: 7/15/05

- Upgrade the PeopleSoft administrative system to allow web access and phase in the student module. (HSC)
- Define and develop opportunities to better address compensation and classification issues related to non-faculty positions. (HSC)
- Meet the April 2005 deadline for the Security Rule component authorized under the Health Insurance Portability and Accountability Act (HIPAA). (HSC)
- Limit use of the social security number as personal identification to those uses permitted or required by applicable law or University policy. (HSC)
- Develop a feasibility study for the capital financing plan to fund the construction of the MARC project and a new parking and auxiliary services structure for the main campus. (Medical)

Outreach Activities

Enhance K-16 pipeline activities and early admission agreements with key feeder schools. (All schools)

Increase alumni donations. (All schools)

▪ **Capital Campaign for Health Science Center**

- Conduct a successful capital campaign to secure adequate support for the endowment and construction of a major research tower.
- Secure the lead campaign gift or pledge.
- Increase membership in the President's Council and the Ambassadors' Circle of the Children's Cancer Research Institute.
- Conduct a comprehensive assessment of potential donors' interest in the health science center.

Resources for Health Science Center:

- Existing funding augmented by new dollars from local and federal sources.
- Re-allocation of existing funding.

Progress Measures:

- Obtain Web access on People Soft and convert student information system. **Progress: Use of new PeopleSoft Student Administrative component continues as planned and Student/Financial Aid system has been successfully implemented.**
- Implement the security component of HIPAA. **Progress: UTHSCSA remains on schedule to achieve HIPAA Security Rule compliance by April 2005.**
- Deploy software updates for security vulnerabilities automatically, by January 2005. **Progress: Centrally managed anti-virus and patch management protection continues to be enhanced, but further progress is pending release of production quality software by Symantec and BigFix.**
- Eliminate social security numbers on all documents, as prohibited by law. **Progress: Of the 21 actions required by BPM 66 to be implemented by 1/30/05, 20 have been implemented and the final requirement is expected to be completed by the end of fiscal year 2005.**
- Prepare a recommendation for salary adjustments in the Classified Pay Plan to improve compensation. **Progress: The review of all classification salary ranges has been completed and recommendations for changes are being considered.**
- Develop programs to reward employees with merit raises based on performance. **Progress: UTHSCSA has implemented merit-based salary increase programs for faculty and staff and for clinical and research faculty.**
- Prepare budget estimates, analysis of revenue streams and final projections for capital financing for the MARC project. **Progress: Projections are pending final space requirements of signature programs, final construction estimates, and final equipment requirements.**
- Completion of an assessment of potential donors' interest in the health science center. **Progress: On-line Internet giving via donor credit cards was activated at the end of December 2004. Plans are being developed by the school development officers and**

the President's Council's program coordinator to conduct e-mail solicitations of new and current donors.

- Conduct a successful capital campaign to secure support for the construction of a research tower and development activities to secure increased endowment. **Progress: Additional funds raised since end of FY04 for endowment = \$1,998,605, others: \$10.8 million.**
- Secure a lead gift/pledge of \$25 million or more for the capital campaign. **Progress: A detailed written Campaign Plan has been prepared and reviewed with numerous constituencies. The Capital Campaign's volunteer leaders have been recruited.**
- Increase in annual membership to the President's Council and Circle. **Progress: 18 new members have been recruited for the President's Council and 21 new members have been recruited for the Ambassador's Circle since September 2004.**
- Increase in the number of contacts of high school and college students. (All schools) **Progress: Each school has engaged in activities to increase their interactions with high school and college students in the greater San Antonio area and in South Texas. The number of contacts will be assessed quantitatively after all data are collected for FY05.**
- Increase the number of early admission agreements with key feeder schools. **Progress: The Dental School has trained advisors at UTEP regarding the newly established early admissions agreement with UTEP. The Dental School also has collaboratively drafted an early admissions program with Midwestern State University that is currently under review.**
- Increase in alumni donations. (All schools) **Progress: Four of the five schools are working on developing systems to more completely identify and communicate with their alumni regarding donations.**

Major Obstacles:

- Lack of funds to deploy fully vendor provided software updates. (HSC)
- Increased, effective communication to enhance recognition of the HSC by the community. (HSC)
- Generating funding and engaging the faculty in outreach and access programs. (All schools)

SHORT-TERM INITIATIVE: COMMUNITY AND INSTITUTIONAL RELATIONS

PRIORITY: #5

Goal 5.1- Increase collaborations with *the University of Texas at San Antonio* (UTSA).

Objective:

- Develop more educational, research, and other types of collaborative efforts with UTSA.

Strategies:

- Plan and carry out effective joint research, degree and other programs.
- Expand the existing cross campus cost efficient delivery of services relationship.

Resources:

- Funds from the UT System.
- Contributions from each institution, grants and fundraising.

Progress Measures:

- Increase in the number of education, research and other types of collaborative efforts with UTSA. (All schools) **Progress: SALSJ funded 9 new proposals (at \$1.1 million combined), one of which was for education and the remaining were research proposals ranging across a broad spectrum. The School of Allied Health Sciences and the School of**

Medicine are working on development of an interdisciplinary doctoral degree in Communication Science with UTSA. The School of Medicine is developing a five-year plan for a Women's Health Curriculum that will involve joint teaching by UTSA and HSCSA faculty. A grant has also been received to establish a National Center for Women's Health on the HSCSA campus.

Major Obstacles:

- Perceived cultural differences between the two institutions.
- Limited availability of funds for both short-term and long-term projects.

Goal 5.2- Increase development of the Laredo Extension Campus (LEC)

Objective:

- Provide a progressive health professional educational service in an underserved area.

Strategies:

- Provide continuing education for health professionals.
- Continue environmental health training and education (STEER).
- Strengthen student health careers pipeline activities.
- Provide training for dental students and residents.
- Develop a regional learning center in fiscal year 2006.
- Provide infrastructure support for community/population based education.
- Promote selected Allied Health educational activities.

Progress Measures:

- Increase in numbers of educational activities in Allied Health. **Progress: A partnership between the School of Allied Health Sciences and Texas A&M has been developed for a collaborative offering of a Physicians Assistant Program through the LEC. The Memorandum of Understanding has been submitted to all parties.**
- Increase in numbers of virtual and Web courses offered. **Progress: Medical School and Nursing School are providing limited continuing education programs. School of Nursing is proposing a LVN to BSN program with Texas A&M University.**

Major Obstacle:

- Insufficient funding from the state.

LONG-TERM INITIATIVE: CULTIVATION OF OUTSTANDING ACADEMIC ENVIRONMENT

PRIORITY: #1

Goal 1.1- Create an infrastructure that develops and supports an environment which attracts a diverse group of faculty/staff and students and enhances their success.

Strategies for all schools:

- Encourage academic productivity through financial incentives and recognition through promotion and tenure.
- Develop collaborative models for joint projects that integrate the work of schools and individual departments and identify potential funding support.
- Develop initiatives designed to promote "professionalism" in each school and to create a welcoming and respectful academic environment.
- Consider diversity to be an issue of fundamental importance to both the student admissions and faculty recruitment processes.

Resources:

- HSC budgets limited resources strategically.
- Refining the administrative structure and budgetary process.

Progress Measures for all schools:

- Increased recruitment and retention of faculty as measured by open and/or internal searches.
- Rankings of scholarly achievement as demonstrated by research grants, appointments to prestigious academic bodies, successful recruitment and matriculation of students, publication, and successful technology transfer.
- Increase in unrestricted funds that enable the HSC to be competitive in attracting and retaining top quality academic talent. (HSC)

Major Obstacles:

- An existing institutional ethos that does not encourage multidisciplinary and inter-school collaboration. (All schools)
- Willingness to make difficult decisions regarding allocation of resources. (All schools)

LONG-TERM INITIATIVE: SERVICES TO THE COMMUNITY

PRIORITY: #2

Goal 2.1- Enhance and solidify the role of UTHSCSA in South Texas

Objectives:

- Ensure reliable telecommunications service to areas in South Texas.
- Use the Regional Academic Health Center (RAHC) and Laredo Extension Campus (LEC) as models for the development of meaningful programs for community constituencies.
- Ensure that UTHSCSA is represented at important healthcare and health professional functions in the 38-county region of South Texas.

Strategies:

- Create a network infrastructure in South Texas to deliver reliable telecommunications services including video, voice, data, and computer systems.
- Work with existing South Texas partners to coordinate health programs, develop/monitor calendar of health-related events in a 38 county region.
- Co-sponsor international seminars, symposiums, and continuing education programs for health professionals.
- Partner with federal and state agencies in grants and contracts to provide educational training and activities, i.e.-emergency medical services.
- Expand the number and variety of community-based health professionals and institutions participating in the pipeline program (e.g., the MedEd Program.)

Resources:

- Reallocation of funding as well as faculty and staff time.
- PUF/LERR Funds, where appropriate.
- Administrative staff who routinely travel throughout the 38-county region to maintain visibility and to ensure knowledge of local activities.
- Staff at sites that are in operation in Harlingen, McAllen, Edinburg, and Laredo form the baseline for expansion activities.

Progress Measures:

- Installation of common carrier circuits by summer 2005.
- Increased enrollment and graduation of students from South Texas.
- Identification of potential partnerships with local stakeholders to address health care issues.
- Increased number of health care organizations seeking consultations/information.
- Increased number of health professional students seeking remote clinical rotations, selectives, and/or electives in South Texas.
- Increase in the number of program participants, and the number/percentage of applicants to a professional school accepted, enrolled and graduated.

Major Obstacles:

- Funding new initiatives and sustaining ongoing funding needs.
- Limited staff and funds to cover clinical training and education for health care professionals and related health initiatives.
- Limited funding for remote student housing.
- Difficulties in hiring/contracting faculty.
- Participation by the Office of Telecommunications of the UT system is critical to the success of the fail-safe ring for South Texas.

LONG-TERM INITIATIVE: ORGANIZATIONAL EFFICIENCY

PRIORITY: #3

Goal 3.1- Construction of New Buildings

Objective:

- Design and construct new buildings to meet the needs of the institution.

Strategies:

- Ensure that designs for new building are structurally sound and meet the occupants' needs.
- Represent the best value in construction costs versus future maintenance costs.
- Incorporate energy features that are both efficient and environmentally sound.

Resources:

- Reallocation of existing resources.
- Tuition Revenue Bonds, PUF/LERR funds.
- Requests to legislature for funding.

Progress Measures:

- Diminished needs for leased space.
- Increase in qualified faculty, students and staff that reflect diversity.
- Increase in funding through grants.

Major Obstacle:

- Lack of recent success in obtaining funds.

Goal 3.2- Improve the position of the UTHSCSA with regard to deferred maintenance, emergency preparedness and fire and life safety issues.

Objectives:

- Install, test, and upgrade existing emergency, fire and life safety programs.

- Provide resources necessary to reduce the frequency of fires through education, and the magnitude of fires via the phased-in installation of automatic sprinkler systems.

Strategies:

- Request additional resources for emergency preparedness and deferred maintenance.
- Improve the knowledge of faculty/staff, and students about appropriate emergency responses.
- Allocate institutional funding each year to address deferred maintenance and fire/life safety systems.

Resources:

- Funding from the legislature and PUF/LERR Funds.
- Additional knowledgeable emergency, fire, and life safety professionals.
- Capital expense resources to address safety and deferred maintenance needs.

Progress Measures:

- Increase the percentage of new employees who participate in safety training programs to 100%, and achieve 25% participation of current staff through new web-based technology, by fiscal year 2006.
- By fiscal year 2006, decrease of 5% in rate of occupational injury, decrease by 5% the worker's compensation premium rate, and increase the annual workplace safety evaluations to 100%.
- Install automatic sprinklers within 36 months of the completion of the new research tower complex.
- Implement fire safety remediation plan over 10 years.

Major Obstacles:

- Lack of funding.
- Construction costs inflated by 5% annually.
- UT System retaining more risk with higher insurance deductibles.

III. Future Initiatives of High Strategic Importance

***NOTE:** The HSCSA was asked by the System to review, and change if needed, its future initiatives for this Compact Update. Because the HSCSA is in the process of conducting long-term, institutional strategic planning and is committed to aligning our strategic planning and the Compact, at this time, no changes have been made to the future initiatives as submitted in the original Compact document. We anticipate that our institutional planning process will be completed by the end of February 2006. Appropriately, any changes to our future initiatives will be incorporated into the Compact after our planning process is complete to ensure alignment.*

INITIATIVE: CONTINUED CULTIVATION OF OUTSTANDING ACADEMIC ENVIRONMENT

PRIORITY #1

Objective 1.1: The HSC Library will expand its role in knowledge management.

Strategies:

- Obtain input from major stakeholders through strategic planning activities.
- Set priorities for implementation of knowledge management as identified above.
- Foster interdisciplinary collaborations by facilitating the development of unlikely partnerships.
- Work with the schools to integrate library and information management into academic programs.

Resources:

- Availability of resources for expertise, funding, faculty/staff, and physical space is currently unknown.

Progress Measures:

- Completed needs assessment of users.
- Summary of strategic planning results, including prioritized action items.
- Increase in collaborative activities between the library and others.
- Increased integration of information management in academic programs.

Major Obstacles:

- Involvement of the institution, overcoming resistance to change.
- Escalating costs of information acquisition and storage.
- Ability to obtain resources: expertise, finances and personnel

INITIATIVE: INCREASING EVIDENCE OF CLINICAL EXCELLENCE

PRIORITY #2

Objective 2.1: The School of Medicine will build an Academic Group Practice that serves the community and offers state-of-the-art clinical services which support the School's missions of teaching, research, and patient care.

Strategies:

- Institute the "Patient First" initiative to measure and improve patient satisfaction.
- Develop new tools for measuring performance in key service quality indicators.
- Develop a care team model to optimize use of physician time.
- Improve management of patient appointments in order to enhance access, decrease the number of missed appointments, and reduce wait times.
- Redesign medical records system to improve efficiency.
- Study the design of the facility in order to evaluate if the number of exam rooms is adequate and to determine the efficiency of flow for patients and staff.
- Modify practice name to reflect ties to the University of Texas.
- Develop a marketing plan with a specific differentiation strategy for the practice.
- Budget funds for marketing and execute the plan.
- Conclude planning process for new ambulatory campus.
- Conclude construction of new ambulatory campus.

Resources:

- Financing required to be determined for ambulatory clinical campus.
- School of Medicine will determine additional physician and staff resources.

Progress Measure:

- Milestones to be established; UPG will monitor achievement toward objectives.

INITIATIVE: DEFINE THE SCOPE OF THE ROLE OF UTHSCSA IN SOUTH TEXAS

PRIORITY #3

Objective 3.1: Define the activities of the UTHSCSA, South Texas initiatives, RAHC and Laredo Extension Campus (LEC) in the Lower Rio Grande Valley; develop a system to ensure

that these activities are aligned with the missions of the institution; develop additional clinical sites for medical student rotations.

Strategies:

- Require each UTHSCSA medical student to complete at least one clinical rotation at an approved clinical site in the 7 border counties of South Texas.
- Broaden health profession education programs at the RAHC and LEC to support an environment of excellence in teaching for students/residents and faculty.
- Broaden both the clinical research and basic research programs at the RAHC in order to support excellence in research for students, residents and faculty.
- Develop a business plan that ensures that the UTHSCSA will have the resources required to sustain the quality of its education and research programs at the RAHC and LEC long term.
- Inventory all School of Medicine activities in the Lower Rio Grande Valley.
- Align activities to specific missions of the UTHSCSA.
- Establish extensive listing of approved remote clinical training sites, clinical faculty, and preceptors.

Resources:

- Faculty time.
- Funding streams from the State of Texas.
- Grants and contracts.
- Faculty practice to be explored.

Progress Measures:

- Increased number of UTHSCSA medical students participating in remote clinical experiences in the Texas-Mexico border region.
- Sustainable financial models created with stable funding.
- Tracking recruitment of excellent clinical faculty to the RAHC.
- Tracking recruitment of excellent basic and clinical research faculty to the RAHC.
- Expansion of health profession education programs at the RAHC and LEC.
- Development of basic and clinical research activities at the RAHC.

Objective 3.2: The Dental School will engage in a planning process to determine what role it should play in addressing oral health disparities in South Texas.

Strategies:

- The School will initiate a comprehensive planning process to determine where it can best invest assets in order to improve the oral health of all South Texas residents, especially those who are most needy.
- The School will develop a long-term plan for clinical education programs in South Texas.

Resources:

- Staff support required to conduct the inventory of activities and to develop business plans.
- Leveraged revenue sources.
- State appropriations needed in partnership with local foundations.
- Possible federal and/or national foundation grants.
- Other financial resources unknown at this time.

Progress Measures:

- Comprehensive planning documents developed.
- Advocacy by South Texas communities.
- Make the clinical education program for dentistry a HSC legislative funding priority.
- Oral Health Disparities Planning Document.

- Documented inventory of activities.
- Documented business plans.

Objective 3.3: Provide appropriate training and education for community response to natural and man-made disasters in South Texas.

Strategy:

- Acquire recognition as the regional health professional institution that provides emergency response training, education, and resources to a bi-national geographic region in the event of natural or man-made disasters.

Resources:

- Federal and state funds.

Progress Measure:

- Increase in number and variety of emergency response training measures as a response to natural and man-made disasters.

IV. Other Critical Issues Related to Institutional Priorities

A. Impact of Initiatives:

- Enrollment Management: (See pages 3-4.)
- Diversity: (See pages 1-5, 9-10.)
- Community and Institutional Relations: (See pages 1, 8-14.)
- Finances: (See pages 7-8.)
- Facilities: (See pages 4-8, 10.)
- Other infrastructure issues: (See pages 6-11.)

B. Unexpected Opportunities or Challenges/Crises:

Opportunities:

- Obtaining state general revenue funding for indigent care.
- Revising the higher education funding formula to recognize excellence in education, research and clinical services.
- *Including higher education employees in the across-the-board, cost-of-living raise for state employees.*
- *Obtaining Tuition Revenue Bond funding for the HSCSA Research Tower, Faculty Office Building and Clinical Research Building.*

NOTE: "Opportunities" included in the initial Compact that were deleted in this update and the reason for the deletions are as follows; 1) A fourth formula was added to fund Graduate Medical Education (GME), and, as a consequence, the HSCSA received \$3 million for support of its GME program. 2) Funding for faculty and staff compensation and benefits was not deleted from the opportunities list inasmuch as higher education employees were excluded from the across-the-board raise for state employees. However, the HSCSA has addressed this critical need for upward adjustment of employee salaries in part through internal reallocation of HSCSA funds to support a modest funding pool for employee merit raises. 3) The HSCSA did receive an additional \$5 million for the coming biennium--\$3 million of which was designated for support of our South Texas programs.

Challenges and Crises:

- Changes in state regulations regarding faculty-student ratios and/or curricular requirements for licensure and certification.
- Continued vulnerability of our clinical partners.
- Dependency on community support for our primary care residency program in South Texas.
- ***Need to obtain incremental funding to support the continued growth of the RAHC, particularly for the impact of the Edinburg Research facility coming on-line and maturing during the coming biennium.***
- Lack of sufficient resources for competitive recruitment of premier faculty, especially for attractive start-up funds for research activities of new faculty members.
- Funding for faculty and staff compensation and benefits.
- ***Need to obtain Tuition Revenue Bond and/or PUF funding to address HSCSA's 300,000+ square feet space deficit.***
- ***Critical need for funding for fire and life safety and deferred maintenance.***
- Potential reduction of federal funding for research.
- Unanticipated call-up of faculty and students for national service in the military or for other federal initiatives.

NOTE: One "challenge" presented in the initial Compact was, "The elimination of the Section 56 State Relief Fund." This "challenge" has been deleted since Section 56 support was rolled into recurring General Revenue funding. Consequently, this potential "challenge" was favorably resolved.

V. System and State Priorities

- Increase student access and success. (See pages 2-4.)
- Collaborate with institutions in the UT System, particularly academic-health institution collaborations. (See pages 4-5, 8-9.)
- Increase external research funding. (See pages 4-5, 8, 12.)
- Increase tangible marks of academic and health care excellence. (See pages 1-4, 6-7, 11-13.)
- Improve development and alumni relations. (See pages 7-8.)

VI. Compact Development Process

In developing the original draft of this Compact, UTHSCSA wished to ensure widespread participation from all interested parties on campus. To this end, each member of the Executive Committee was responsible for coordinating the involvement of faculty, staff and students in his/her respective area. Most units selected a representative group of faculty, staff and student leaders to draft their individual documents. Specifically, the Dental School extracted information from its own strategic planning document to identify and address issues for the next 18-24 months. During the preparation of the draft, various Deans also requested input from the faculty assembly of their respective schools. The Executive Committee members met individually with their department heads. Members of the Executive Committee compiled information, submitted their drafts, and met with the President to refine the document. In addition, members of the Faculty Senate of the Health Science Center reviewed the draft. The President solicited input from the Executive Vice President for Academic and Health Affairs, the Executive Vice President for Business and Chief Financial Officer, and the members of the entire Executive Committee. Then, the President compiled the final version of the Compact.

The preliminary draft update and progress report to the Compact were identified during the process of collecting baseline data and progress updates from constituents across the HSC campus. This process included discussions with all five Deans, several Vice Presidents, and numerous faculty and staff. The President, in consultation with the Vice President for Academic Administration, reviewed and finalized the preliminary draft update submitted in May 2005.

Because of the limited focus of the sections to be reviewed for this Compact Update per directive from the System (extensive updates to Section II of our Compact in May 2005 were determined by the System to eliminate the need to further revisions to that section), the Compact review and decisions to make the revisions presented here primarily involved various administrators and key staff. Representatives from all major sectors of the HSCSA campus community are involved in the development of the institutional strategic plan and in the alignment of the Compact and the strategic plan. As noted above, we expect this intensive planning and alignment process to be completed by February 2006.

VII. System Contributions

- Support the request of the HSCSA for Tuition Revenue Bond Priorities. (*pending*)
- Support the LERR request submitted by the HSCSA. (*to be addressed at the August Board of Regents' meeting*)
- *Assist HSCSA in acquiring funding support for deferred maintenance.*
- Provide HSCSA with funding support for faculty recruitment and retention packages.
- Advocate market-competitive compensation funding for both faculty and staff.
- *Support funding through PUF for reducing the significant space deficit at HSCSA.*

NOTE: *Items identified in the initial Compact as potential System contributions that were actualized (and therefore were deleted from this update) include: 1) support for HSCSA legislative priorities for enhanced funding during the legislative session, and 2) for state-wide legislative initiatives to improve the application of formula funding in order to sustain growth at the HSCSA.*

VIII. Appendices

A. Budget Summary:

The University of Texas Health Science Center at San Antonio
Operating Budget
Fiscal Year Ending August 31, 2005

	FY 2004 Adjusted Budget	FY 2005 Operating Budget	Budget Increases (Decreases) From 2004 to 2005	
			Amount	Percent
Operating Revenues:				
Tuition and Fees	\$ 14,306,729	17,759,519	3,452,790	24.1%
Federal Sponsored Programs	94,650,062	105,759,934	11,109,872	11.7%
State Sponsored Programs	5,567,200	3,793,750	(1,773,450)	-31.9%
Local and Private Sponsored Programs	58,376,481	66,810,647	8,434,166	14.4%
Net Sales and Services of Educational Activities	1,000,000	3,000,000	2,000,000	200.0%
Net Sales and Services of Hospital and Clinics	-	-	-	-
Net Professional Fees	89,148,104	89,363,697	215,593	0.2%
Net Auxiliary Enterprises	2,260,000	2,278,064	18,064	0.8%
Other Operating Revenues	15,442,227	14,553,245	(888,982)	-5.8%
Total Operating Revenues	280,750,803	303,318,856	22,568,053	8.0%
Operating Expenses:				
Instruction	187,402,598	191,551,640	4,149,042	2.2%
Academic Support	19,774,090	23,559,236	3,785,146	19.1%
Research	113,837,808	98,848,137	(14,989,671)	-13.2%
Public Service	-	21,215,091	21,215,091	-
Hospitals and Clinics	57,846,190	74,519,918	16,673,728	28.8%
Institutional Support	28,867,790	23,310,931	(5,556,859)	-19.2%
Student Services	2,994,448	2,419,169	(575,279)	-19.2%
Operations and Maintenance of Plant	19,022,622	21,651,019	2,628,397	13.8%
Scholarships and Fellowships	125,000	886,769	761,769	609.4%
Auxiliary Enterprises	2,488,858	2,438,227	(50,631)	-2.0%
Total Operating Expenses	432,359,404	460,400,137	28,040,733	6.5%
Operating Surplus/Deficit	(151,608,601)	(157,081,281)	(5,472,680)	3.6%
Nonoperating Revenues (Expenses):				
State Appropriations & HEAF	138,393,231	143,334,618	4,941,387	3.6%
Gifts in Support of Operations	4,916,525	5,802,025	885,500	18.0%
Net Investment Income	21,762,589	20,934,499	(828,090)	-3.8%
Other Non-Operating Revenue	-	-	-	-
Other Non-Operating (Expenses)	-	-	-	-
Net Non-Operating Revenue/(Expenses)	165,072,345	170,071,142	4,998,797	3.0%
Transfers and Other:				
AUF Transfers Received	-	-	-	-
AUF Transfers (Made)	-	-	-	-
Transfers From (To) Unexpended Plant	-	-	-	-
Transfers for Debt Service	(10,379,657)	(10,195,297)	184,360	-1.8%
Other Additions and Transfers	10,109,866	11,147,375	1,037,509	10.3%
Other Deductions and Transfers	(9,024,866)	(8,827,375)	197,491	-2.2%
Total Transfers and Other	(9,294,657)	(7,875,297)	1,419,360	-15.3%
Surplus/(Deficit)	\$ 4,169,087	5,114,564	945,477	22.7%
Total Revenues	\$ 445,823,148	473,389,998	27,566,850	6.2%
Total Expenses and Debt Service Transfers	(442,739,061)	(470,595,434)	(27,856,373)	6.3%
Surplus (Deficit)	\$ 3,084,087	2,794,564	(289,523)	

Note: Operating Budget Highlights with a glossary of terms are included on Page 1.

SECOND DRAFT: 7/15/05

B. Statistical Profile:

UT HSC - San Antonio

ENROLLMENT	<i>fall</i>	2000	2001	2002	2003	2004
Undergraduate						
Allied Health		341	418	379	347	
Nursing		421	485	528	528	
Graduate/professional						
Allied Health		134	153	146	205	
Biomedical Sciences		272	277	320	314	
Dental		402	396	404	397	
Medical School		824	829	822	816	
Nursing		149	151	129	128	
Total		2,543	2,665	2,728	2,754	

DEGREES AWARDED	<i>academic year</i>	99-00	00-01	01-02	02-03	03-04
Undergraduate						
Certificates						
Allied Health		55	157	213	212	155
Baccalaureate awards						
Allied Health		143	131	42	64	
Nursing		236	168	220	238	
Graduate/professional						
Allied Health		37	33	48	50	
Biomedical Science		52	55	46	60	
Dental		107	104	103	112	
Medical		196	195	193	194	
Nursing		46	56	46	31	
Total graduate/professional		438	443	436	447	

GME PROGRAMS	<i>academic year</i>			02-03	03-04
Accredited GME resident programs				53	54
Residents in GME accredited programs				700	648

RESEARCH	<i>fiscal year</i>	2000	2001	2002	2003	2004
Federal research expenditures		\$58,600,224	\$66,852,477	\$83,760,708	\$86,854,337	\$89,661,741

FACULTY / STAFF	<i>fall</i>	2000	2001	2002	2003	2004
All instructional staff		not counted	1,393	1,404	1,405	1,774
Classified employees		2,338	2,572	2,695	2,611	2,662
Administrative/professional employees		431	549	521	523	524
Student employees		323	607	551	440	480

PATIENT CARE	<i>fiscal year</i>	1999	2000	2001	2002	2003
Hospital days		201,745	123,266	224,311	202,000	224,366
Clinic visits		832,255	915,725	854,046	834,000	1,110,429
Un-sponsored charity care (charges)		\$94,385,418	\$60,729,594	\$60,602,900	\$70,149,189	\$77,586,366

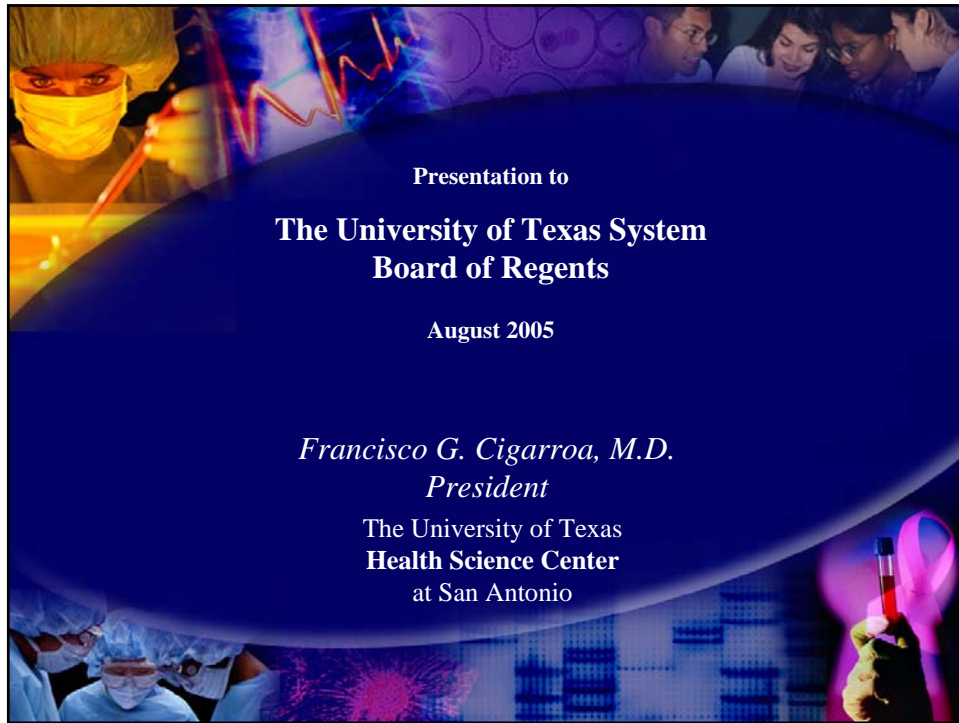
ENDOWMENT	<i>as of</i>	8/31/99				8/31/04
Endowment total value		\$252,852,000				\$278,385,000

C. Institution-Specific Information:

- Dental School surveys students after the completion of each course to assess their opinions regarding the effectiveness of the course.
- School of Allied Health Sciences survey their graduates regarding their levels of satisfaction about the learning environment.
- School of Nursing annually surveys incoming students on their knowledge and needs in technology.
- Student Services surveys a sample of students every other year on their levels of satisfaction for all support services.

D. Links to Web Resources:

(Institutional data profiles are currently under development.)



Presentation to

**The University of Texas System
Board of Regents**

August 2005

*Francisco G. Cigarroa, M.D.
President*

The University of Texas
Health Science Center
at San Antonio

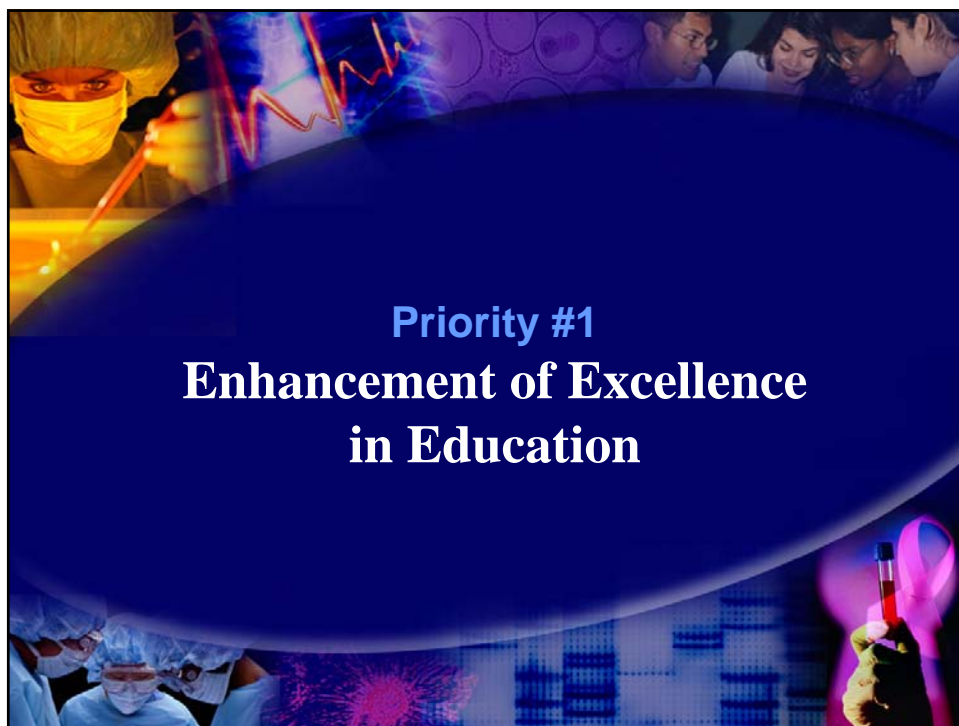
UTHSCSA Compact

Short Term Initiatives:

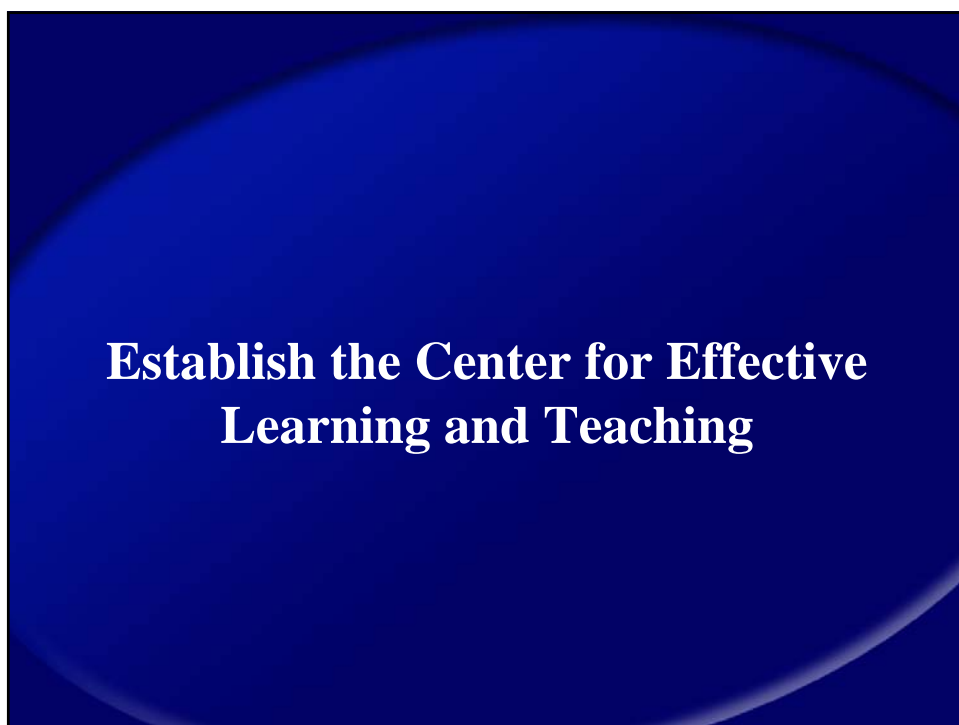
1. Enhancement of Excellence in Education
2. Expansion of Success in Research Activities
3. Expansion of Excellence in Clinical Areas
4. Organizational Effectiveness and Productivity
5. Community and Institutional Relations

Long Term Initiatives:

1. Cultivation of Outstanding Academic Environment
2. Services to the Community
3. Organizational Efficiency



Priority #1
Enhancement of Excellence
in Education



Establish the Center for Effective
Learning and Teaching

Clinical Skills Center



Launched formal MD/PhD and DDS/PhD Programs



Dr. Scientist in the making

25-year-old is the first to formally enroll in UTHSC's new M.D.-Ph.D. program academic medicine's 'wave of the future'



By KAREN ADKER
 covers news story areas

At just 25, Jewell Carter is halfway through high school and in her first biomedical engineering intern program.

When it's all said and done, she'll have spent about a year outside the lab gown.

And that's on the track.

Carter is the first M.D.-Ph.D. student at the University of Texas Health Science Center, marking school's foray into physician-scientists.

The combined program leads to medical advances, says Robert Lee, dean of the school. "We know how to find answers," he says. "We know how to find the answers."

Lee, who is also an engineer, says the program was established this

CONTINUED FROM 18

year. Her intelligence, focus, passion and commitment to research made Carter a standout for the program. Agrawal said Carter was awarded the George W. Truett Endowed M.D.-Ph.D. Scholarship, which will fund much of her graduate school.

Carter takes her commitment to research seriously. "I like to be thorough," she said. "I find you a certain level of confidence."

M.D.-Ph.D. programs have existed for years, but this is the first in the region.

"There is a growing interest nationwide in training physician-scientists," said Dr. Francisco Carrara, president of UTHSC. "This is the wave of the future in academic medicine and positions the health science center to lead in South Texas."

Ultimately, the health science center would like to accept five M.D.-Ph.D. students a year so there will be 25 to 40 students

in the program at a time, said Dr. Anthony Infante, associate dean for research at the medical school.

"It's another program that puts us on the national map," he said. "You want to recruit the best and brightest. Sometimes the best way to do that is to grow your own."

After Carter finishes her studies in 2010, she plans to do it all — teach, practice medicine and research, she said. She's interested in tumor engineering, which involves growing cells that can replace skin, liver and other organs.

She's in the first year of her doctorate program, and when she completes that, she'll return to medical school to finish her last two years.

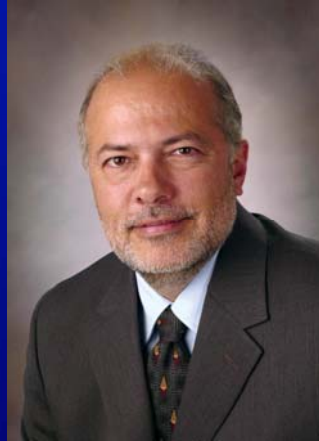
"It's a long time, there's no getting around it," said Infante, a 1978 graduate of the M.D.-Ph.D. program at the University of Indiana.

Fortunately, she enjoys what she does.

adker@express-news.net

Typically medical school takes four years and a doctorate takes about five years

Appointed



Pedro Delgado

Assistant Dean for Faculty
Development and
Professionalism

Chair of Psychiatry

Recruitment

21% increase in medical faculty



David Jimenez, M.D.



Constance Barone, M.D.



Thelma Hurd, M.D.

CCRI new recruits



Alex Bishop, D. Phil.



Charles Keller, M.D.



Don McEwen, Ph.D.



Luiz Penalva, Ph.D.



Yuzuru Shiiio, M.D., Ph.D.



Raymond Stallings, Ph.D.

Arlan Richardson, Ph.D.



12-month Nursing Contracts

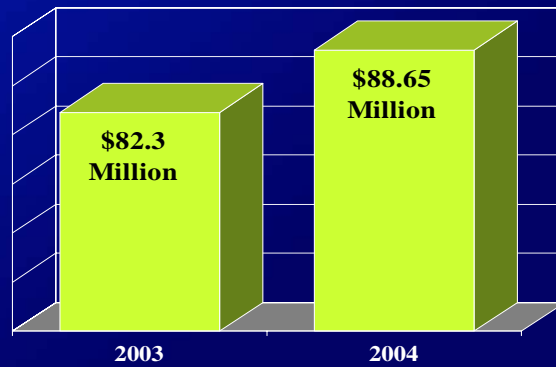


Priority #2
**Expansion of Success in
Research Activities**

Increase NIH Funding

NIH Awards

Growth from 2003 to 2004:
7.7%



Appointed



Brian Herman, PhD
Vice President for Research

Sam and Ann Barshop Institute for Longevity and Aging Studies

Dedicated May 2, 2005



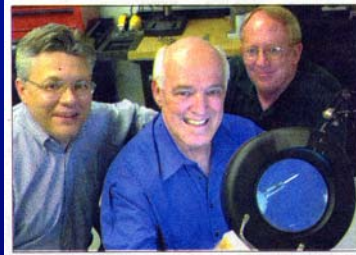
\$ 25.7 M in aging research
funding (includes
\$11.7 M in NIA
funding)

**RAHC Medical Research Division
at Edinburg**



Accelerate Tech Transfer

VidaPort



EXRESS-NEWS FILE PHOTO
 VidaCare's Eric Esbrenner (from left), founder Larry Miller and Jim Thorsen show off the EZ-IO, a breakthrough medical device.

Last year's picks going forth and prospering

They report growth, new markets and even a makeover.

By L.A. LOREK
 EXPRESS-NEWS BUSINESS WRITER

The four-to-watch biotechnology companies from last year continue to grow and expand into new markets.

VidaCare and OsteoBiologics are both growing dramatically; each rolled out new products last year.

Incell Corp. had a transitional year in which it quit being a research and development

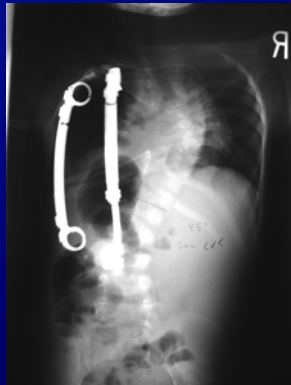
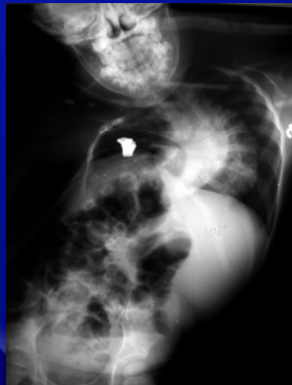
but it expects sales of \$1.5 million this year, which was its target for 2004, Miller said.

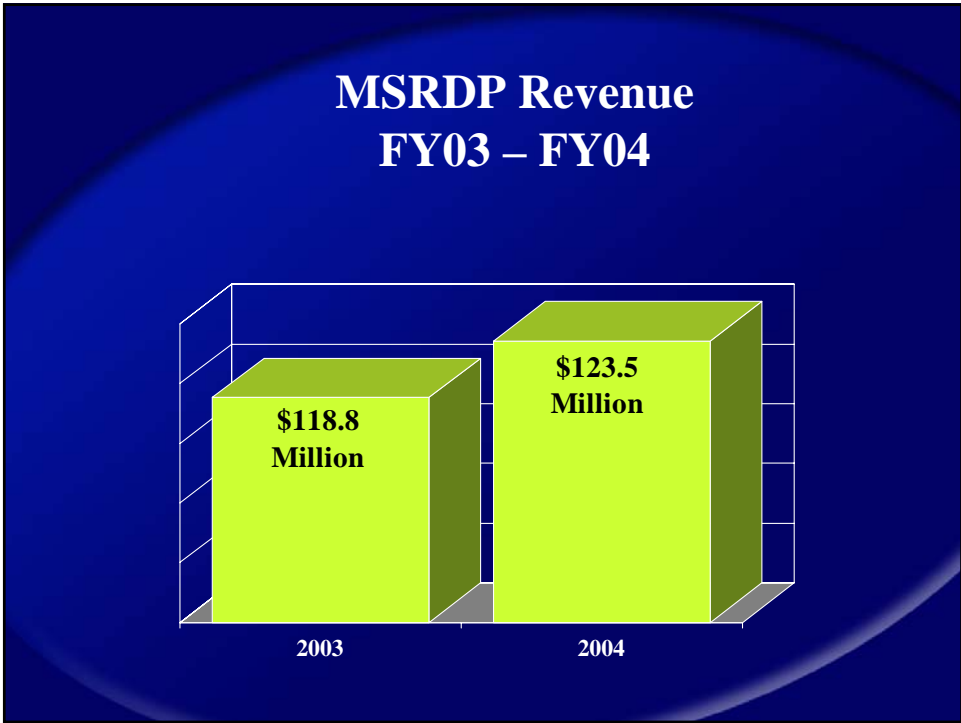
In the past year, OsteoBiologics introduced a new concept to the orthopedic market and began selling its products. The company added seven employees and now has a staff of 36.

OsteoBiologics also received several additional FDA clearances, as well as Canadian and European clearances for its bone and cartilage repair products, said Fred Dinger, the company's CEO.

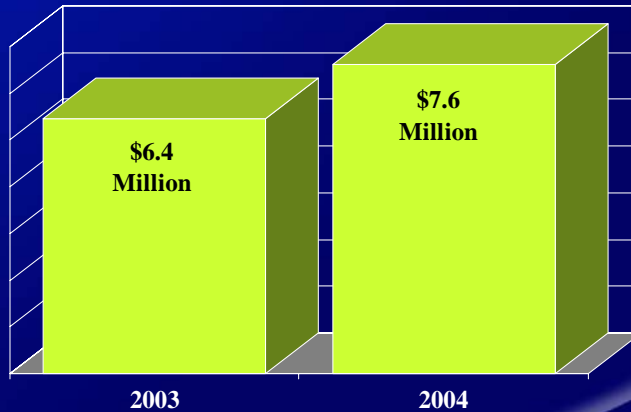
The company's PolyGraft Bone Graft Substitute product has been on the market just over a year and more than 4,000 medical procedures have been

The Titanium Rib

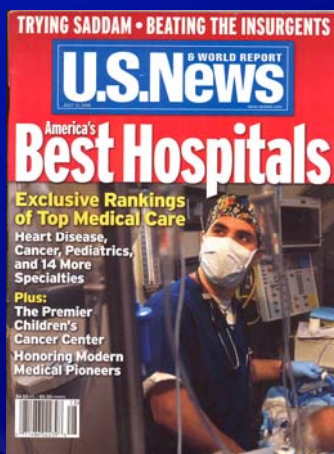




DSRDP Revenue FY03 – FY04



U.S. News and World Report America's Best Hospitals



UTHSCSA faculty earned
Top 50 honors in five specialties:

- Endocrinology (including diabetes care)
- Heart and heart surgery
- Kidney disease
- Orthopedics
- Respiratory Disorders

Salinas Clinic



Santa Rosa Children's Academic Hospital

Relations with partners – never been better

Academic children's hospital set for San Antonio

CHRISTUS Santa Rosa, Health Science Center creating comprehensive care setting

Don A. Becker, President/CEO, CHRISTUS Santa Rosa Health Care, and Francisco G. Cigarra, M.D., President of The University of Texas Health Science Center at San Antonio, announced the signing of a formal affiliation agreement to begin the first-ever comprehensive academic children's hospital in San Antonio.

"Today marks a great day for the health care of the children in this region," Becker said. "Our shared goal is to ensure that every child has access to comprehensive health services, the finest physicians and the latest, most advanced therapies developed through medical research. This has been a vision of CHRISTUS's Santa Rosa Children's Hospital for some time now, and this action makes it a reality."

"The children are the winners," said Cigarra. "As a pediatric and transplant surgeon, I have clearly seen the need to offer a full range of premier pediatric services at one site. Physicians from our department of pediatrics, in conjunction with the private sector pediatricians and pediatric sub-specialists, are committed to providing the care and the medical research that will make this academic children's hospital recognized locally, nationally and internationally."

"We are excited about the enhanced affiliation of our enhanced affiliation agreement with CHRISTUS Santa Rosa Health Care in our joint commitment to continuing to work with the University Health System in the development of this academic children's hospital."



Since the inception of the medical school, physicians from the department of pediatrics and pediatric medical and surgical sub-specialists at the Health Science Center have provided care and resident teaching at CHRISTUS Santa Rosa Children's Hospital. A full array of pediatric services will be established at CHRISTUS Santa Rosa Children's Hospital to expand the care currently available, which includes the 24 pediatric specialty clinics at the David Christopher Gobbury Center for Children and Families.

"To complement our existing high level of pediatric care, we will now have even greater access to medical research affecting children, clinical trials, and education. Our private sector physicians will also enjoy these same advantages," Becker added. "We will continue looking for ways to involve private sector and academic physicians, as well as the hospitals in this area, as we build the best possible model for the children of this region."

Academic children's hospital set for San Antonio

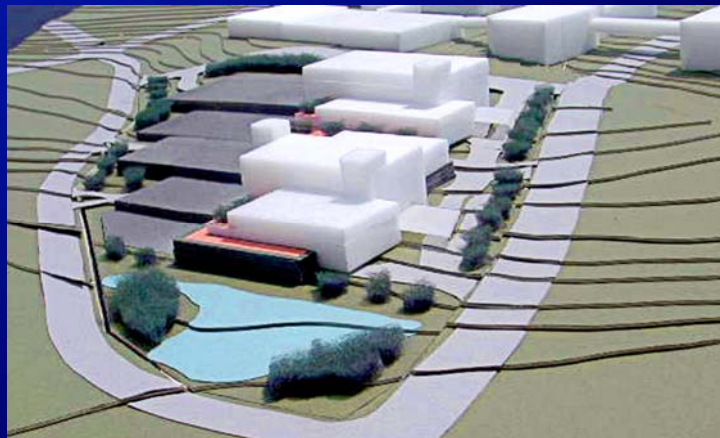
Cigarra also mentioned the advantage of being part of an academic children's hospital in recruiting the nation's finest physician-scientists who focus on children's health issues. "This expanded partnership will make San Antonio an even more attractive place for the very finest physicians and healthcare providers," Cigarra added. "The establishment of this academic children's hospital now sets the stage to provide comprehensive pediatric programs at this distinguished hospital. The Health Science Center will also continue our commitment to provide outstanding care for any child admitted at University Hospital, with whom we have a long-standing, strong and valued relationship."

Physicians and administrators from both organizations, academic children's hospital and the University Health System, are the

See Academic children's hospital, page 5-A

**Develop the Medical Arts and
Research Center (MARC)**

**Architect selected
& Planning underway**





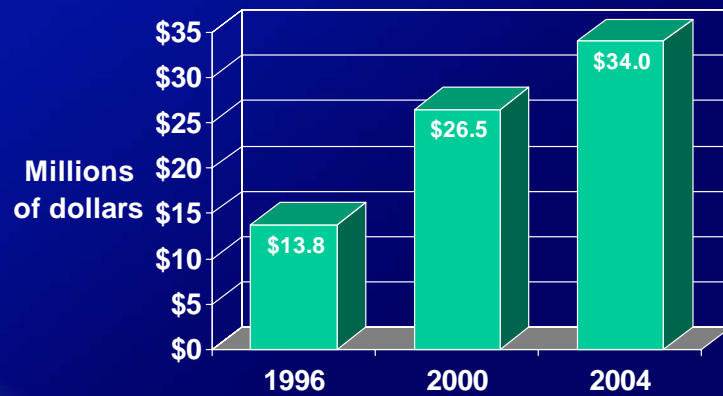
Priority #4
**Organizational Effectiveness and
Productivity**

Information Technology

- PeopleSoft
- Institutional Review Board
- HIPAA compliant
- Social security numbers

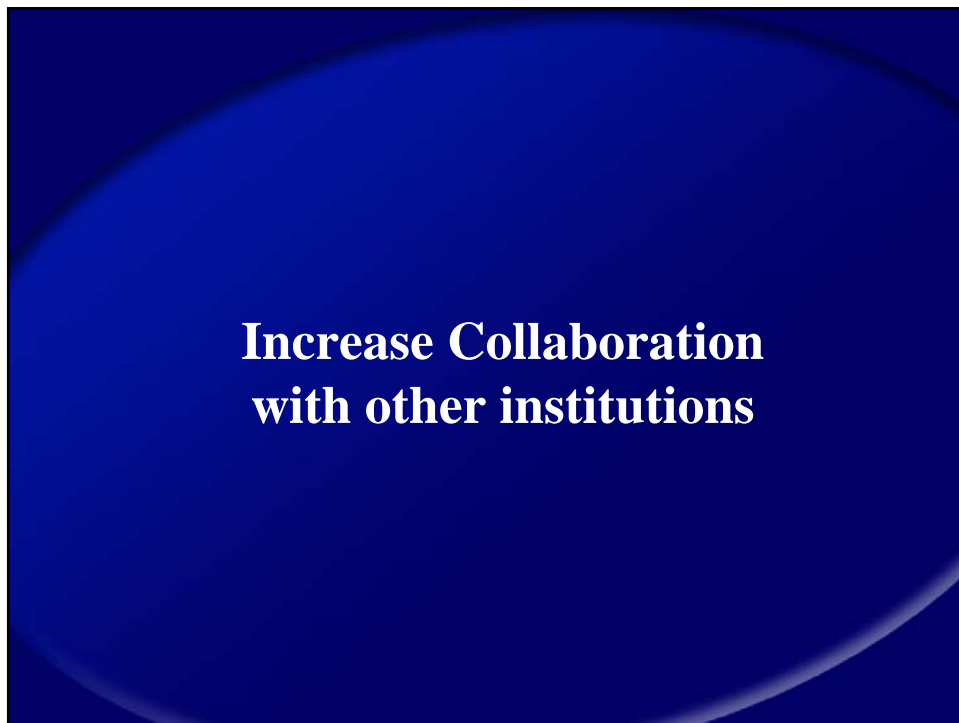
Increase Fundraising

UTHSCSA Fundraising Success





Priority #5
Community and Institutional
Relations



Increase Collaboration
with other institutions

San Antonio Life Sciences Institute (SALSI)



- Noninvasive Tissue-Based Biosensors
- Development of Assisted Reproduction, Transgenesis & Stem Cell Technologies
- Center for Health and Health Care Disparities Infrastructure Core

Texas A&M International University (TAMIU) agreement

- School of Medicine
- Dental School





Progress in Laredo Campus

- Respiratory therapy
- MedEd
- PA
- Dental



Regional Academic Health Center (RAHC) Medical Education Division



Graduated 2nd class of medical
students trained at RAHC



Graduated 2nd class of RAHC residents



2004 National Award for
Museum and Library Services





**The University of Texas
Health Science Center
at San Antonio:**

*Proudly providing a
healthier tomorrow*