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Committee Meeting: 8/11-12/2010

Board Meeting: 8/12/2010
Austin, Texas

Janiece Longoria, Chairman
James D. Dannenbaum
Wm. Eugene Powell
Robert L. Stillwell

Wednesday, August 11, 2010

	Committee Meeting		Board Meeting	
A. CONVENE SPECIAL MEETING OF THE HEALTH AFFAIRS COMMITTEE	<i>1:30 p.m.</i> <i>Chairman</i> <i>Longoria</i>			
U. T. System: Panel discussion with U. T. System health institution presidents on the impact of recently enacted health care legislation on the provision of health care, and on the administration of Medicaid in Texas	Discussion <i>Chairman</i> <i>Longoria</i> <i>Dr. Shine</i>		279	
B. ADJOURN SPECIAL MEETING	<i>2:45 p.m.</i> <i>Chairman</i> <i>Longoria</i>			

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Thursday, August 12, 2010

C. CONVENE MEETING OF THE HEALTH AFFAIRS COMMITTEE	<i>9:30 a.m.</i> <i>Chairman</i> <i>Longoria</i>			
1. U. T. Health Science Center – Houston: Honoric naming of the Department of Neurosurgery as the Vivian L. Smith Department of Neurosurgery	<i>9:30 a.m.</i> Action <i>President</i> <i>Kaiser</i> <i>Dr. Safady</i>	Action	291	
2. U. T. Medical Branch – Galveston: Approval of new logo and brand identity	<i>9:35 a.m.</i> Action <i>President</i> <i>Callender</i>	Action	292	

Thursday, August 12, 2010 (continued)

	Committee Meeting	Board Meeting	Page
3. U. T. System: Approval to set The University of Texas System Professional Medical Liability Benefit Plan premium rates for Fiscal Year 2011, distribute a portion of Plan premium returns, and amend the Plan	9:40 a.m. Action <i>Mr. Burgdorf</i>	Action	292
4. U. T. M. D. Anderson Cancer Center: Authorization for the institution to join the Worldwide Innovative Network (WIN) Association	9:45 a.m. Action <i>Mr. Burgdorf</i> <i>Dr. Shine</i>	Action	299
5. U. T. M. D. Anderson Cancer Center: Presentation of strategic vision plan for 2010-2015	9:50 a.m. Report <i>President Mendelsohn</i>	Not on Agenda	300
6. U. T. System: Discussion of the State of Texas' 2010 Health-Related Institutions Formula Advisory Committee's report to the Commissioner of Higher Education	10:00 a.m. Report <i>Dr. Shine</i> <i>Mr. Kevin Dillon, U. T. Health Science Center – Houston</i>	Not on Agenda	323
7. U. T. System: Quarterly report on health matters, including Cancer Prevention and Research Institute of Texas funding and health care working group activities	10:15 a.m. Report <i>Dr. Shine</i>	Not on Agenda	332
D. ADJOURN MEETING OF THE HEALTH AFFAIRS COMMITTEE	10:30 a.m.		

Wednesday, August 11, 2010

SPECIAL MEETING OF THE HEALTH AFFAIRS COMMITTEE

U. T. System: Panel discussion with U. T. System health institution presidents on the impact of recently enacted health care legislation on the provision of health care, and on the administration of Medicaid in Texas

DISCUSSION

Committee Chairman Longoria will moderate a panel discussion with Executive Vice Chancellor Shine and the six U. T. System health institution presidents with regard to the impact of the federal health care reform act on U. T. System institutions and the State of Texas. The materials on Pages 281 - 290 are provided as background for the discussion.

BACKGROUND INFORMATION

The recently passed federal health care legislation poses major challenges to the State of Texas and to the U. T. System, especially its health institutions. What are these challenges and how can the U. T. System facilitate solutions for itself and the broader Texas community?

An overarching goal of the legislation is to provide health insurance coverage for those who do not have it. Undocumented individuals are not and will not be eligible for such coverage; yet, since 1986, all persons who come to an emergency room with an emergency medical condition must be treated acutely regardless of their legal status or ability to pay.

The new legislation requires U.S. citizens and legal residents to have health insurance. Premium credits and cost-sharing subsidies will be available for those who qualify, and insurance exchanges may help people acquire affordable coverage. Employers with 50 or more employees will be required to offer affordable health insurance to their employees. However, the fines for individuals and employers who fail to meet these requirements may not be sufficient to compel compliance. Beginning in 2014, U.S. citizens and legal residents who are childless adults and parents living at or near the poverty level will become eligible for Medicaid in Texas.

Texas may add up to two million people to the current Medicaid rolls. Projections indicate that the proportion of uninsured persons in Texas will decline from the current 25% to the range of 8-12%; Health and Human Services Commissioner Suehs suggests 9%. While government funding for health insurance coverage will increase

under the new legislation, Disproportionate Share Hospital (DSH) payments and other supplemental funding for uninsured populations will be cut under both Medicare and Medicaid beginning in 2014.

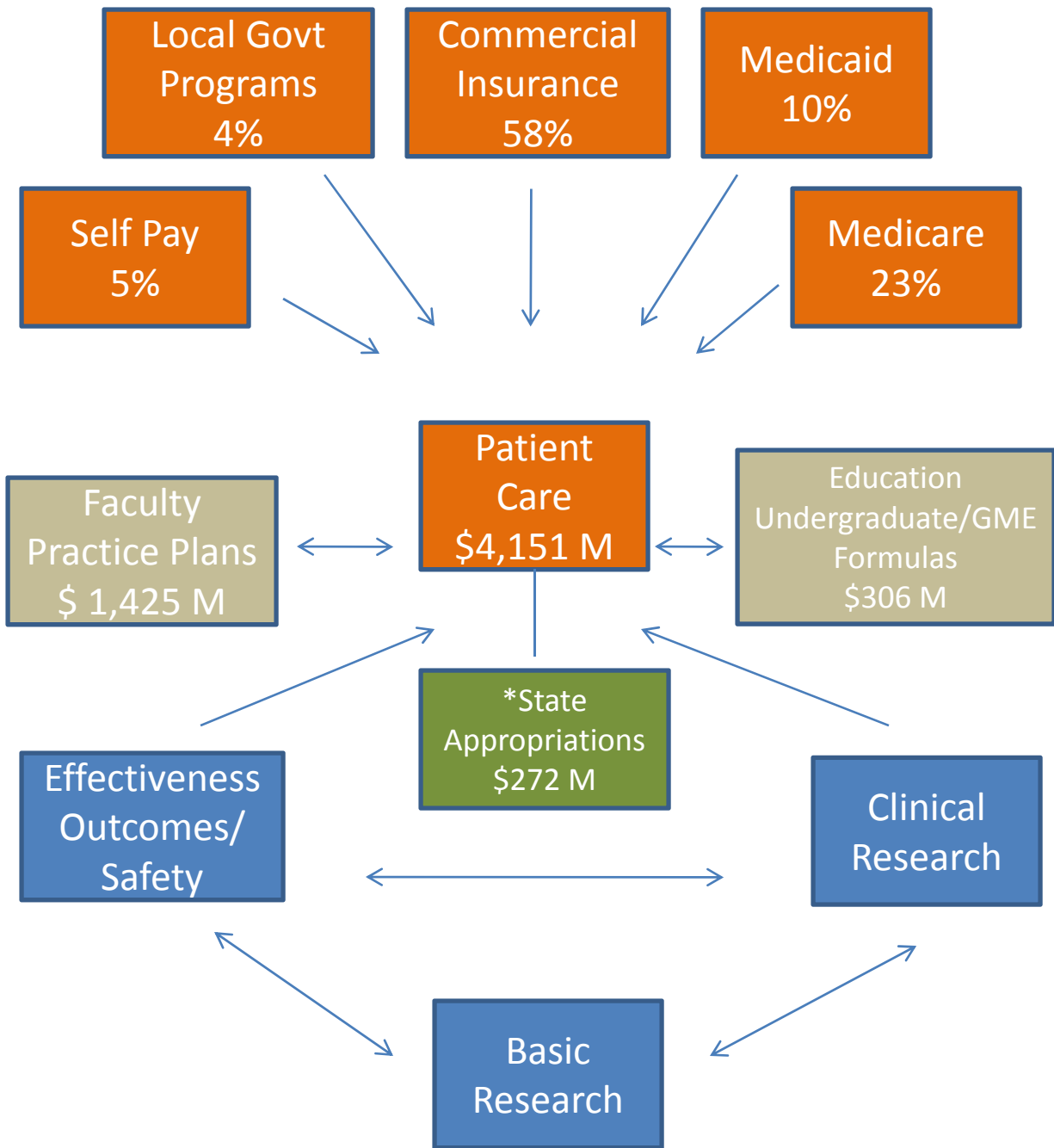
At U. T. System, institutions are striving to address some very big questions. Who will provide care for the newly covered patients? Texas is already short of doctors, nurses, and other health professionals. Massachusetts, for example, demonstrated that demand for care escalates with increased health insurance coverage. Experience suggests that newly insured individuals may feel entitled to care in the emergency room if other opportunities to receive care are not available. How do we cope with this increased pressure? Which types of providers are most needed? How should we educate them quickly and effectively? Where should they be deployed?

Increased coverage means increased costs, which ultimately will add pressures on the State budget and threaten support of higher education, research, and other important State priorities. Will electronic health records and information technology improve access and costs? Will new delivery models such as health homes and accountable care organizations increase access, provide continuity of care, and control costs? Will new reimbursement models such as bundled payments for episodes of care and chronic disease management control costs and improve quality? What kind of new partnerships are possible?

The U. T. System health institutions are committed to finding innovative solutions across a broad spectrum to reach the goal of cost-effective, evidence-based, high-quality health care.

UT HEALTH-RELATED INSTITUTIONS

Clinical Enterprise

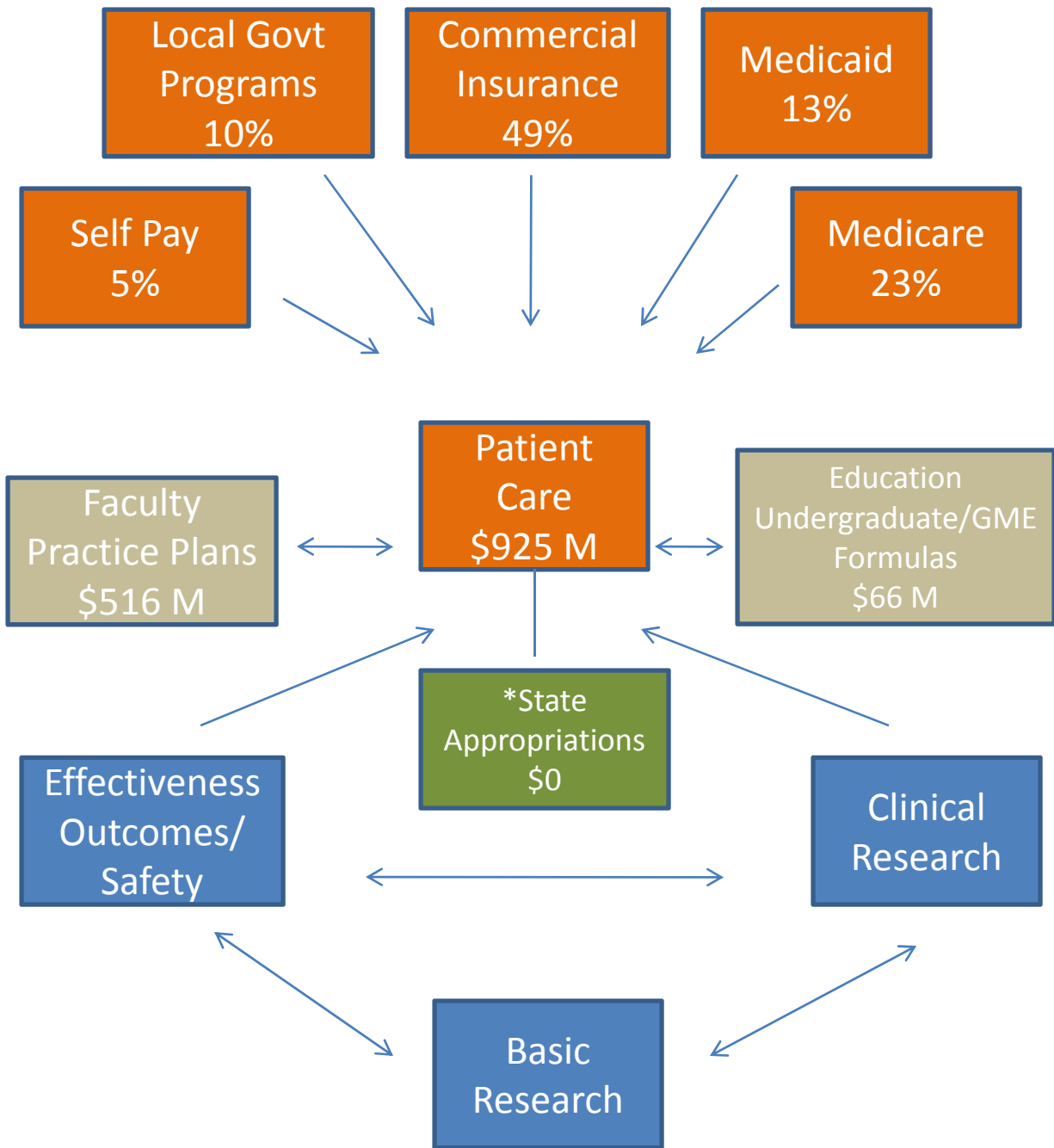


*Direct Hospital Support (UTMB, MDACC, HSCT); Patient Based Formula Funding (HSCT, MDACC) ; Indigent Care Fund (UTMB)
 TDCJ Correctional Managed Health Care revenue of \$364 M is not included above.

FY 2009 Financial Data
 FY 2007 Patient Mix Data

August 2010 Health Affairs

UT Southwestern Clinical Enterprise

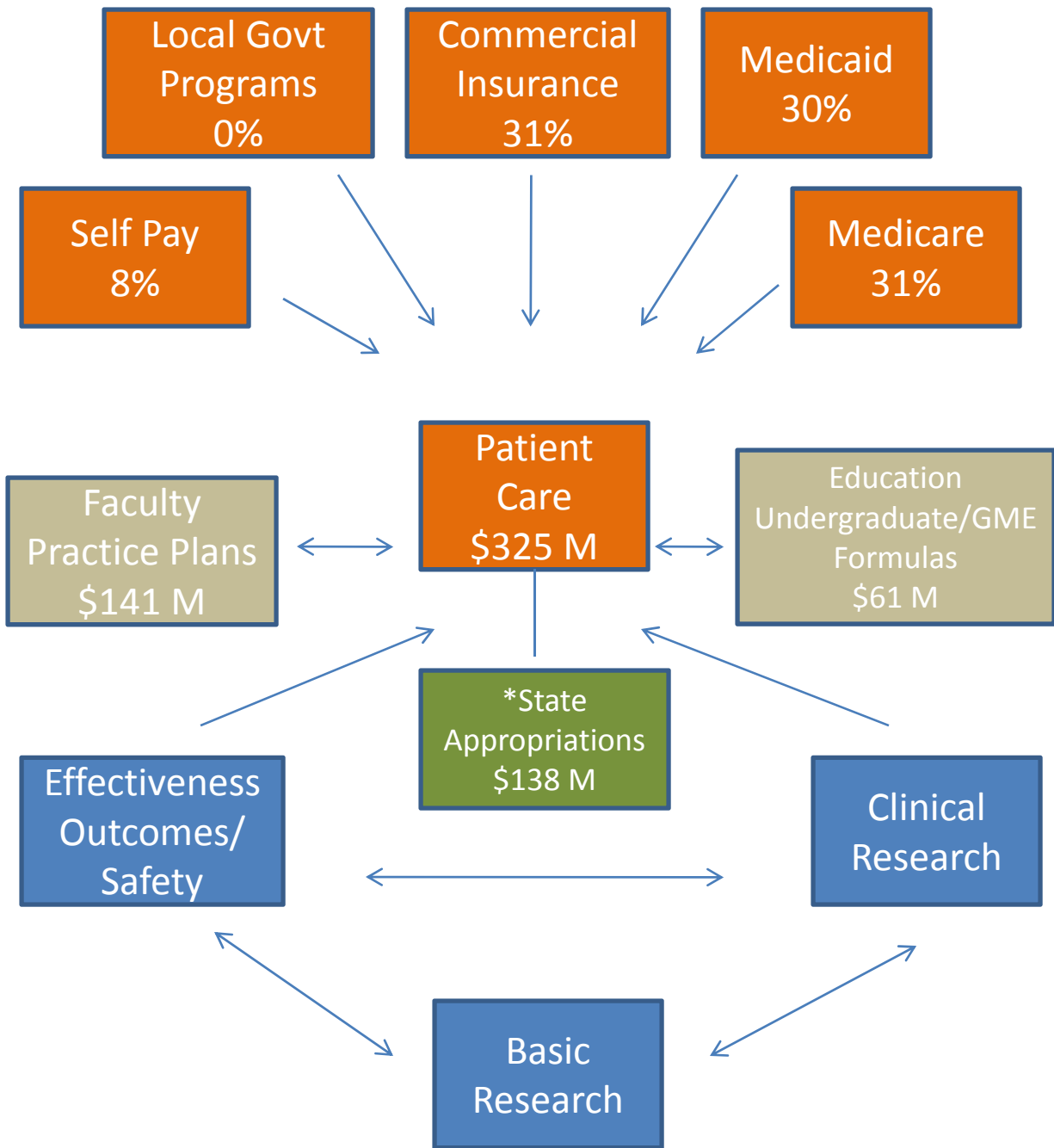


*Direct Hospital Support (UTMB, MDACC, HSCT); Patient Based Formula Funding (HSCT, MDACC) ; Indigent Care Fund (UTMB)

FY 2009 Financial Data
FY 2007 Patient Mix Data

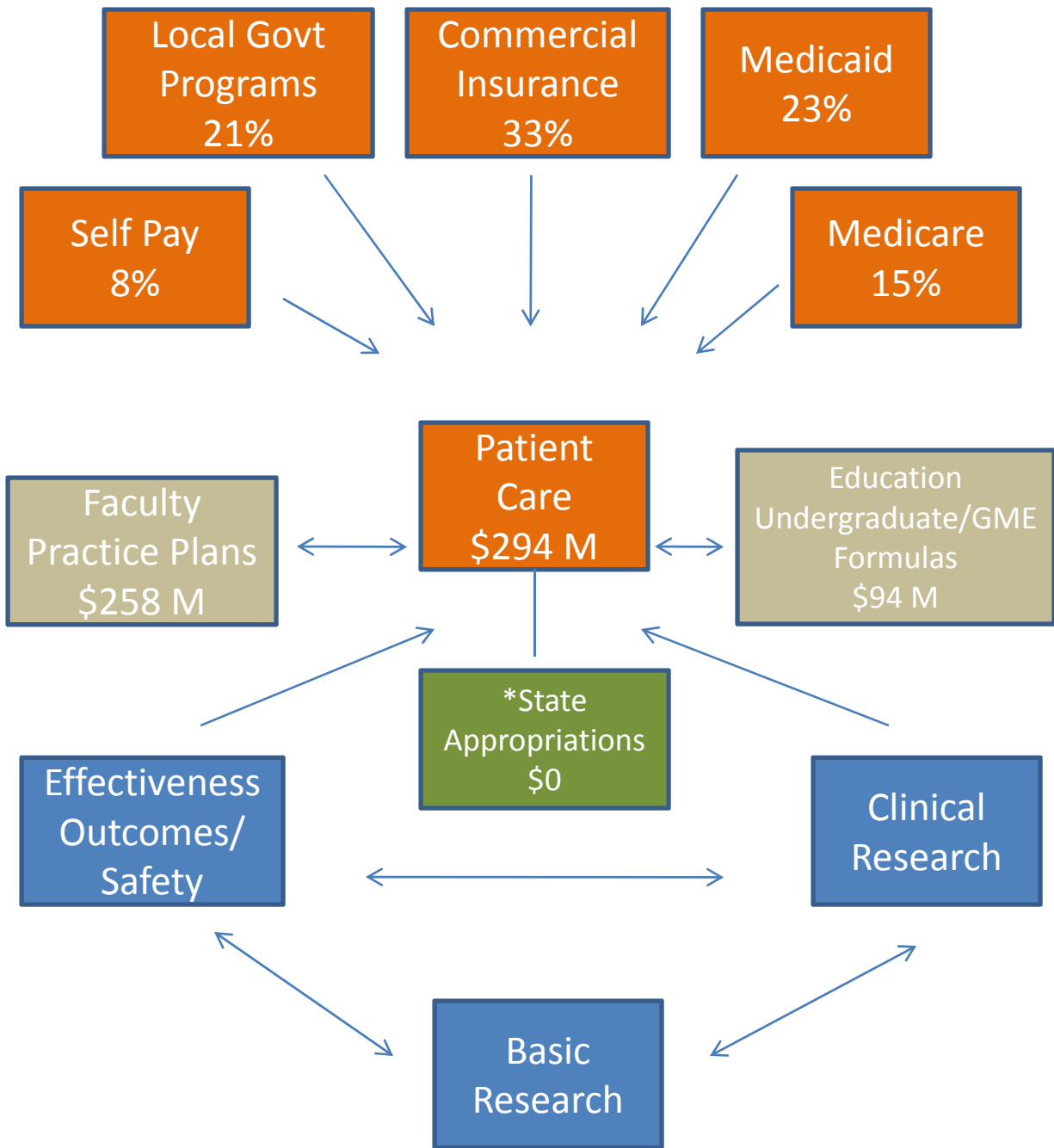
August 2010 Health Affairs

UT Medical Branch at Galveston Clinical Enterprise



*Direct Hospital Support (UTMB, MDACC, HSCT); Patient Based Formula Funding (HSCT, MDACC) ; Indigent Care Fund (UTMB)
TDCJ Correctional Managed Health Care revenue of \$364 M is not included above.

UT HSC Houston Clinical Enterprise

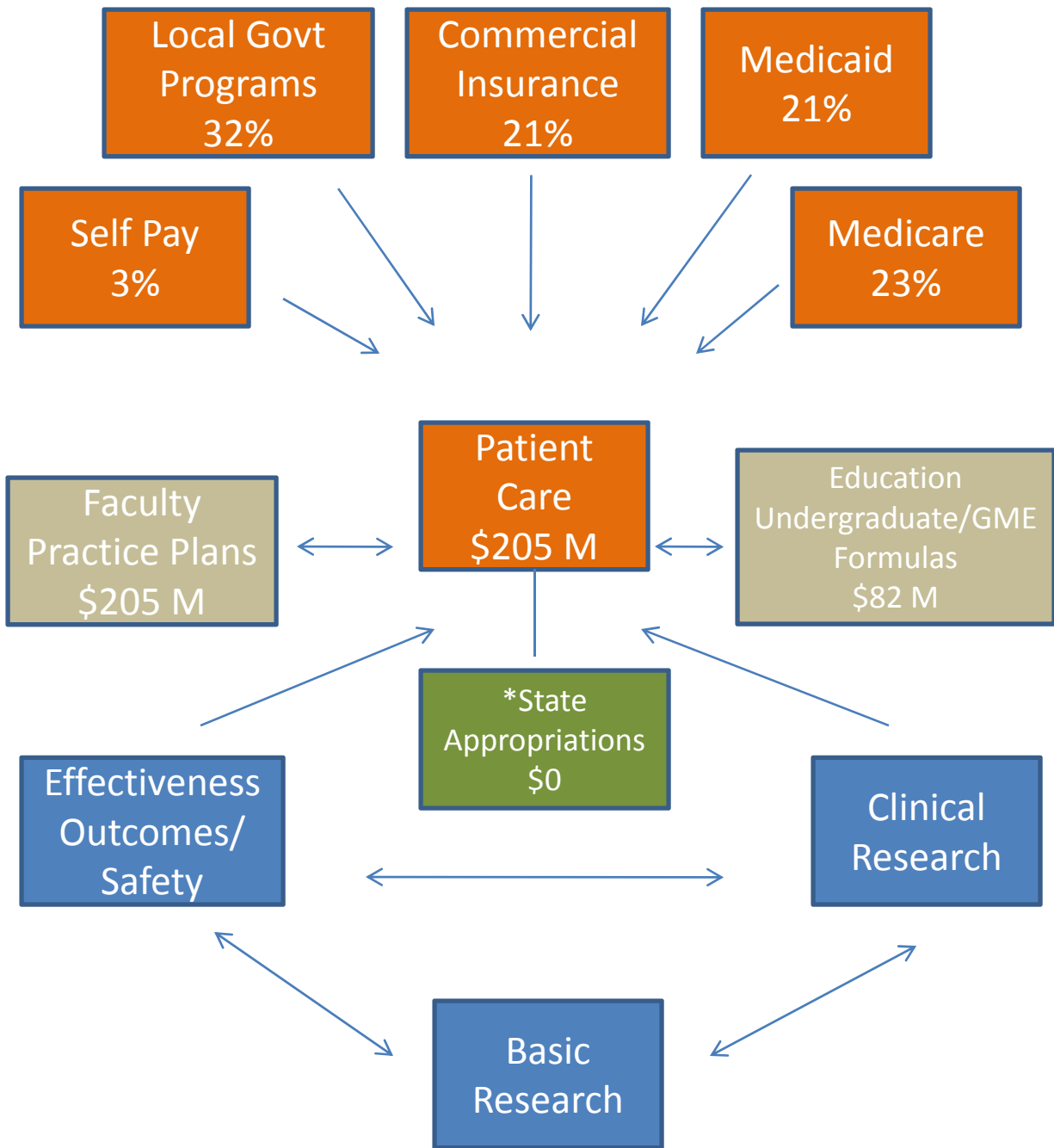


*Direct Hospital Support (UTMB, MDACC, HSCT); Patient Based Formula Funding (HSCT, MDACC) ; Indigent Care Fund (UTMB)

FY 2009 Financial Data
FY 2007 Patient Mix Data

August 2010 Health Affairs

UT HSC San Antonio Clinical Enterprise

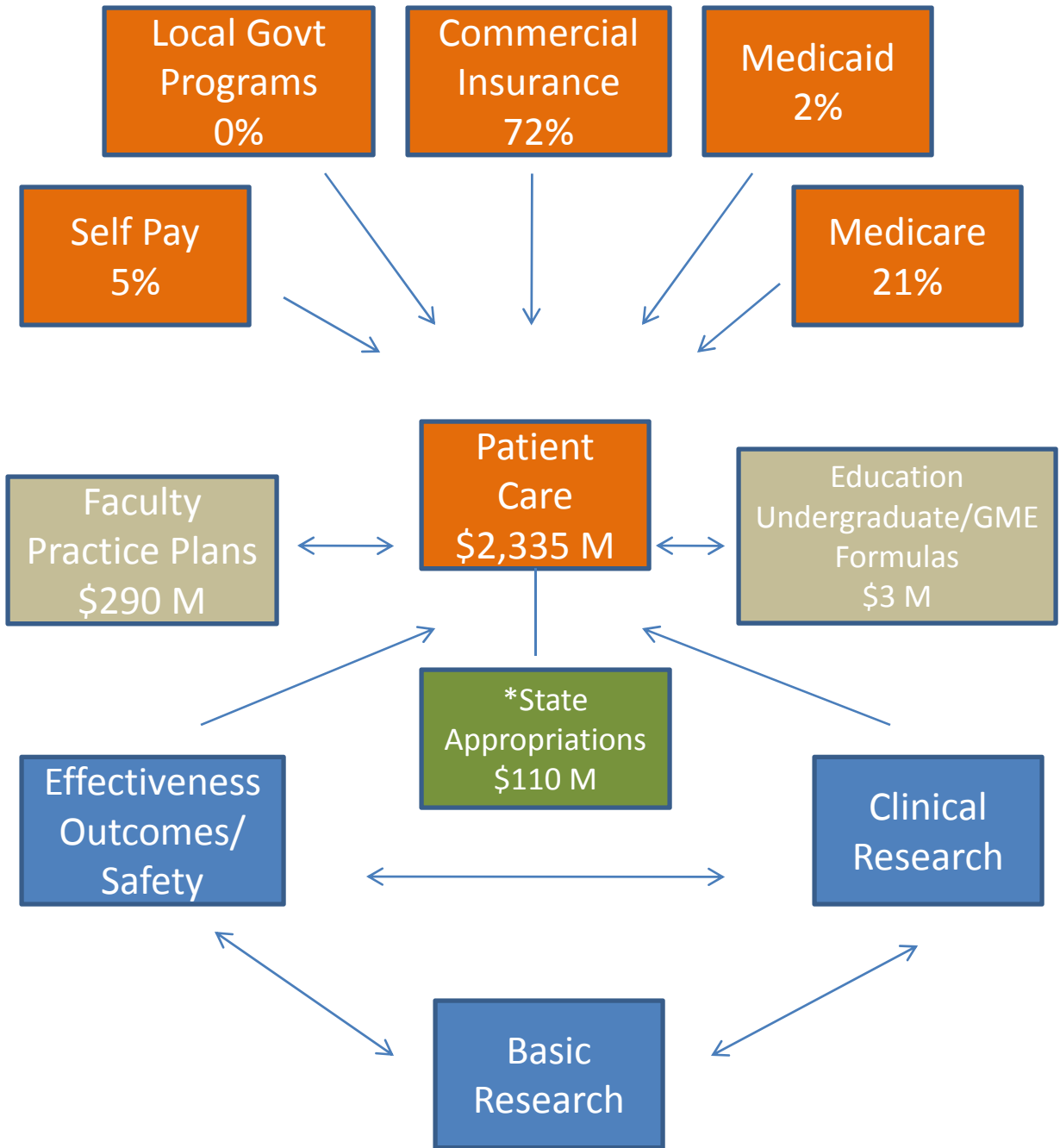


*Direct Hospital Support (UTMB, MDACC, HSCT); Patient Based Formula Funding (HSCT, MDACC) ; Indigent Care Fund (UTMB)

FY 2009 Financial Data
FY 2007 Patient Mix Data

August 2010 Health Affairs

UT MD Anderson Clinical Enterprise

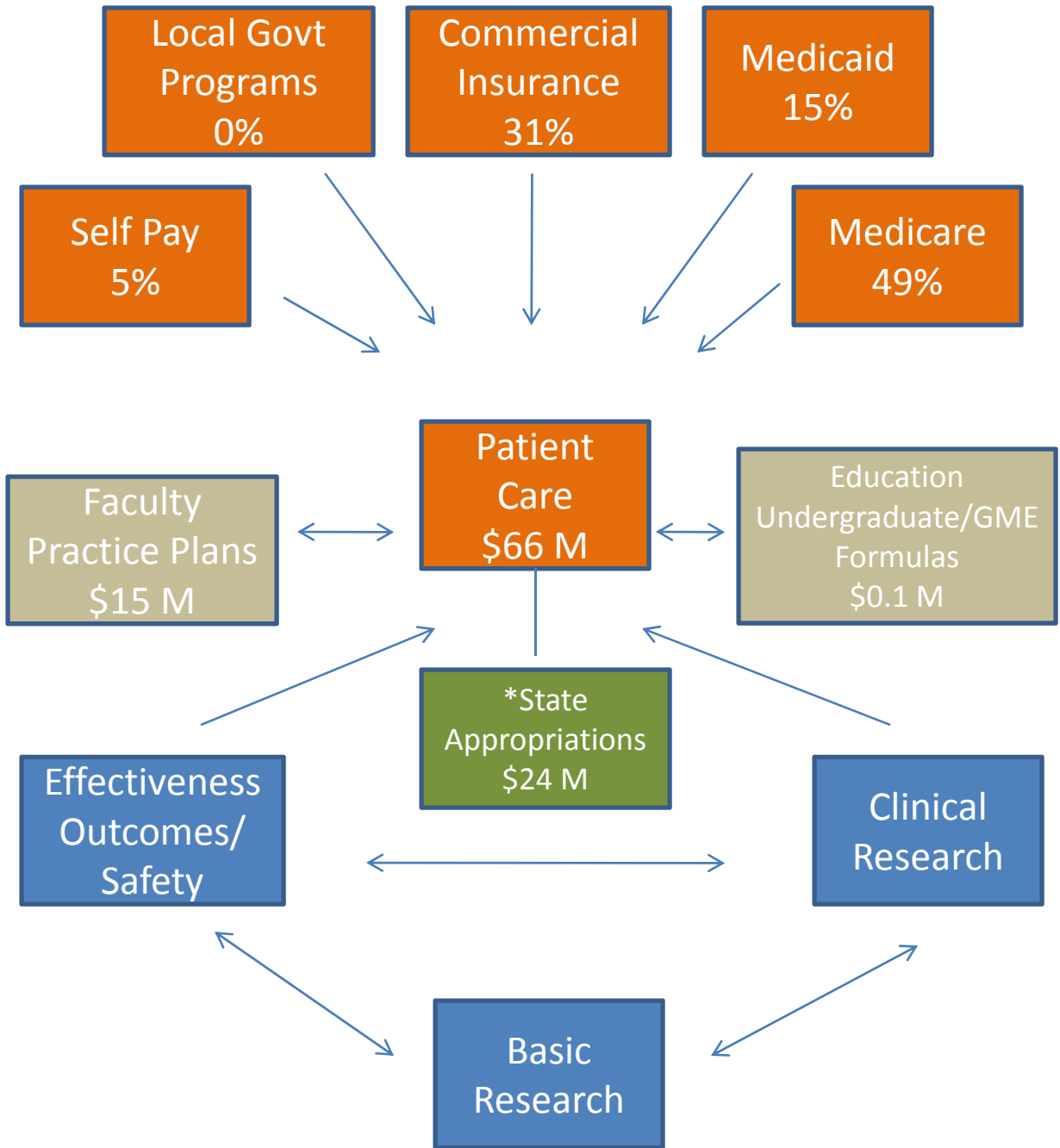


*Direct Hospital Support (UTMB, MDACC, HSCT); Patient Based Formula Funding (HSCT, MDACC) ; Indigent Care Fund (UTMB)

FY 2009 Financial Data
FY 2007 Patient Mix Data

August 2010 Health Affairs

UT HSC Tyler Clinical Enterprise



*Direct Hospital Support (UTMB, MDACC, HSCT); Patient Based Formula Funding (HSCT, MDACC) ; Indigent Care Fund (UTMB)

FY 2009 Financial Data
FY 2007 Patient Mix Data

August 2010 Health Affairs

UT HEALTH-RELATED INSTITUTIONS

Clinical Enterprise

Notes

Patient Care includes UT hospital and practice plan net patient revenue, patient care revenue paid to practice plans by county/affiliate hospitals, physician UPL for FY 2009 services, mental health community hospital revenue.

The revenue mix per category is based on the patient's primary payer and includes an apportionment of county/affiliate hospital general patient care revenue where applicable.

Local government programs reflect contractual relationships between UT Southwestern and Dallas County's Parkland Health & Hospital System, UTHSC Houston and Harris County Hospital District, and UTHSC San Antonio and Bexar County's University Health System for care by UT physicians at hospital district facilities for patients who have no other primary payer and qualify for the programs. For UTHSC Houston, local government programs also include revenue at the Harris County Psychiatric Center for those patients whose care is primarily funded by local and state funds for mental health community hospitals.

Self Pay includes revenues where the patient or the patient's family is the primary payer for care. This includes patients who are uninsured, underinsured, or receiving noncovered, elective treatment as well as international patients.

The amount in the box titled "Education Undergraduate/GME Formulas" is FY 2009 state general revenue from the Instruction & Operations (I&O) formula and the GME formula.

University of Texas System Health Institution Profiles

Texas' rate of uninsured is 25%. The UT System provides a wide array of health care services to Texas' uninsured. In FY 2008, UT System health institutions' faculty and hospitals provided an estimated \$580 million in uncompensated costs of care for the uninsured and underinsured. This estimate is determined after recognizing financial support from patients and federal, state, and local government programs.

UT Southwestern:

The University of Texas Southwestern Medical Center at Dallas integrates pioneering biomedical research with exceptional clinical care and education. Its faculty has many distinguished members, including four Nobel laureates, three of whom are active faculty members. Numbering more than 2,200, the faculty is responsible for groundbreaking medical advances and is committed to translating science-driven research quickly to new clinical treatments. UT Southwestern physicians provide medical care in 40 specialties to nearly 97,000 hospitalized patients and oversee 1.8 million outpatient visits a year. Physicians care for patients in the Dallas-based UT Southwestern Medical Center; in Parkland Health & Hospital System, which is staffed primarily by UT Southwestern physicians; and in its affiliated hospitals, Children's Medical Center Dallas and the VA North Texas Health Care System. Three degree-granting institutions – UT Southwestern Medical School, UT Southwestern Graduate School of Biomedical Sciences and UT Southwestern School of Health Professions – train nearly 4,400 students, residents, and fellows each year. UT Southwestern researchers undertake more than 3,500 research projects annually, totaling more than \$400 million in research expenditures each year.

UT Medical Branch at Galveston:

Established in 1891 as the University of Texas Medical Department, The University of Texas Medical Branch at Galveston has grown from one building, 23 students, and 13 faculty members to a modern health science center with more than 70 major buildings, more than 2,500 students, and more than 1,000 faculty. The 84-acre campus includes four schools, three institutes for advanced study, a major medical library, a network of hospitals and clinics that provide a full range of primary and specialized medical care, an affiliated Shriners Burns Hospital, and numerous research facilities. UTMB is an institution of The University of Texas System.

UT Health Science Center at Houston:

The University of Texas Health Science Center at Houston (UTHealth) is located in the world renowned Texas Medical Center. UTHealth brings together the Dental Branch, the Graduate School of Biomedical Sciences, the Medical School, the School of Public Health, the School of Nursing, the School of Biomedical Informatics, the UT Harris County Psychiatric Center, and the Brown Foundation Institute of Molecular Medicine for the Prevention of Human Diseases. UTHealth pursues its mission through a comprehensive approach to health.

UT Health Science Center at San Antonio:

The University of Texas Health Science Center at San Antonio ranks in the top 2% of all U.S. institutions receiving federal funding. More than 23,000 graduates (physicians, dentists, nurses, scientists, and other health professionals) serve in their fields, including many in Texas. Health Science Center faculty are international leaders in cancer, cardiovascular disease, diabetes, aging, stroke prevention, kidney disease, orthopaedics, research imaging, transplant surgery, psychiatry and clinical neurosciences, pain management, genetics, nursing, dentistry, and many other fields. Research and other sponsored program activity totaled a record \$259 million in Fiscal Year 2009. The University's schools of medicine, nursing, dentistry, health professions, and graduate biomedical sciences have produced 27,000 graduates. The \$753 million operating budget supports six campuses in San Antonio, Laredo, Harlingen and Edinburg.

UT MD Anderson Cancer Center (Houston):

Since 1944, about 800,000 patients from around the world have turned to The University of Texas M. D. Anderson Cancer Center for cancer care. UT MD Anderson Cancer Center is one of the world's most highly regarded academic institutions devoted to cancer patient care, research, education, and prevention. In 2009, U.S. News & World Report ranked UT MD Anderson as the nation's top hospital for cancer care. UT MD Anderson has achieved the top ranking six times in the past eight years and has ranked as one of the top two hospitals for cancer care since the magazine began its survey in 1990.

UT Health Science Center at Tyler:

For 60 years, The University of Texas Health Science Center at Tyler has provided excellent patient care and cutting-edge treatment, specializing in pulmonary disease, cancer, heart disease, primary care, and the disciplines that support them. UTHSCT's annual operating budget of \$125 million represents a major economic impact of over \$287 million to the Northeast Texas region. In FY 2009, scientists in the Center for Biomedical Research were awarded 80 competitive grants and contracts totaling \$14.6 million. As the academic medical center for Northeast Texas, its graduate medical education program – with residencies in family medicine and occupational medicine – provide doctors for many communities throughout the region and beyond.

Thursday, August 12, 2010

1. **U. T. Health Science Center – Houston: Honorific naming of the Department of Neurosurgery as the Vivian L. Smith Department of Neurosurgery**

RECOMMENDATION

The Chancellor concurs in the recommendation of the Executive Vice Chancellor for Health Affairs, the Vice Chancellor for External Relations, and President Kaiser that the U. T. System Board of Regents approve the honorific naming of the Department of Neurosurgery at U. T. Health Science Center – Houston as the Vivian L. Smith Department of Neurosurgery to recognize the significant contributions and commitment of the Vivian L. Smith Foundation to neurologic research.

BACKGROUND INFORMATION

The Vivian L. Smith Center for Neurologic Research (Smith Center) was established in the U. T. Health Science Center – Houston Department of Neurosurgery in 1996 to continue the vision of philanthropist, civic leader, and businesswoman Mrs. Vivian L. Smith. Mrs. Smith, widow of Houston oilman and investor R. E. "Bob" Smith, who died in 1973, was a partner with her husband in a variety of business enterprises, including oil and gas exploration, ranching, and land investing and development during his lifetime, and she continued to be active in business and charitable affairs until her death in 1989. The Vivian L. Smith Foundation has contributed over \$7.3 million to the Department of Neurosurgery and is committed to continuing its support to advance science and develop therapies to enhance the quality of life for those afflicted with neurologic illnesses.

Under the decade-long leadership of the founding Director, Dr. Guy L. Clifton, the Smith Center achieved international acclaim for cutting-edge research in traumatic brain injury and has been a world leader in testing new treatments in human patients. Using initial funding from the Smith Foundation, scientists in the Smith Center have obtained a total of more than \$26 million in research grants that have resulted in new diagnostic and patient treatment procedures and scientific advances. In 2008, Dong H. Kim, M.D., was named Director of the Smith Center and has continued recruitment of outstanding internationally recognized scientists. Naming of the Department would honor the tremendous support the Vivian L. Smith Foundation has made to the Department of Neurosurgery. The Vivian L. Smith name will continue to be used on the Center for Neurologic Research.

The proposed naming is consistent with the Regents' *Rules and Regulations*, Rule 80307, relating to the honorific naming of programs.

2. **U. T. Medical Branch – Galveston: Approval of new logo and brand identity**

RECOMMENDATION

The Chancellor concurs in the recommendation of the Executive Vice Chancellor for Health Affairs, the Vice Chancellor for External Relations, and President Callender that the U. T. System Board of Regents approve the new logo and brand identity for U. T. Medical Branch – Galveston, to be presented by President Callender at the meeting on August 12, 2010.

BACKGROUND INFORMATION

After extensive brand identity discussions and creative exercises with U. T. Medical Branch's internal and external communities, President Callender will present a contextual background to support a new logo and brand identity for U. T. Medical Branch – Galveston, one focused on the future of the University's contributions to improving health in Texas and beyond. The branding process was led by The Richards Group (creators of U. T. M. D. Anderson Cancer Center's new logo and brand identity approved by the Board of Regents on December 9, 2009).

3. **U. T. System: Approval to set The University of Texas System Professional Medical Liability Benefit Plan premium rates for Fiscal Year 2011, distribute a portion of Plan premium returns, and amend the Plan**

RECOMMENDATION

The Chancellor concurs in the recommendation of The University of Texas System Professional Medical Liability Benefit Plan (Plan) Management Committee, chaired by the Vice Chancellor and General Counsel and comprised of the Chair, the Executive Vice Chancellor for Health Affairs, and the Executive Vice Chancellor for Business Affairs, after consultation with KPMG LLP, actuary for the Plan, that

- a. the premium rates for faculty and residents for Fiscal Year 2011 be reduced by an average of 35% from the rates for Fiscal Year 2010;
- b. the premium rates for all other coverage options offered under the Plan for Fiscal Year 2011 remain unchanged from the rates for Fiscal Year 2010;
- c. \$20 million be distributed from the Plan reserves as follows for Fiscal Year 2011: \$16 million to participating U. T. System institutions based on the institution's loss ratio and \$4 million set aside for allocation by the Plan Management Committee for continued patient safety efforts; and

- d. the Plan be amended to make coverage available to eligible participants from any school within a health institution and permit participation in the Plan by faculty physicians and dentists with less than full-time appointments.

The proposed Plan amendment, set forth on Page 294, would permit physicians and dentists who are in schools other than the medical and dental schools (for example, the School of Public Health) to be eligible for Plan professional liability coverage. Additionally, the amendment below specifically permits physicians and dentists who are employed on less than a full-time basis to be eligible for coverage.

The proposed premium rates for faculty and residents for Fiscal Year 2011 are set forth in Exhibit 1 (Pages 295 - 297). The proposed distribution of \$20 million is set forth in Exhibit 2 (Page 298).

BACKGROUND INFORMATION

On March 26, 2008, the Board of Regents endorsed a three-year plan forwarded by the Plan Management Committee to reduce the reserves held in the Plan in accordance with generally accepted industry standards. The proposed premium rates are based on the recommended average 35% reduction. The recommended premium reductions and distribution are in keeping with the plan to reduce reserves.

The methodology for distributions from the Plan has evolved over the years so that recent distributions have been based solely on each participating institution's loss ratio. The recommended distribution also employs this methodology. In a continuing effort to encourage patient safety and systemic remediation, the recommended \$16 million distribution to the institutions for this year is based entirely on each institution's loss ratio.

In addition to the \$16 million to be distributed to participating institutions, \$4 million is recommended for support of patient safety initiatives. Under the discretion of the Plan Management Committee, this funding will support Systemwide efforts to improve patient safety, including a grant program for evidence-based research to improve clinical services and to encourage collaboration among institutions.

THE UNIVERSITY OF TEXAS SYSTEM
PROFESSIONAL MEDICAL LIABILITY BENEFIT PLAN

ARTICLE II
DEFINITIONS

...

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~~ health institution of the System, medical doctors employed in health services at and by a general academic institution of the System;

.....

Exhibit 1

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

Physician Risk Class 1

Institution	Recommended Rates for 9/1/2010	
	Faculty	Resident
UTMDACC	\$ 360	\$ 324
UTSWMC	372	348
UTMB	468	432
UTHSCH	528	492
UTHSCSA	444	408
UTHSCT	492	456
UTAustin	444	408
UTD	444	408
UTA	444	408
UTSA	444	408

Physician Risk Class 2

Institution	Recommended Rates for 9/1/2010	
	Faculty	Resident
UTMDACC	\$ 564	\$ 528
UTSWMC	588	552
UTMB	732	696
UTHSCH	828	792
UTHSCSA	696	660
UTHSCT	768	732
UTAustin	696	660
UTD	696	660
UTA	696	660
UTSA	696	660

Physician Risk Class 3

Institution	Recommended Rates for 9/1/2010	
	Faculty	Resident
UTMDACC	\$ 888	\$ 828
UTSWMC	924	864
UTMB	1,164	1,092
UTHSCH	1,320	1,236
UTHSCSA	1,104	1,032
UTHSCT	1,224	1,140
UTAustin	1,104	1,032
UTD	1,104	1,032
UTA	1,104	1,032
UTSA	1,104	1,032

Exhibit 1 (cont'd)

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

Physician Risk Class 4

<u>Institution</u>	Recommended Rates for 9/1/2010	
	Faculty	Resident
UTMDACC	\$1,668	\$1,560
UTSWMC	1,740	1,632
UTMB	2,172	2,028
UTHSCH	2,460	2,304
UTHSCSA	2,064	1,932
UTHSCT	2,280	2,136
UTAustin	2,064	1,932
UTD	2,064	1,932
UTA	2,064	1,932
UTSA	2,064	1,932

Physician Risk Class 5

<u>Institution</u>	Recommended Rates for 9/1/2010	
	Faculty	Resident
UTMDACC	\$2,460	\$2,316
UTSWMC	2,568	2,412
UTMB	3,204	3,024
UTHSCH	3,636	3,420
UTHSCSA	3,048	2,868
UTHSCT	3,372	3,168
UTAustin	3,048	2,868
UTD	3,048	2,868
UTA	3,048	2,868
UTSA	3,048	2,868

General Dentist Risk Class A

<u>Institution</u>	Recommended Rates for 9/1/2010	
	Faculty	Resident
UTMDACC	\$ 120	\$120
UTSWMC	132	120
UTMB	168	156
UTHSCH	192	168
UTHSCSA	156	144
UTHSCT	168	156
UTAustin	156	144
UTD	156	144
UTA	156	144
UTSA	156	144

Exhibit 1 (cont'd)

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

Oral Surgery Risk Class B

<u>Institution</u>	<u>Recommended Rates for 9/1/2010</u>	
	<u>Faculty</u>	<u>Resident</u>
UTMDACC	\$ 564	\$528
UTSWMC	588	552
UTMB	732	696
UTHSCH	828	792
UTHSCSA	696	660
UTHSCT	768	732
UTAustin	696	660
UTD	696	660
UTA	696	660
UTSA	696	660

Exhibit 2
The University of Texas System Professional Medical Liability Benefit Plan
Proposed Distribution of Plan Reserves

<u>Institution</u>	<u>FY2007-FY2009 Premiums Paid</u>	<u>FY2007-FY2009 Claims</u>	<u>Loss Ratio¹</u>	<u>Distribution (Based on Loss Ratio)</u>
UTMDACC	6,013,941	1,290,760	21%	2,219,131
UTSWMC	9,627,096	2,857,872	30%	2,568,373
UTMB	12,640,972	2,203,841	17%	5,742,367
UTHSCH	5,777,174	2,594,324	45%	1,018,866
Medical Foundation	3,416,290	1,534,135	45%	602,499
UTHSCSA	8,493,185	1,626,197	19%	3,513,002
UTHSCT	446,843	48,983	11%	322,833
UT Austin	95,717	192,913	202%	3,761
UTA	4,468	-	0%	3,228
UTD	1,422	-	0%	1,027
UTSA	6,800	-	0%	4,913
Subtotal	<u>\$46,523,908</u>	<u>\$12,349,025</u>	27%	<u>\$ 16,000,000</u>
Patient Safety Initiatives				<u>\$ 4,000,000</u>
TOTAL PROPOSED DISTRIBUTION				<u>\$ 20,000,000</u>

¹ For academic institutions with a 0% loss ratio, the best health institution loss ratio was applied (UTHSCT).

4. **U. T. M. D. Anderson Cancer Center: Authorization for the institution to join the Worldwide Innovative Network (WIN) Association**

RECOMMENDATION

The Chancellor concurs in the recommendation of the Executive Vice Chancellor for Business Affairs, the Executive Vice Chancellor for Health Affairs, the Vice Chancellor and General Counsel, and President Mendelsohn that authorization be granted by the U. T. System Board of Regents, on behalf of U. T. M. D. Anderson Cancer Center to:

- a. negotiate and close a transaction to become a member of the Worldwide Innovative Network (WIN) Association; and
- b. authorize the President of U. T. M. D. Anderson Cancer Center or his delegate to execute all documents, instruments, and other agreements, subject to approval of all such documents as to legal form by the Office of General Counsel, and to take all further actions deemed necessary or advisable to carry out the purpose and intent of the foregoing recommendation.

BACKGROUND INFORMATION

Purpose and Mission of WIN

The WIN consortium will be an international research and technology development consortium that will involve a number of research institutions around the world as well as commercial partners. Its goal will be to foster and facilitate cooperation among cancer centers and create partnerships with technology providers, pharmaceutical companies, patient advocacy groups, governmental institutions, and other stakeholders in the field of early diagnosis and personalized treatment of cancer patients. Its purpose will be to promote basic and applied cancer research plus state-of-the-art methods and technologies to expedite progress in the field of personalized cancer medicine and to take groundbreaking "discoveries made in personalized cancer medicine from the bench to the bedside."

Organization of the WIN Association

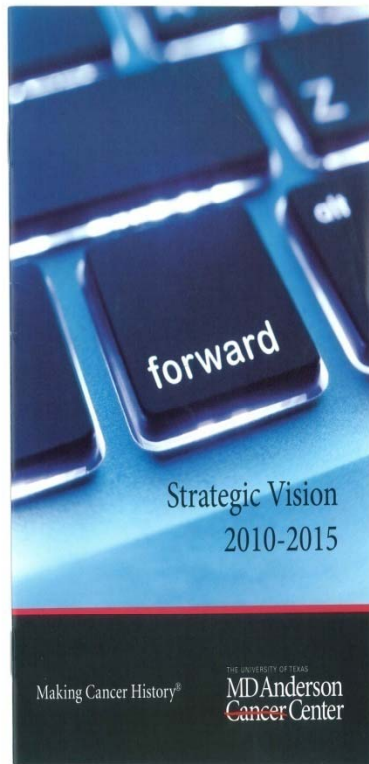
Establishment of the consortium will entail the formation of a French nonprofit association (the Association) pursuant to Articles of Organization that will be filed in France. The Association, which will be based in Paris, will provide a formal legal entity through which the consortium can operate, administer assets, and seek grant funding, and provide a mechanism for having an employed administrative staff who will handle the day-to-day administrative needs of the Association. The Association will be governed by the Articles of Organization and it will operate pursuant to a Supplemental Agreement.

As a member of the Association, M. D. Anderson will have certain voting rights and an obligation for certain dues. Unless the amount is subsequently increased or decreased, the annual dues for M. D. Anderson will be 50,000 Euros (\$64,665 calculated on exchange rates posted July 22, 2010). The consortium has no preset expiration and the Association will exist unless and until dissolved by its Members, although a Member will have the right at any time to terminate involvement and withdraw from the Association.

5. **U. T. M. D. Anderson Cancer Center: Presentation of strategic vision plan for 2010-2015**

REPORT

Dr. John Mendelsohn, President of U. T. M. D. Anderson Cancer Center, will provide a brief history and discuss recent updates in the concept and process of the institution's strategic vision plan for 2010-2015, using the PowerPoint presentation on Pages 301 - 322.



U. T. M. D. Anderson Cancer Center Strategic Vision 2010-2015

John Mendelsohn, M.D.
President, U. T. M. D.
Anderson Cancer Center

Presented to: U. T. System Board of Regents
August 2010

THE UNIVERSITY OF TEXAS
**MD Anderson
Cancer Center**

Making Cancer History®

Strategic Vision Update 2010 - 2015

Initial Strategic Vision	2000 - 2005
First Update	2005 - 2010
Second Update	2010 - 2015

Mid-course review and update in 2008

Strategic Vision Update - Process

- **Management Committee Review Leaders**
 1. Patient Care Dr. Burke
 2. Research Dr. DuBois
 3. Education Dr. Tomasovic
 4. Prevention Dr. Hawk
 5. People Mr. Varghese
 6. Collaboration Mr. Fontaine
 7. Resources Mr. Morris
- Review and input from Diversity Council, Education Council, Research Council, Faculty Senate, others.

Goal 1: Patient Care

**Enhance the quality and value
of our patient care throughout
the cancer care cycle.**

Goal 1: Patient Care – Selected Key Strategies

- 1.1 We will enhance our ... patient care throughout each phase of the cancer care cycle: prevention and early detection, diagnosis and treatment, and survivorship and end-of-life care.**

- 1.2 We will increase the quality, safety, and value of our clinical care.**

Goal 2: Research

Enhance existing research programs and develop priority programs for the future.

Goal 2: Research – Selected Key Strategies

- 2.1 We will strengthen the quality and impact of our ... research by providing superior leadership, infrastructure and resources, and by optimizing efficiencies and benefiting from rigorous internal and external reviews.**

- 2.4 We will create new research programs and strategically expand or contract existing programs based on scientific merit and contribution to our mission.**

Goal 3: Education

Provide educational programs of the highest quality to fully address the needs of all learners.

Goal 4: Prevention

Accelerate the discovery and translation of new knowledge about cancer risk assessment and prevention in the laboratory, the clinic, and the community.

Goal 5: Our People

Enhance our most valuable asset, the people who work, volunteer, and contribute to advancing our mission.

Goal 6: Collaborations

Enhance and disseminate our knowledge in all mission areas through collaborative and productive relationships locally, nationally, and worldwide.

Goal 7: Resources

**Safeguard and enhance our
resources.**

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http://www.mdanderson.org/about-us/strategic-vision/index.html

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- ▶ Strategic Vision
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 - Mission and Values
 - Patient Care
 - Research
 - Education
 - Prevention
 - Our People
 - Collaboration
 - Resources
- ▶ Code of Ethics
- ▶ President John Mendelsohn, M.D.

Strategic Vision

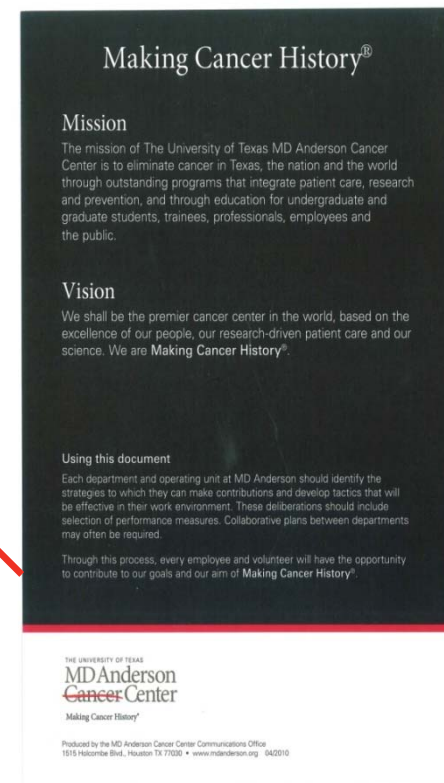


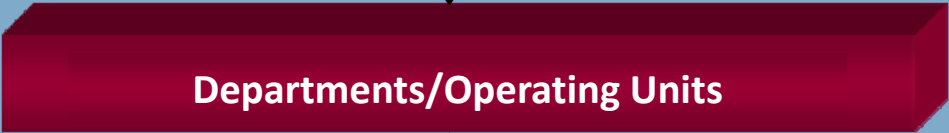
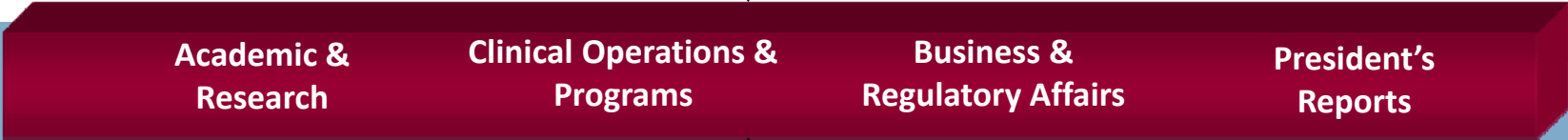
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Using The Goals

- Each department and operating unit at U. T. M. D. Anderson should identify the strategies to which they can make contributions and develop tactics that will be effective in their work environment. These deliberations should include selection of performance measures. Collaborative plans between departments may often be required.
- Through this process, every employee and volunteer will have the opportunity to contribute to our goals and our aim of Making Cancer History®





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Academic & Research

Clinical Operations & Programs

Business & Regulatory Affairs

President's Reports

Institutional Metrics & Improvement Plans

- Electronic Medical Record
- Institutional Dashboard
- Productivity Model
- Transparent Financials
- Wait/Access Time
- Research Space Review
- Ongoing Physician Practice Evaluation
- Staffing Models
- Barcodes for Patient Safety
- Twenty Four Hours Medical Coverage
- Project Bed

Resource Alignment

- Research Institutes
- South Campus
- Global Projects
- Educational Programs
- Key Investments
 - Faculty
 - Facilities
- Survivorship
- Succession Planning

Employee Engagement

- Performance Management System
 - ePerformance
- Institutional Pre-Employment Test (IPET)
- Customer Service
- Research/Student Mentorship
- Employee Development
- Manager Accountability
- The BIG Survey: The 2010 I AM M. D. Anderson Employee Opinion Survey
- Code of Conduct

Departments/Operating Units

Employee

Performance Evaluation Tool

A minimum of two goals each year:

- 1. Each operating unit/department
Review: Director or above**
- 2. Each employee
Review: Chair/supervisor**

Goal Alignment Example

- Institutional goal: #5 Our People
- EVP goal: Design and implement mentoring programs
- Department or division level goal: Establish mentor-mentee network within the department
- Employee level goal: Select mentor, set meeting schedule, set objectives for improved skills with support from mentor

Performance Management - Goals - Windows Internet Explorer provided by M. D. Anderson Cancer Center

http://inside.mdanderson.org/resources/static/departments/organization-development/performance-management-trai

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EVP Goals

Performance Document - Employee Performance Eval
Edit Employee Goals

Malissa Hughey, Sr Compensation Analyst
Employee Performance Eval: 09/01/2008 - 08/31/2009

Title: Continuing Education

Description: Complete a training course in one of the following areas: PeopleSoft, Kronos, Webhire, or Customer Service.
(1325 characters)

Measurement: Course Completion certificate
(1325 characters)

Institutional Goal: 7 Safeguard and enhance our resources

EVP Goal: [Dropdown menu]

Dept/Division Goal: 1 Identify key institutional metrics and develop a data plan
2 Align resources with the institution's strategic plan
3 Design and implement mentoring programs

Resources Needed:

Due Date: 09/01/2009 (example: 12/31/2000)

[Update](#) [Return to Performance Criteria](#)

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Microsoft

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Current Documents - Windows Internet Explorer provided by M. D. Anderson Cancer Center

http://hcmprd.mdacc.tmc.edu:8200/psp/hcmprd/EMPLOYEE/MDA/c/ROLE_EMPLOYEE.EP_CURRENT_MY_PRF.GBL?NAV...

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 - Historical Documents
 - Other's Performance Documents
 - My Development Documents
 - Other's Development Documents
 - Performance Notes
 - myHR for Managers

Optimize Talent

Details

Description: Employees will learn more about one another and the institution by completing courses, e.g., those offered by Institutional Diversity, and discussing them. We will also review and discuss all position descriptions as part of career development and alignment.

Measurement: Number of courses completed; number of staff meetings to share learned information; successful review of all position descriptions.

- Due Date: 08/31/2010
- Institutional Goal: 5 Enhance our most valuable asset, the people
- EVP Goal: 3 Augment mentoring and development programs
- Dept./Division Goal: Implement mentoring programs and optimize office functions
- Resources Needed: No additional resources

Strategic Vision

Details

Description: I will work with the president to update the Strategic Vision for Making Cancer History.

Measurement: Successful revisions, institutional review and publication of the 2010-2015 strategic vision.

- Due Date: 05/15/2010
- Institutional Goal: 7 Safeguard and enhance our resources
- EVP Goal: 1 Institutional Metrics and Improvement Plans
- Dept./Division Goal: Customer service
- Resources Needed: no additional resources

Board of Visitors National Strategy

Details

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UTMDACC INSTITUTIONAL POLICY # CLN1043

FORMULARY MANAGEMENT POLICY

PURPOSE

The purpose of this policy is to establish the Formulary Management System for The University of Texas MD Anderson Cancer Center (MD Anderson).


POLICY STATEMENT

The MD Anderson *Formulary* is a periodically revised compilation of pharmaceuticals that are readily available for use within MD Anderson and reflects the current clinical judgment of the medical staff.

STRATEGIC VISION

Strategic Goal 1: Patient Care
Enhance the quality and value of our patient care throughout the cancer care cycle.

Strategic Goal 7: Resources
Safeguard and enhance our resources.



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6. **U. T. System: Discussion of the State of Texas' 2010 Health-Related Institutions Formula Advisory Committee's report to the Commissioner of Higher Education**

REPORT

Mr. Kevin Dillon, Executive Vice President, Chief Operating and Financial Officer at U. T. Health Science Center – Houston, will provide an overview of the State of Texas' 2010 Health-Related Institutions Formula Advisory Committee's report to the Commissioner of Higher Education, including the history of the health-related institutions' state funding formulas and a comparison of current formula funding recommendations with 2010-11 legislative appropriations. Mr. Dillon will also explain the relevance of the health-related institutions' formula funding recommendations to the U. T. System, using the PowerPoint presentation on Pages 324 - 331.

State Formula Funding for Health-Related Institutions

Mr. Kevin Dillon

Executive Vice President

Chief Operating and Financial Officer

The University of Texas Health Science Center at Houston

U. T. System Board of Regents' Meeting

Health Affairs Committee

August 2010



State Formula Funding for Health-Related Institutions (HRIs)

Primary source of funding for HRIs' educational and administrative activities.

Four formulas:

1. Instruction & Operations Formula (per student, “weighted” by discipline: e.g., Allied Health, Nursing, Public Health, Dental, Medicine, etc.)
2. Infrastructure Formula (per predicted square feet)
3. Research Enhancement (per research expenditure dollar)
4. Graduate Medical Education (per medical resident)



State Formula Funding for HRIs

	FYs 2000 & 2001	FYs 2010 & 2011	% Change
1. Instruction and Operations (I&O) Formula:			
Formula "Base" Rate ^A :	\$11,383	\$11,129	(2.2%)
Formula "Driver" – Full-Time Student Equivalents:	12,631	18,386	45.6%
Total State General Revenue Funding:	\$750 million	\$971 million	29.5%
2. Infrastructure Formula^B:			
Formula Rate ^A :	\$11.18	\$7.98	(28.6%)
Formula "Driver" – Predicted Square Footage ^C :	10.2 million	16.9 million	66.2%
Total State General Revenue Funding:	\$216 million	\$250 million	15.6%

^A None of these rates are inflation-adjusted.

^B MDACC and UTHSC-Tyler have somewhat different, "mission specific" infrastructure formula rates that are excluded here.

^C Predicted Square Footage is based on the Space Projection Model and incorporates numbers (and levels) of students, faculty, actual clinic space, plus research and E&G expenditures. It supports physical plant and utility costs.



State Formula Funding for HRIs (Continued)

	FYs 2000 & 2001	FYs 2010 & 2011	% Change
3. Research Enhancement Formula:			
Formula Rate ^A :	2.85%	1.48%	(47.4%)
Formula "Driver" – Research Expenditures:	\$584 million	\$1.55 billion	164.5%
Total State General Revenue:	\$58.7 million	\$71.2 million	21.3%
4. Graduate Medical Education Formula:			
Formula Rate ^A :	N/A	\$6,653	N/A
Formula "Driver" – Medical Residents:	N/A	5,944	N/A
Total State General Revenue:	N/A	\$79.1 million	N/A

^A None of these rates are inflation-adjusted.



HRI Formula Funding Advisory Committee Recommendations – 2009 & 2010

Return to FY 2000 – 2001 biennial rates for all formulas

- Includes growth (i.e., in enrollment, sq. ft., research, medical residents) for all formulas

Instruction & Operations Support

- No additional disciplines
- No weight changes for existing disciplines

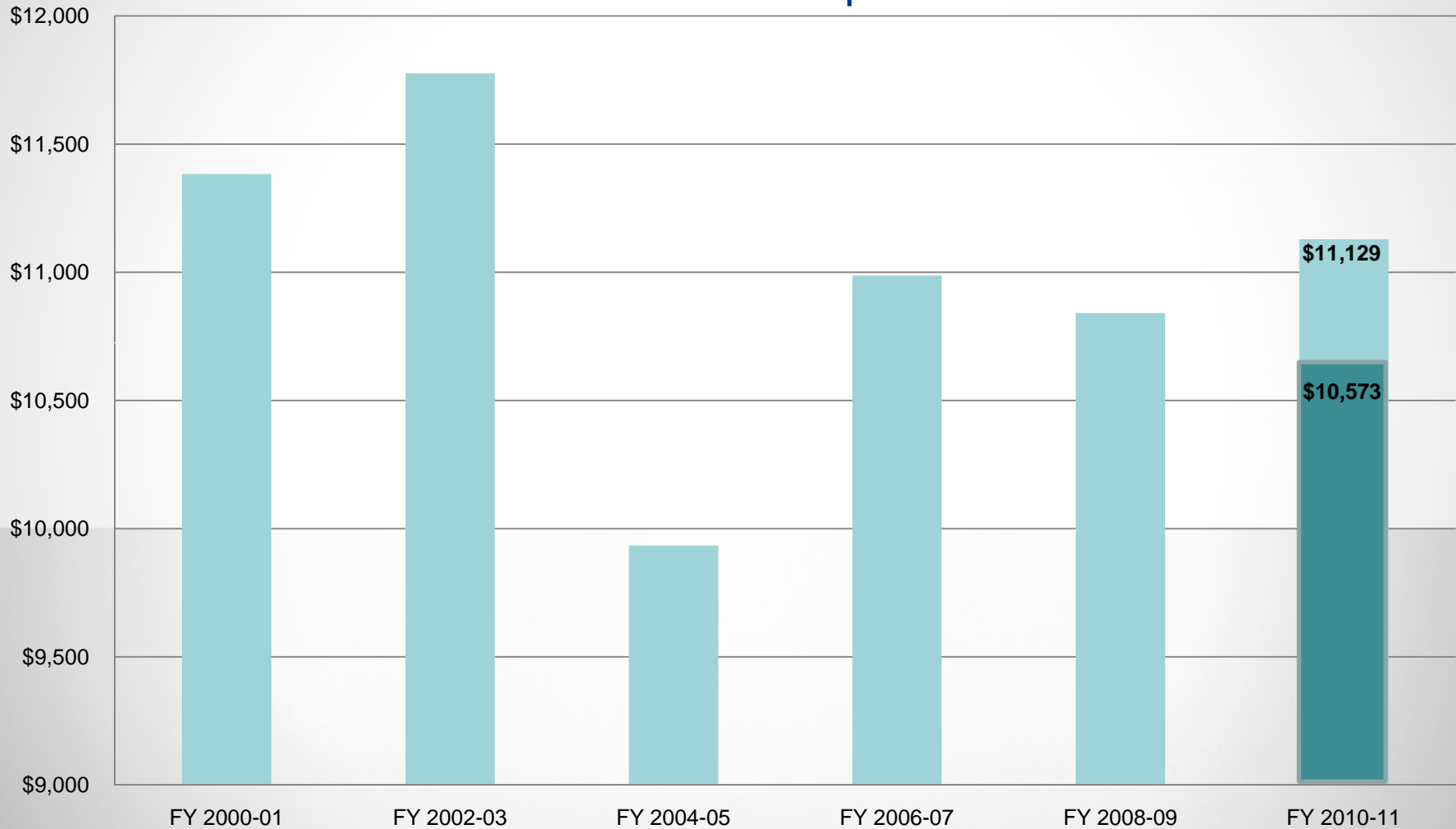
	2000-2001 Rates	2008-2009 Rates	2010-2011 Rates	2012-2013 Rates
Instruction & Operations	\$ 11,383	\$ 10,840	\$ 11,129	\$ 11,383
Infrastructure Support	\$ 11.18	\$ 7.98	\$ 7.96	\$ 11.18
Research Enhancement	2.85%	1.53%	1.48%	2.85%

Some success with I&O formula; little progress with Infrastructure and Research



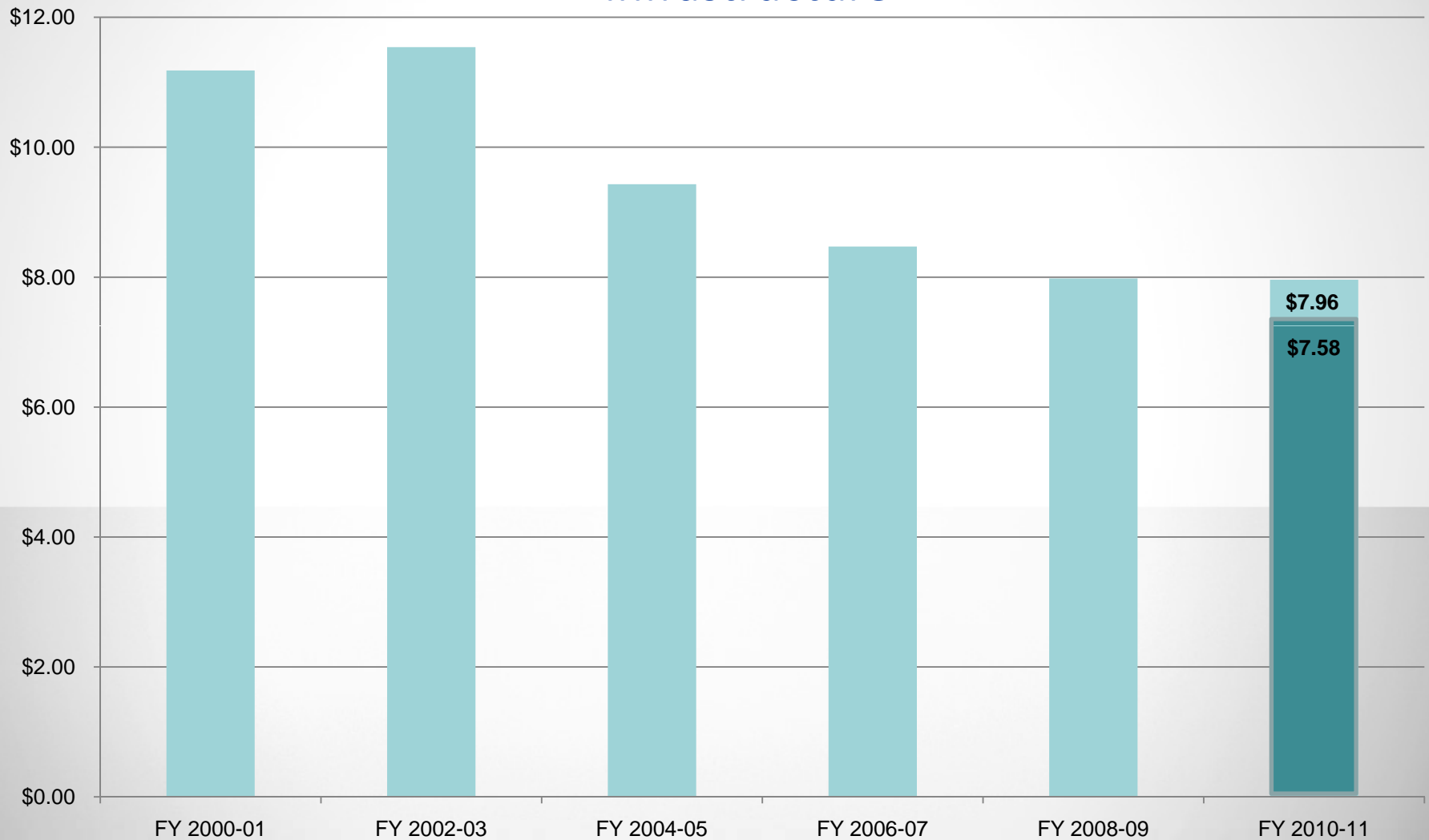
HRIs Formula Funding 2000 & 2001 Through 2010 & 2011 Instruction & Operations

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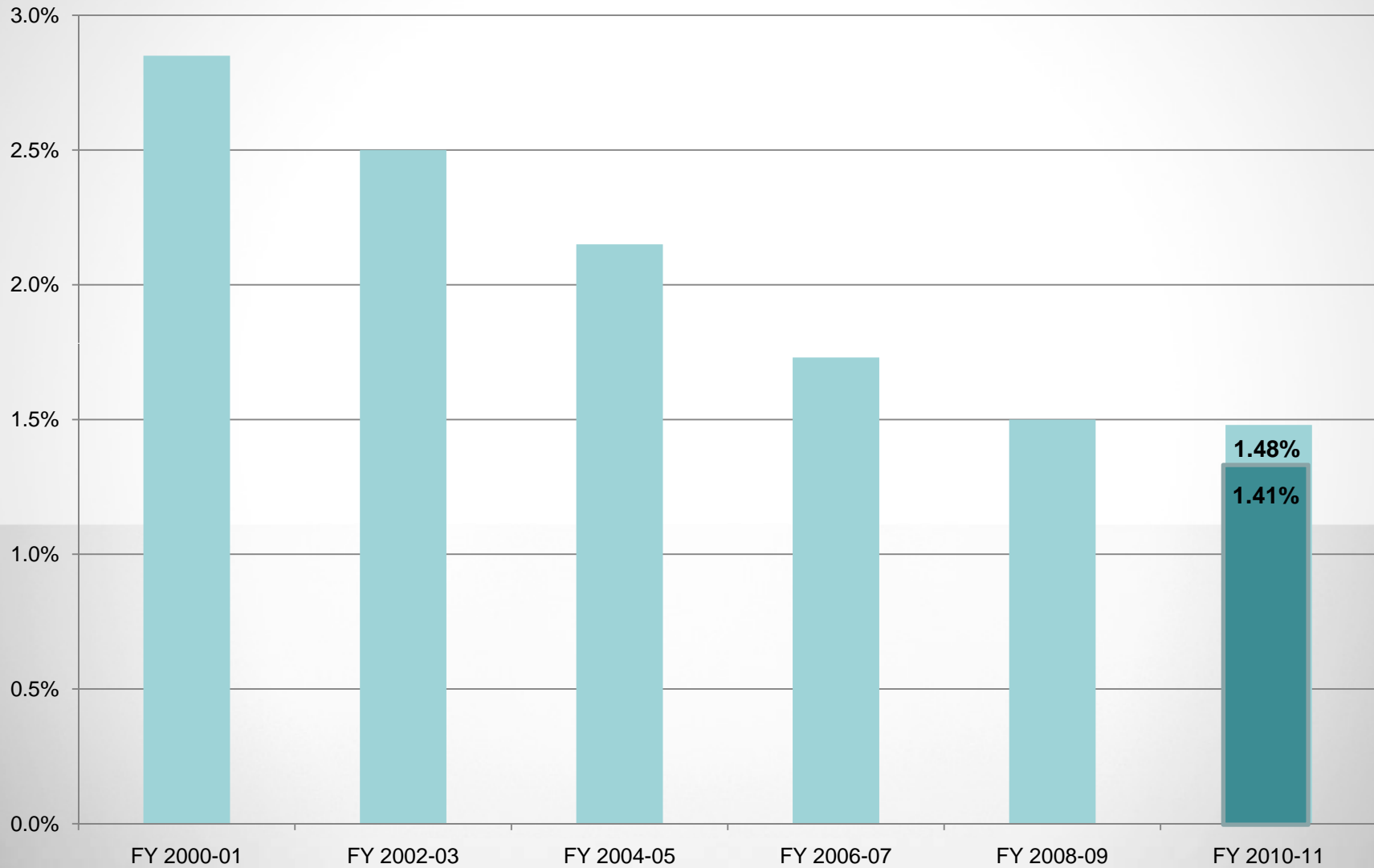


HRIs Formula Funding 2000 & 2001 Through 2010 & 2011 Infrastructure

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HRIs Formula Funding 2000 & 2001 Through 2010 & 2011 Research



331



7. **U. T. System: Quarterly report on health matters, including Cancer Prevention and Research Institute of Texas funding and health care working group activities**

REPORT

Executive Vice Chancellor Shine will report on health matters of interest to the U. T. System, including Cancer Prevention and Research Institute of Texas (CPRIT) funding and health care working group activities related to health care delivery models and reimbursement strategies.