

# AGENDA

## MEETING OF THE BOARD OF REGENTS, STATE OF IOWA AS THE BOARD OF TRUSTEES OF THE UNIVERSITY OF IOWA HOSPITALS AND CLINICS

August 8-9, 2006  
Iowa City, Iowa

- |  |   |
|--|---|
| I. Introductory Comments   | Gary C. Fethke, Interim President,<br>The University of Iowa  |
| II. UIHC Committee Report and Discussion   | Regent Robert N. Downer, Chair  |
| III. Clinical Leadership Presentation:<br>Cardiothoracic Surgery at the University of Iowa | Donna Katen-Bahensky, Director and Chief<br>Executive Officer<br><br>Mark D. Iannettoni, MD; Professor and Head,<br>Department of Cardiothoracic Surgery    |
| IV. Clinical Information System Selection Process  | Donna Katen-Bahensky<br><br>Lee Carmen, Director of Healthcare Information<br>Systems and Chief Information Officer   |
| V. Operating and Financial Performance Report  | Donna Katen-Bahensky<br><br>Anthony DeFurio, Chief Financial Officer  |
| VI. IowaCare and State Institution Patients Update   | Donna Katen-Bahensky<br><br>Stacey Cyphert; Special Advisor to the President,<br>Special Advisor to the Dean of CCOM, Senior<br>Assistant Hospital Director |
| VII. Director's Report   | Donna Katen-Bahensky  |

# Cardiothoracic Surgery at the University of Iowa

**Mark D. Iannettoni, MD**

Professor and Head, Department of Cardiothoracic Surgery

## Thoracic Surgery in Iowa

- Recognized as a specialty by the American Board of Thoracic Surgery in 1948
- Dr. Johann Ehrenhaft started the third training program in the country at the University of Iowa in 1948, division of general surgery
- Started with general thoracic cases for TB
- Evolved to cardiac surgery under Dr. Ehrenhaft in the early 60s
- Departmental status in 2005

## Resident Education

- We have trained 91 residents since our inception
- All residents have successfully completed their boards
- 10 of 12 programs in the state of Iowa have at least one University of Iowa trained thoracic surgeon
- Recently received five-year accreditation for our thoracic residency program
  - Maximum time for approval
  - 9 programs shut down this year alone

# Faculty

- 6 tenure track faculty, 1 Clinical track, 1 emeritus
  - 3 General thoracic
    - 2 hired within last 6 months
  - 3 cardiac
    - 1 retiring this year
    - Recruiting 2-3 new cardiac surgeons
      - Division head
      - Endovascular surgeon
  - 1 Pediatric cardiothoracic surgeon
    - Most valuable asset of the Department

## Training of a Thoracic Surgeon

- 4 years undergraduate
- 4 years medical school
- 5 years general surgery
- 2-3 years of research
- 2-3 years of thoracic residency
- 1 -2 years of “specialty training after thoracic residency
- 20-25 years before their first social security check

## Education

- 3 Thoracic residents
  - 1:2 rotation every other year
- 3 general surgery residents
  - PGY 1,2, and 4
- Limit to 2 medical students per rotation
  - 2004 we had no students on our service
- Undergraduate research with the college of engineering
- Stand alone service at the VA in combination with general surgery

## Research

- More collaborative than independent
- Translational rather than basic science
- PhD driven rather than physician driven
- Industry sponsored rather than federally funded
- Clinical outcomes major focus recently

## Active Trials

- Myocyte reimplantation for heart failure
  - limited stem cell therapy because of state and federal laws
- Lung cancer
  - RFA
  - Radiation seed implantation
- Esophageal cancer
  - Drug therapies and resection results
  - PDT, Mucosectomy for early disease
- Pediatrics
  - Multiple national trials with peer institutions on procedural results
  - 2 intraoperative drug trails with Mayo and Toronto children's

## Collaborative Activities

- Education
  - General Surgery residents
  - PhD candidates in School of public health
  - Undergraduate students in engineering
  - Laboratory experience for undergraduates and medical students
  - Clinical outcomes studies throughout the state with the ISTS funded by STS grant
  - Lecture series throughout the state

## Collaborative Activities

- Service
  - Outreach
  - Collaborative efforts for outcomes and reviews of programs throughout the state
  - Contracting with other institutions in the state for physician support to maintain programs
  - Interactive conferences with Mercy Iowa City
  - Consulting with industry for trials and product development
    - Terumo, Toshiba, Medtronic, Edwards, Nash

## Collaborative Activities

- Programmatic
  - Aortic Dissection Network
    - Cardiothoracic surgery, emergency medicine, and cardiology
  - Thoracic Tumor Board
    - Multidisciplinary approach open to the public
  - Esophageal program
    - Collaborative effort between GI, ENT, thoracic surgery, and nursing
  - Heart and Vascular Center
    - Cardiology, vascular, cardiothoracic
      - Transplant, electrophysiology, devices and percutaneous technology

## Iowa's Only Center

- Transplant- heart and lung
- VAD's (ventricular assist devices)
- ECMO (extracorporeal membrane oxygenation)

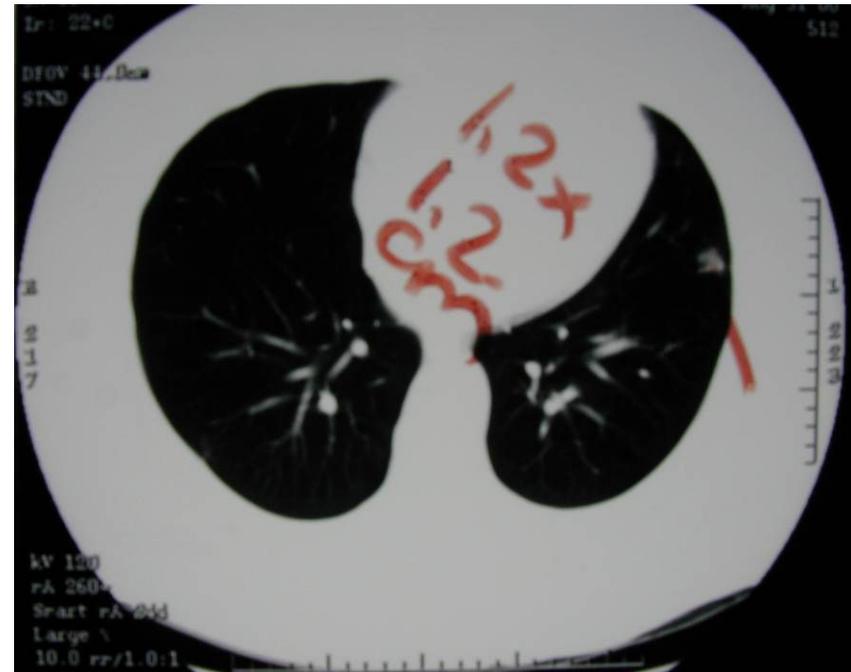
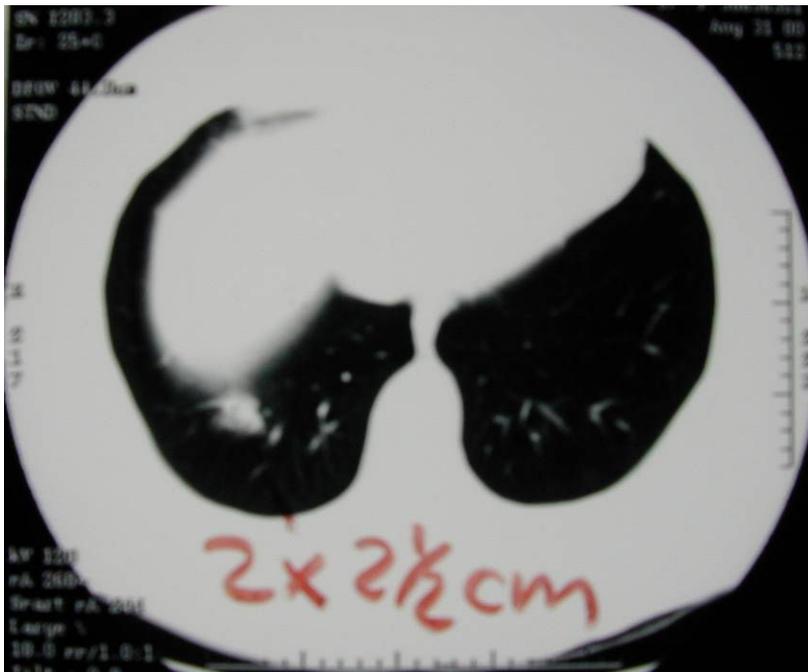
## Scope of Service

- Specialty encompasses three major fields
- General thoracic
- Pediatric cardiothoracic
- Adult cardiac surgery
- Developed into a clinical field over the last 10-15 years
- Heavy technical requirements and clinical demands have changed research goals

## Minimally Invasive Surgery

- Valves
- CABGs (coronary artery bypass grafts)
- Lung disease
- Esophageal disorders
- Sympathectomies

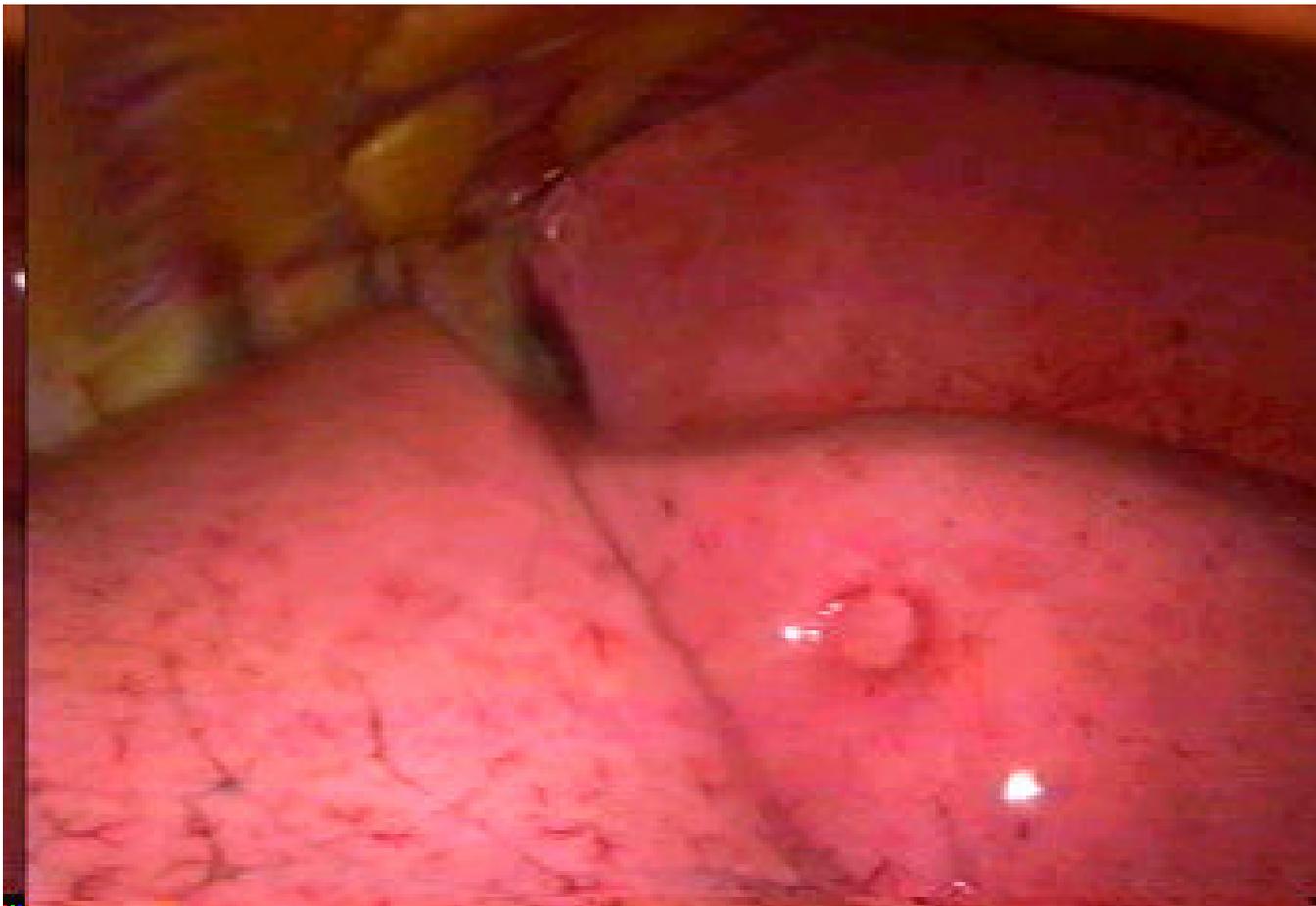
## Thoracoscopy- Parenchymal Disease



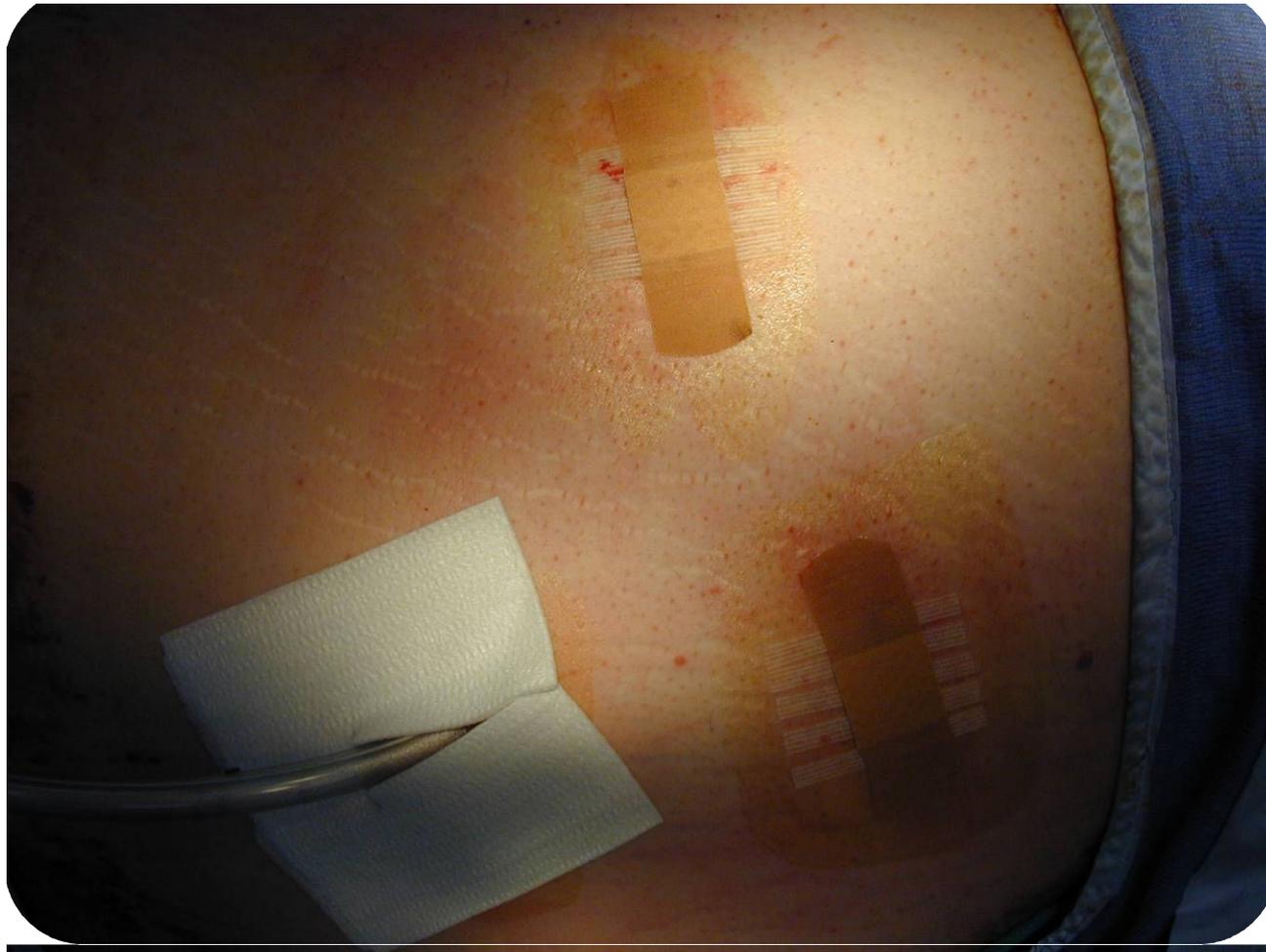
## Thoracoscopy- Patient Selection



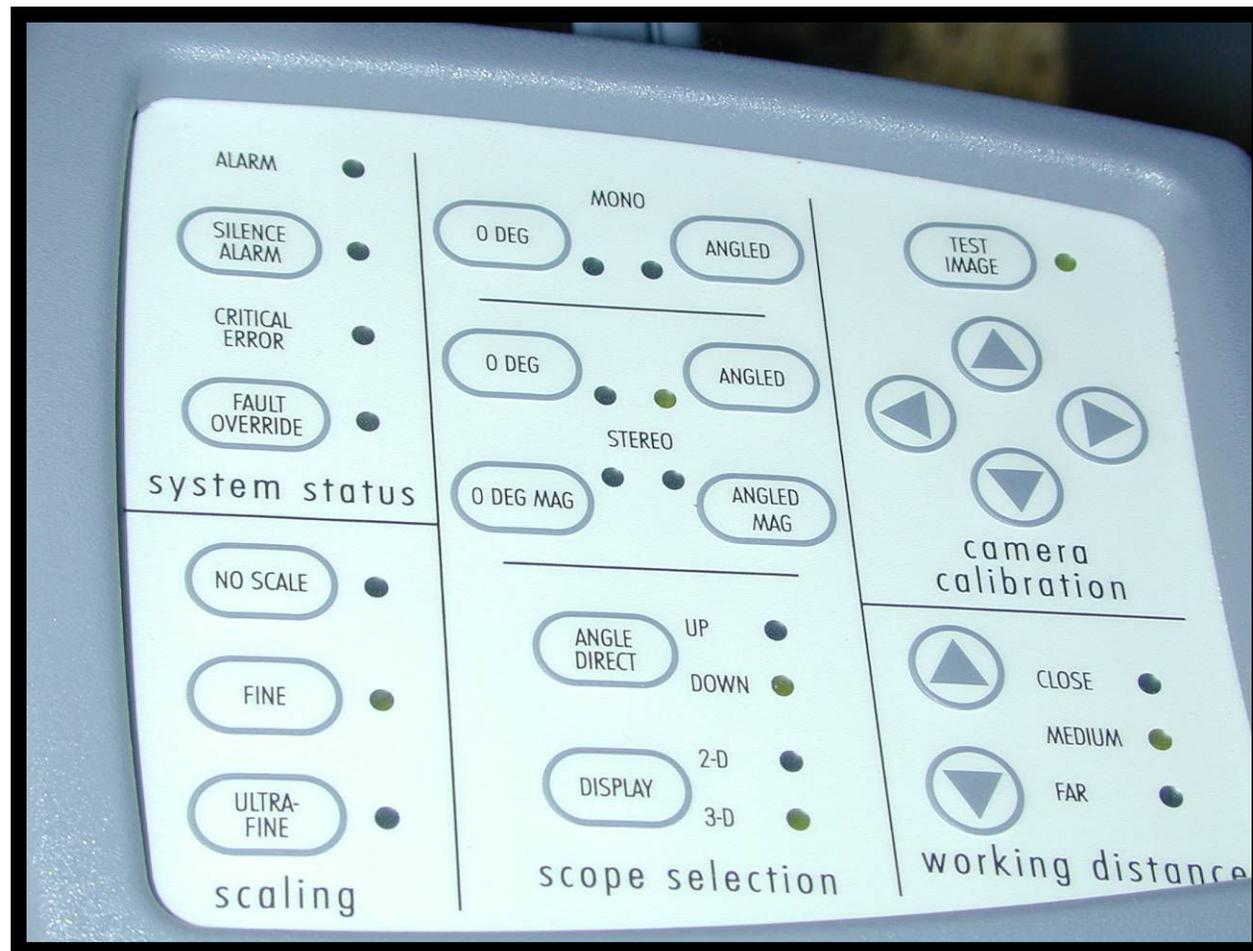
# Thoracoscopy



## Thoracoscopy- Parenchymal Disease

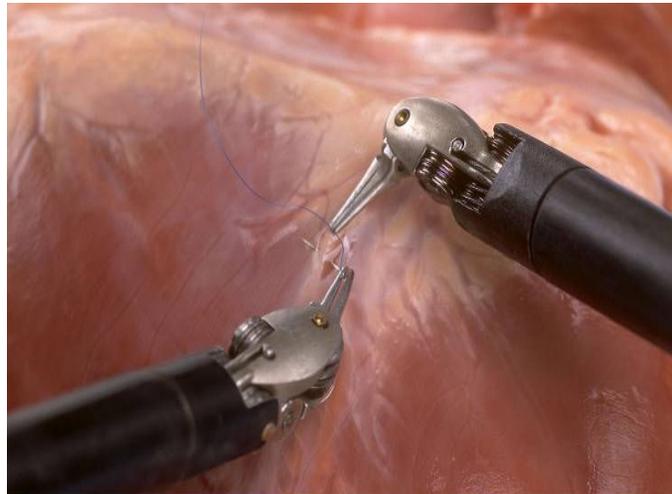


# New Tools



## Operative Console





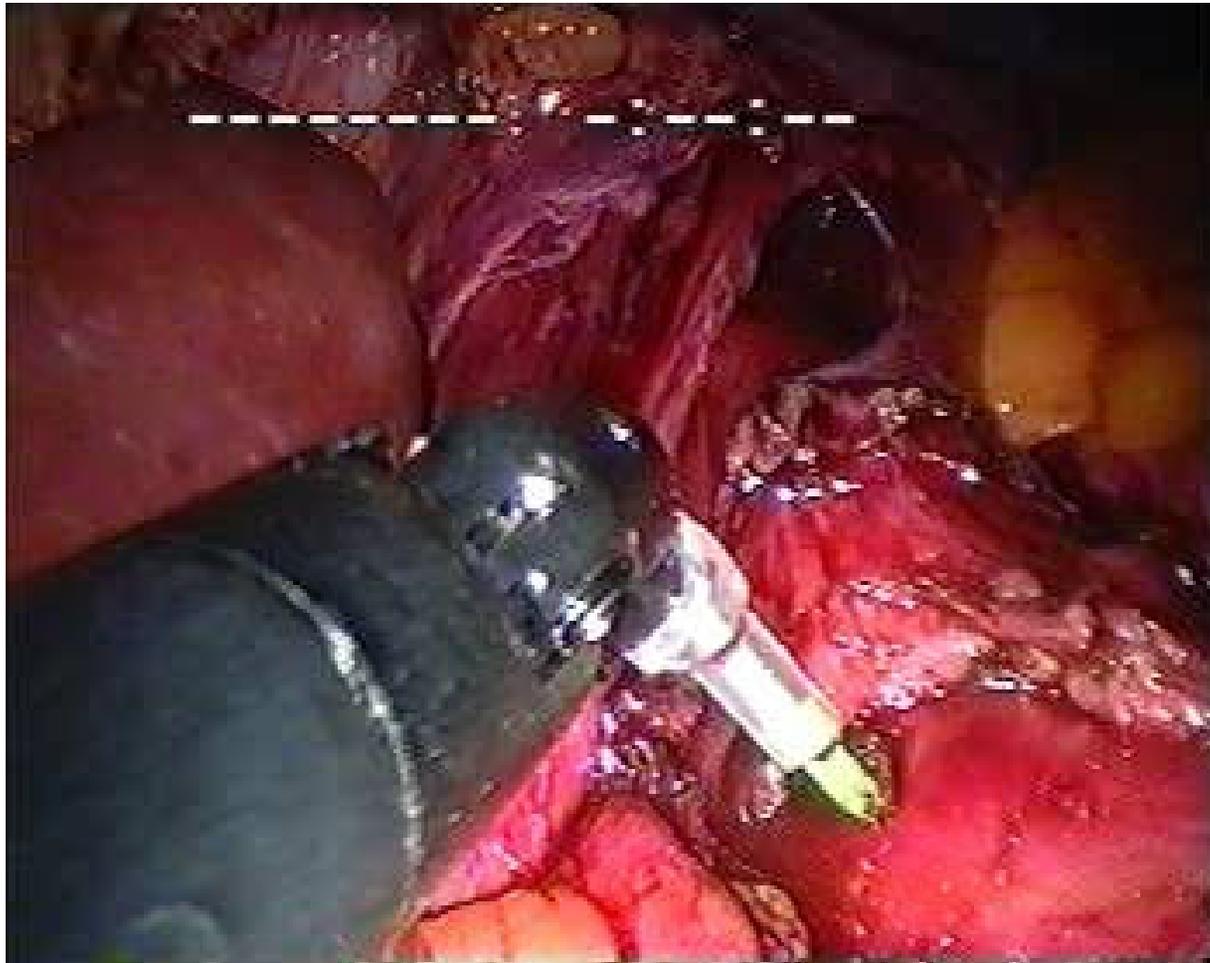
## Surgeon and Assistant



## Ports and Arm Placement



## Robotic Assisted Myotomy

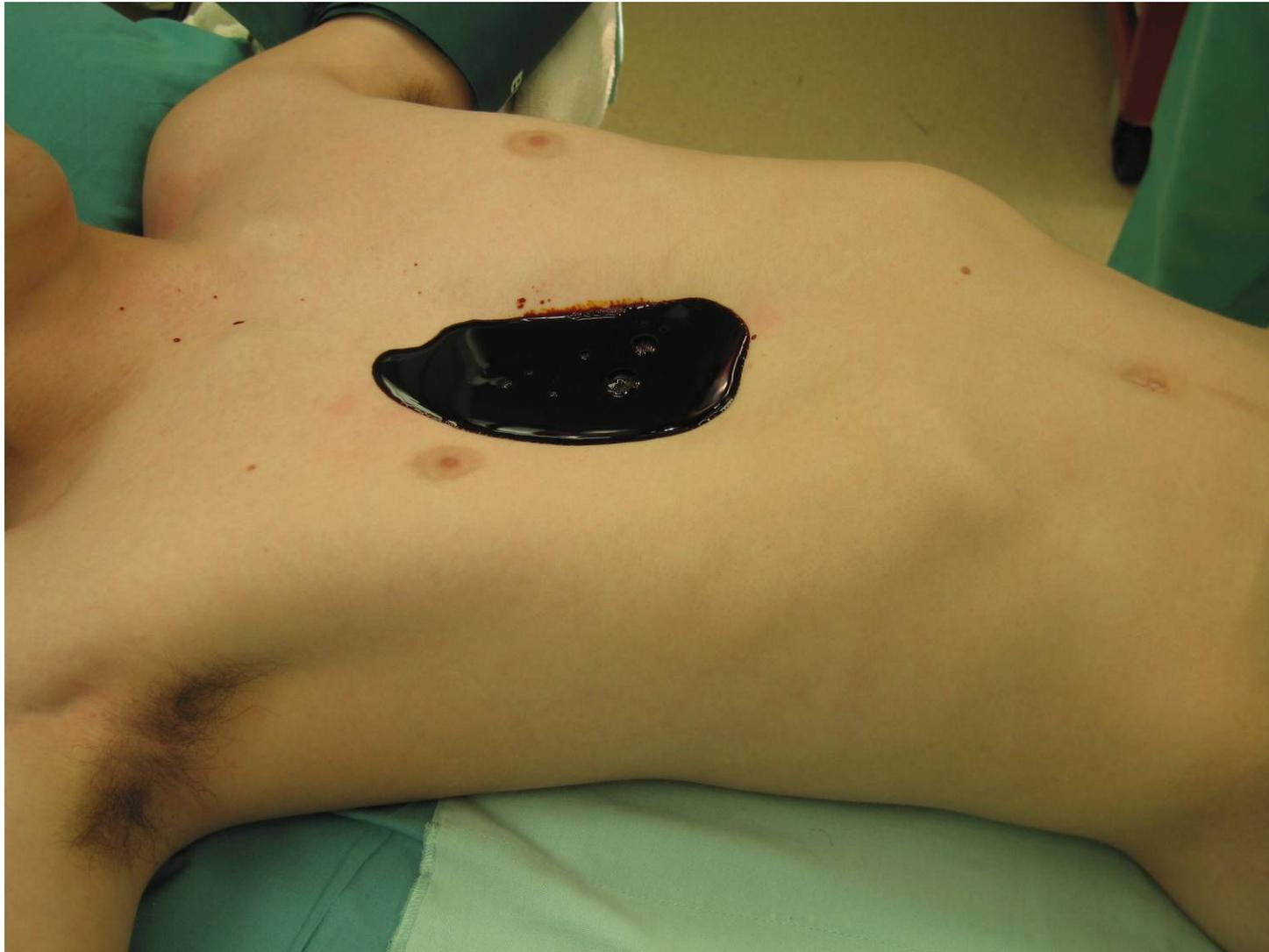




## Pediatric Cardiothoracic

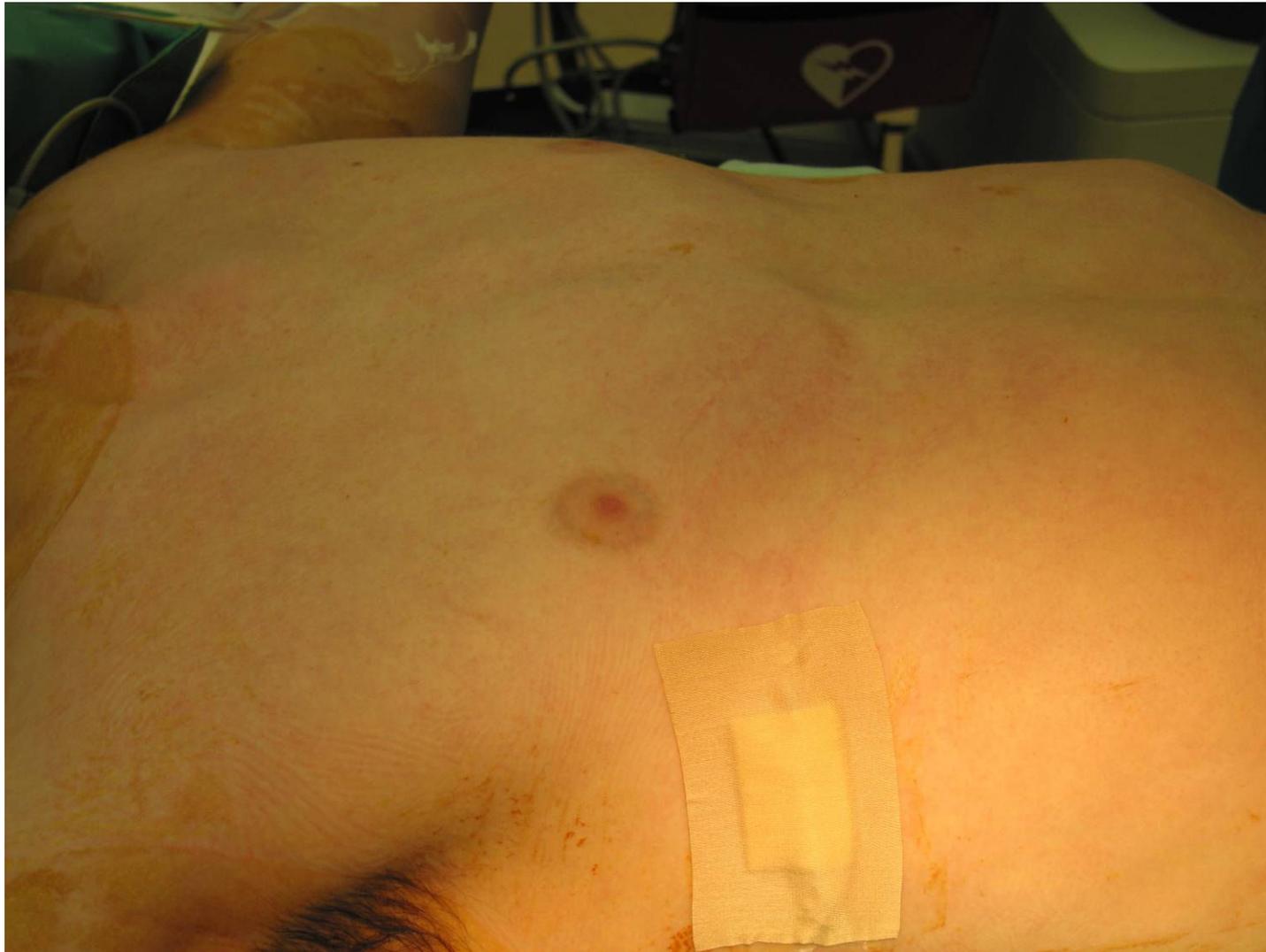
- Only center in the state for complex congenital heart surgery with a specialty trained pediatric cardiac surgeon
- One of a few centers nationally with a dedicated Pediatric general thoracic surgery clinic







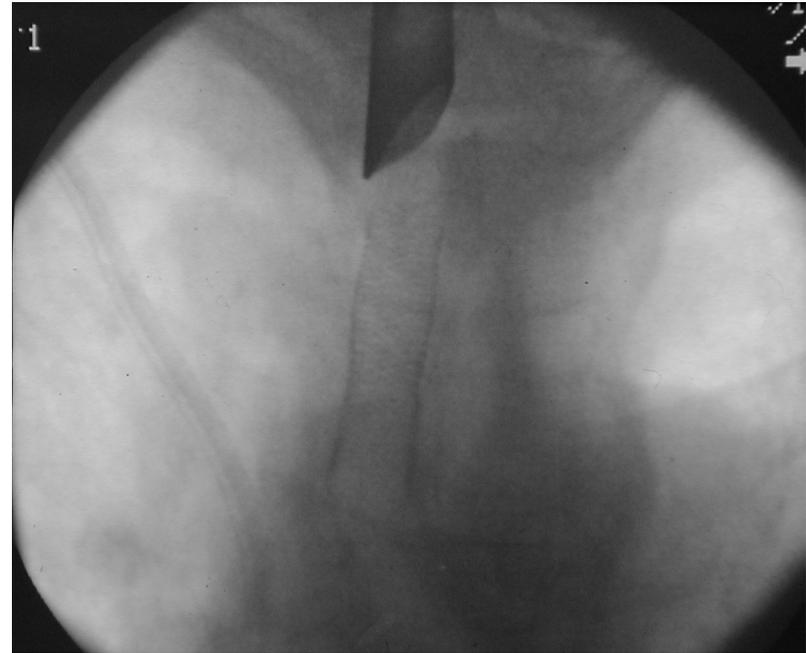




## Esophageal Cancer

- Fastest growing cancer segment in the US
  - 14,000 cases per year
  - 13,000 deaths per year
- 80% of all esophageal cancer surgery done in the state preformed at UIHC
- LOS less than CMS requirements
  - UHC avg. LOS 18 days
  - UIHC- 6.7 days for first time surgical case
- More than twice as many esophageal procedures done as our nearest 2 competitors combined
- Complication rates 3 times lower than national averages based on STS (Society of Thoracic Surgeons) data
- Average thoracic surgeon does 8 esophageal procedures a year
  - Last fiscal year at UIHC- 195 esophageal procedures

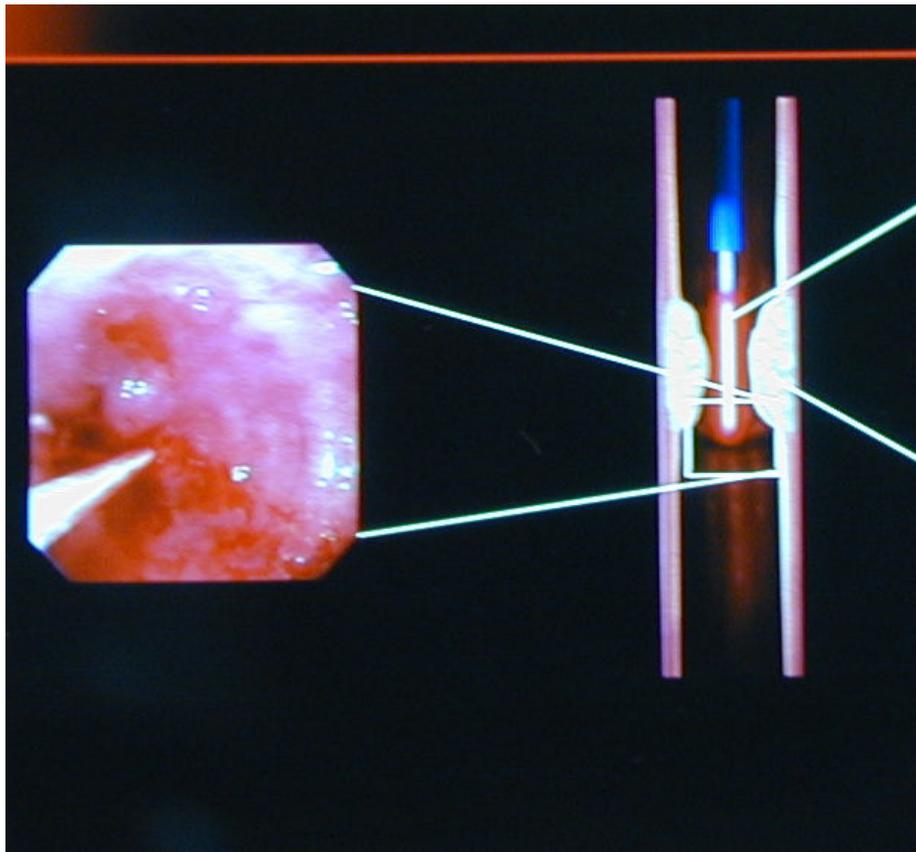
# Tracheal Invasion



## Photodynamic Therapy (PDT)

- Requires a photosensitizing agent
  - porfimer sodium
- Nonthermal LASER
- Activation of resident oxygen molecules
- Oxygen radical formation and vascular occlusion
  - which results in cell death and ischemic necrosis

## PDT

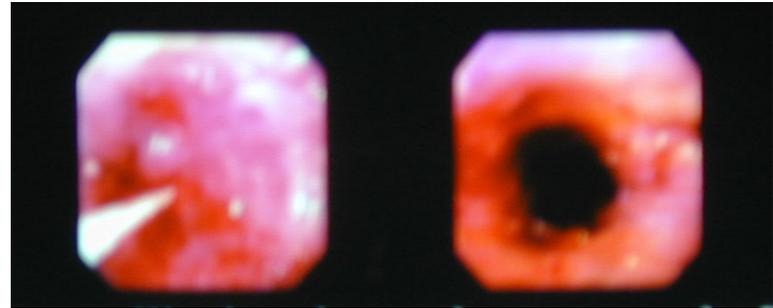


Selective Delivery

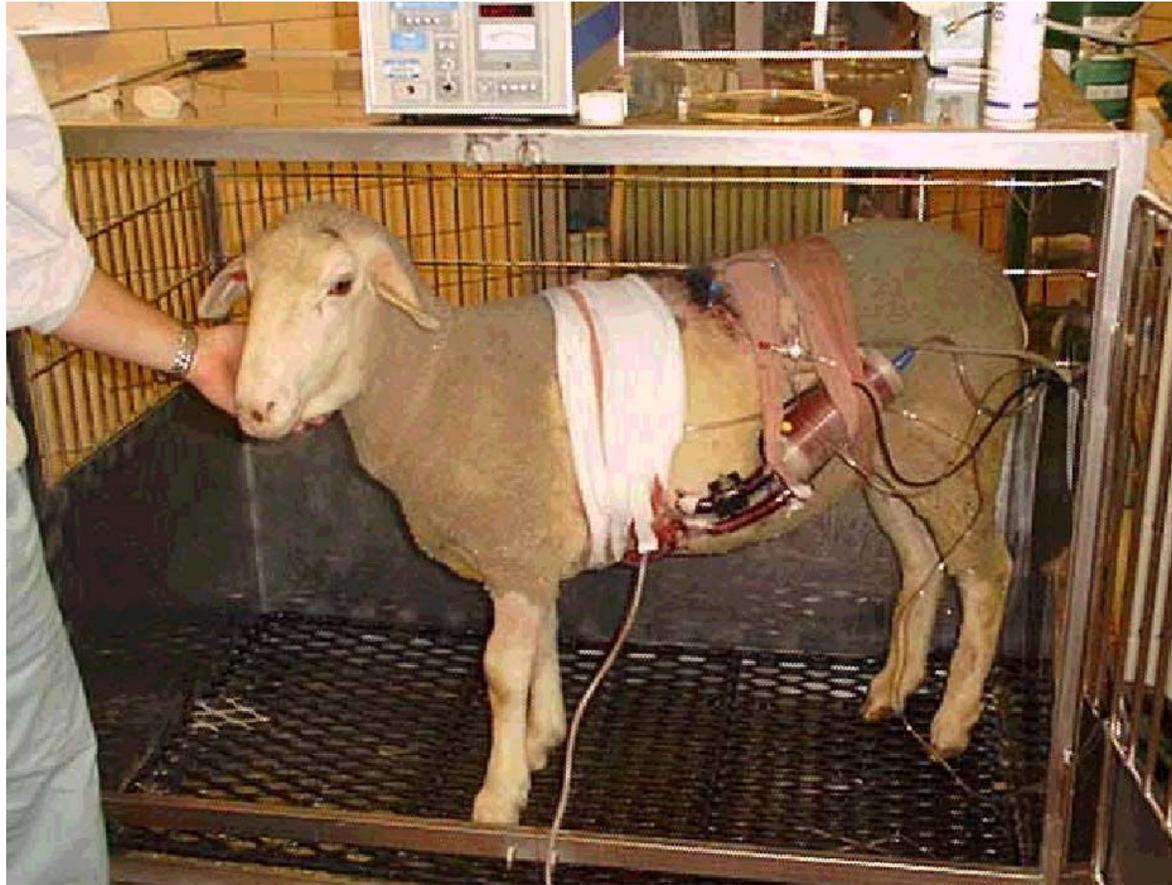
Selective Tissue  
absorption

## PDT

- Rapid response
- Excellent results
- May be retreated
- Little effect on concurrent therapy
- Few side effects
- Expensive



## Chronic Animal



# BioLung™



# Challenges in Thoracic Surgery

- Resident education
  - Challenges
    - Shrinking job market
    - 23% of graduating residents without jobs 2003
    - 41% of programs this year went unmatched for some or all positions
      - 1991 3 applicants for each position
      - 2006 0.7 applicants for each position
        - » Less than 50% of applicants matched were US medical students trained in the US
    - Debt- average debt is >\$100K
- Retention- 1/14 residents in the last 8 years
- Reimbursement- one of the worst in the country with some of the best results based on national results from STS data base
- Compensation no longer rewards the effort

# Challenges

- Faculty Retention
  - Unable to meet AAMC compensation for MGMA work equivalents due to poor reimbursement and increasing responsibility for indigent care
  - Asked to do more with shrinking resources
  - Uncompetitive salaries for physician extenders
    - Unable to compensate hard work

# **UI Health Care Clinical Information System Selection Process**

**Lee Carmen**

Director of Healthcare Information Systems  
and Chief Information Officer

## Integrated Information Systems at UI Health Care

- In 2000, University of Iowa Hospitals and Clinics (UIHC), the Carver College of Medicine (CCOM) and the University of Iowa Physicians (UIP)\* integrated their separate Information Technology (IT) functions into a single department
- UI Health Care's Chief Information Officer is jointly accountable to UIHC and CCOM/UIP for all clinical, research and educational IT resources
- IT strategic planning and operational support encompasses all constituencies in the health care enterprise
- Planning and operations are coordinated with Information Technology Services (ITS) for the overall University

\* The Faculty Practice Plan was renamed University of Iowa Physicians (UIP) in 2006

## Background of The Electronic Medical Record at UI Health Care

- UI Health Care has been using computer technology to record clinical information since the 1970's
- Lack of commercial options led to an internally developed electronic medical record in the mid-1990's (INFORMM Patient Record, or IPR)
- IPR is currently used in the majority of inpatient & outpatient settings at UI Health Care
- Reviews of IPR have been conducted periodically to assess viability and overall cost
- Over the past decade, it has become increasingly clear that IPR can not deliver much-needed functional enhancements as easily or as cost-effectively as commercially available systems

## Background (cont'd)

- In 2002, UI Health Care Information Technology Strategic Planning efforts identified substantial needs for enhanced functionality to support:
  - Patient safety
  - Sub-specialist care
  - Clinical research
  - Decision support
  - Data management
  - Compliance management
- UI Health Care presented its Information Technology Strategic Plan to the Board of Regents on October 15, 2003
- A preliminary decision to replace IPR with a commercial system was made in 2004, and validated during an external review by Gartner, Inc.\*

\* Gartner, Inc. is an independent firm that analyzes information technology. Gartner neither sells nor installs software or computer systems (see Appendix 1 for additional information).

## Why a Commercial System, and Why Now?

- Commercial solutions now offer enhancements in several areas related to patient safety and quality of care:
  - Reducing medication errors through the use of rules-based alerts
  - Streamlining clinical workflow
  - Facilitating the use of clinical pathways and clinical decision support
  - Enhancing clinical documentation by physicians, nurses, and other care-givers
  - Timely display and reporting of test results; facilitation of interpretation
  - Physician and nurse order entry and process management
  - Knowledge management and factors enhancing patient care
  - Privacy of data (Health Insurance Portability and Privacy Act)
- Increased utilization of UI Health Care system drives increased demand for more functionality
- Current Commercial Inpatient Pharmacy / Laboratory System Support Expires 2010
- Peer institutions now report success with integrated commercial solutions
- Generic return on investment models suggest financial benefits available compared with internal development costs

## **Clinical Information Systems Strategy Engagement with Gartner, Inc. (Feb 2005)**

- **Goals of Engagement**
  - Understand the state of the industry in relation to clinical systems and Computerized Provider Order Entry (CPOE)
  - Conduct unbiased assessment of UI Health Care's homegrown clinical information system
  - Compare IPR to commercial market using Generational Model
  - Help develop a common understanding of clinical information systems market offerings across UI Health Care

# Gartner Inc.'s Market Review

## Generations of Enterprise Clinical Information Systems

Core Capability \ Vendor	SysMan	Interop.	CDR	CMV	Workflow	CDS	Clinical Doc.	Display	Order Mgmt.	KM	CC
Cerner											
Eclipsys											
Epic											
GE Centricity											
IDX											
Meditech											
McKesson Horizon											
Misys											
Siemens Invision											
Siemens Soarian											
<b>UIHC System</b>											

 = Meets Some Generation 2 Criteria    
  = Meets All Generation 2 Criteria    
  = Meets Some Generation 3 Criteria  
 = Meets All Generation 3 Criteria    
  = Meets Some Generation 4 Criteria    
  = Meets All Generation 4 Criteria

## **Phase I: RFP Development**

**(Completed & reported to Board of Regents on March 21, 2006)**

- Increased institutional knowledge regarding the state of the industry related to clinical information systems and computerized physician order entry (CPOE) by accessing external academic resources
- Defined specific functional requirements for meeting UI Health Care's operational needs and business objectives, and mapped to strategic plan (details in Appendix 3)
- Determined how commercial vendors would be evaluated and scored for their ability to meet functional requirements
- Wrote and issued a Request for Proposal as prescribed by state purchasing regulations and procedures

## Phase II: Vendor Evaluation and Selection

- **Round 1**
  - Initial Requirement Review: evaluated vendor responses against UI Health Care's defined critical requirements
- **Round 2**
  - Full Requirement Review: evaluation teams performed a complete assessment of those vendors meeting critical requirements
- **Round 3 (in progress)**
  - Due Diligence: each finalist is undergoing a comprehensive review of all system requirements by a multi-disciplinary group of UIHC, CCOM, and UIP personnel including physicians, nurses, pharmacists and others

# Clinical Information System Committee Structure

## Social Services Review

Lowell Yoder – Chair  
Stephen Cummings  
Dan Grinstead  
Greg Jensen  
Pam Moore  
Jacki Robison  
Michael Hafner – HCIS  
Nicole Rogowski - Facilitator

## Pharmacy Review

Steve Nelson – Pharm – Chair  
Bill Graf  
Dave Weetman  
Don Hanson  
Dan Felderman  
Garrett Newkirk  
Karl Kamber  
Mary Ross  
Eric Whitaker  
Betsy Beltz  
Carol Crowley  
Steve McGrane – HCIS  
Nicole Rogowski - Facilitator

## Food & Nutrition Review

Phil Kissack – FNS – Chair  
Molly Petrik  
Stephanie Proud  
Donna Thomsen  
Doug Robertson – FNS  
Steve McGrane – HCIS  
Katie McElligott – Facilitator

## Technical Architecture Review

Pat Duffy – Chair  
Tom Alt  
Steve Berge  
Rick Deerberg  
Rick Dyson  
Ila Miller  
Jason Smith  
Dale Wilhelm  
Kevin Cano  
Katie McElligott - Facilitator

## Radiology Review

Tyler Artz – Rad – Chair  
Dave Owen – Rad  
Janet Roe – Rad  
Cindy Vest – Rad  
James Hurley – Rad  
John Bricker – Rad  
Mary Jo Duffy – HCIS  
Mike Fulton – HCIS  
Michael Frangi – Facilitator

## Nursing Review

Ginette Budreau – NIS – Chair  
Marita Titler – Research  
Linda Chase – Nursing Admin  
Aleta Porcella – NIS  
Jennifer Carpe – MSS  
Linda Glassel – CWS  
Kathleen Fawcett – CWS  
Denise Litwiller – CWS  
Beth McQuillen – ISS  
Kim Chamberlin – ISS  
Scott Harrison – BHS  
Don Swanson – BHS  
Cindy Dahnke – POD  
John Sweening – Ambulatory  
Pat Koffron - Ambulatory  
Cindy Weber - Ambulatory  
Carol Flansburg – Ambulatory  
Suz Kaprich – Ambulatory  
Karen Dawes – Ambulatory  
Kim Turner – CDD  
Constance Wagner – Dialysis  
Dianne Lamb - ETC  
Garret Newkirk – Pharmacy  
Diana Burnett – HCIS  
Michael Frangi – Facilitator

## Rehab Therapy

Libby Kestel – Chair  
Diane Denny  
Dr. J Chen  
Ken Leo  
Bruce Miller  
Gwen Senio  
Mary Somerville  
Helen Steckly  
Linda Baker – HCIS  
Michael Frangi- Facilitator

## Physician Review Committee

Dr. Michael Shasby – Chair  
James Bahensky – Public Health  
Dr. Brian Cook – Psych  
Dr. Peter Cram – IntMed  
Dr. John Dagle – Peds  
Dr. Dan Fick -Fmed  
Dr. Steve Hata - Anesth  
Dr. Mark Iannetoni – CVT Surg  
Dr. John Kemp – Path  
Dr. Brian Mullan - Rad  
Dr. Andrew Nugent - Etc  
Dr. Jim Torner – CoPH  
Dr. Doug Van Daele – Oto  
Dr. Jerry Yankowitz – OBGYN  
Kristy Walker – HCIS (ex officio)  
Michael Hafner – HCIS (ex officio)  
Katie McElligott - Facilitator

## Pathology Review

Sue Dane – Path – Chair  
Barb Callahan  
Janet Croco  
Dr. Barry DeYoung  
Cherri Doud  
Judy Eleson  
Kathy Eyres  
Elizabeth Goetzman  
Mary Heintz  
Chad Hoffman  
Dr Frank Mitros  
Dr Marcus Nashelsky  
Sheila Pitts  
Jean Stout  
Dr Nasreen Syed  
Martha Wieland  
Julie Fahnle  
Becky Starny  
Mary Jo Duffy – HCIS  
Nicole Rogowski - Facilitator

## Med Specialties Review

Dr. Dan Fick -Chair  
Dr Michael Abramoff – Ophth  
Dr Janell Behnke – Neurology Labs  
Dr Jamal Hoballah – Vascular Lab  
Ed Klausner – Heart  
Cindy Penney – Heart  
Dr Robert Summers – GI/Hepatology  
Mettie Thomopulos – GI/Hepatology  
Dr Doug Van Daele - Oto  
Dr Neal Weintraub – Cardiology  
Linda Baker - HCIS  
Kristy Walker – HCIS  
Katie McElligott – Facilitator

## Health Information Management – Administrative Review

Tammi Craft – HIM – Chair  
Marian Biggins – HIM  
Joanne Becker – HIM  
Mary Kay Brooks - CORM  
Karen Kelley- HIM  
Lisa Sturtz - Compliance  
Deb Thoman – Compliance  
Erin Woods – HIM  
Kristy Walker - HCIS  
Teresa Lane – HCIS  
Michael Hafner – HCIS  
Nicole Rogowski – Facilitator

## Health Information Management – Physician Review

Dr. Victoria Sharp – Uro – Chair  
Dr. Michael Abramoff – Ophth  
Paul Abramowitz – Pharm  
Dr John Buatti – RadOnc  
Dr Harold Burkhart - Cardiology  
Dr Todd Burstain – IntMed  
Dr Richard Burton – Dentistry  
Tammi Craft – HIM  
Dr William Davis – Obgyn  
Dr Dan Fick – Fmed  
Dr Matt Howard – NeuroSurg  
Dr Richard Johnston – Ortho  
Dr Adam Kanis – Peds  
Dr Mary Khowassah – StuHealth  
Dr Richard LeBlond – IntMed  
Dr Michael Messingham – Derm  
Dr Barb Muller – UIHC Admin/IntMed  
Dr David Papworth – Anesth  
Dr Bruce Pfohl – Psych  
Dr Frank Scamman - Anesthesia  
Elayne Sexsmith - CDD  
Dr Brad Thompson – Rad  
Dr Tim Thomsen – Surg  
Dr Michael Wall – Neuro/Ophth  
Erin Woods - HIM  
Dr Malcom Yeh – Neuro  
Kristy Walker - HCIS  
Teresa Lane – HCIS  
Michael Hafner – HCIS  
Katie McElligott – Facilitator

## Hospital Information Systems Advisory Subcommittee

Dr. Michael Wall – Chair  
Ginette Budreau  
Lee Carmen  
Shane Cerone  
Tammi Craft  
Anthony Defurio  
Linda Everett  
Dr Laurie Fajardo  
Dr. Dan Fick  
Dr Richard Johnston  
Dr. John Kemp  
Dr Michael Kienzle  
Dr. Brian Mullen  
Steve Nelson  
Ann Rice  
Dr. Victoria Sharp  
John Staley  
Deb Thoman  
Patrick Thompson  
Laura Schipper - Facilitator

## CPOE Review

Steve Nelson – Pharm – CoChair  
Ginette Budreau – Nursing – CoChair  
Dr. Dan Fick – CoChair  
Janet Roe – Rad  
Sue Dane – Path  
Chris Shaffer – Hardin Library  
Michael Hafner – HCIS  
Kristy Walker – HCIS  
Katie McElligott – Facilitator  
Physician Review Committee

## Administration System Review

Joe Wagner - Chair  
Bob Jones  
Tom Alt  
Mike Mullinnix  
Dennis Leytem  
Barb Lundquist  
Katie McElligott - Facilitator

## Respiratory Therapy Review

Twila Martin – RT  
Tim Ruffin – RT  
Sue Mooney – RT  
Lynn Mellecker – RT  
Eric Endahl – RT  
Lu Wilford - RT  
Linda Baker – HCIS  
Michael Frangi- Facilitator

## Research Review

Dr. L. Hunsicker  
Dr. G. Hunninghake  
Dr. G. Weiner  
Dr. P. Cram  
Dr. A. Mark  
Dr. J. Torner  
Dr. W. Clarke  
Dr. M. Todd  
Dr. W. Haynes  
Dr. R. Johnston  
Dr. S. Hata  
Dr. J. Dagle  
Dr. D. Van Daele  
Dr. L. Herwaldt  
Dr. B. Phillips  
Nicole Rogowski  
Lee Carmen

## UICMS Review

Sarah Allee  
Dr. Eric Ash  
Kim Britt  
Dr. David Fraser  
Vanessa Fraser  
Mike Hayden  
Deb Horras  
Dr. Britt Marcussen  
Dewey McConville, PA-C  
Dr. Scott Piper  
Terry J. Protetor  
Dr. Saleem Shamsee  
Diane Vileta, RN  
Dr. Steve Wolfe  
Kristy Walker  
Katie McElligott

## Resident Review

Dr Dan Fick  
Kristy Walker  
Katie McElligott

## RFP Respondents\*

- Cerner
- Eclipsys
- Epic
- GE/IDX
- McKesson
- Meditech
- Misys
- Siemens

\*All respondents invited to bidder's conference and all received same information.

## Process for Selecting Vendors for Detailed Review

- Evaluation teams completed Evaluation Scoring Model worksheets to compare the vendor-stated functionality against functional requirements
- Gartner, Inc. reviewed RFP content and verified each vendor's stated capabilities
- Evaluation Scoring Model worksheets were tabulated based on pre-determined category weights (Appendix 4)
- Review of KLAS Enterprises information (Appendix 5)
  - KLAS is a firm specializing in the monitoring of the performance of health information technology vendors
  - Provided detailed information on experiences of other healthcare organizations' implementation, support, and utilization of vendor systems

## Vendor Capability Verification Compared to UI Health Care Critical and Functional Requirements

- Cerner
  - Met functional requirements and scored well on critical review scorecards
- Eclipsys
  - Did not score well on any of the teams' critical review scorecards
- Epic
  - Met functional requirements and scored well on critical review scorecards
- GE/IDX
  - Did not meet functional requirement of having an integrated CPOE/Pharmacy solution
- McKesson
  - Has not been successfully implemented in a similar academic setting, unable to interface to UIHC PACS
- Meditech
  - Did not score well on any of the teams' critical review scorecards
- Misys
  - Failed to meet multiple critical requirements, and vendor refused to provide financial records
- Siemens
  - Did not meet functional requirement of having an integrated CPOE/Pharmacy solution (proposed pharmacy solution does not currently exist)

## Finalists Selected for Due Diligence

- Cerner Corporation
- Epic Systems Corporation

## Due Diligence Process

– SOME STEPS NOT COMPLETE –

- Complete
  - On-site demonstrations
  - Reference checks
  - Corporate site visits
  
- In Progress
  - User site visits
  - Vendor CEO presentations
  - CEO – CEO discussions
  - Total cost of ownership analysis

# Vendor Demonstrations Week

## May 15 – May 19

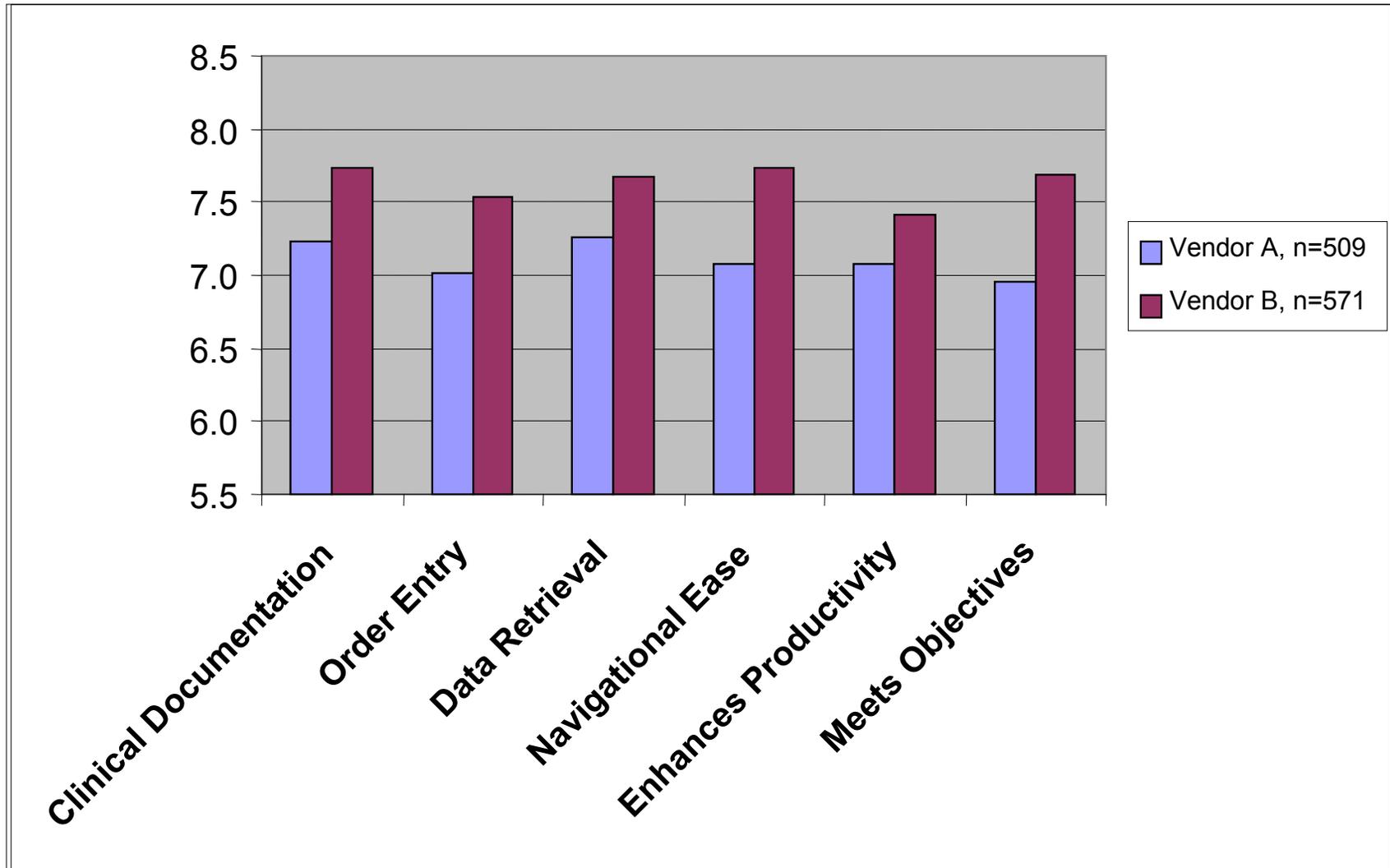
### 197 Demonstration Sessions

Tuesday, May 16, 2006												
Room	<u>Epic CIS Sessions</u> Bowen Science Building Spivey Auditorium	<u>Cerner CIS Sessions</u> Bowen Science Building Watzke Auditorium	<u>Epic Hands-On Open Lab</u> 1135 MERF	<u>Cerner Hands-On Open Lab</u> 1139 MERF	<u>Epic Radiology Sessions</u> 1143 MERF	<u>Cerner Radiology Sessions</u> 1151 MERF	<u>Epic Pharmacy Sessions</u> 2126 MERF	<u>Cerner Pharmacy Sessions</u> 2156 MERF	<u>Cerner Pathology Sessions</u> Bowen Science Building Beisner Auditorium	<u>Roundtable Discussion</u> 1110 MERF		
7:00									PAT Cerner BB - Antibodies & Spec Prod Req			
7:30							7:30 - Acute Care Scenario	7:30 - Financial Scenario				
8:00	OutPt to ER Scenario	Myocardial Infarction Scenario			Scheduling Scenario	Billing Scenario			PAT Cerner BB - Inventory	Technical Roundtable with Epic 8:00 - 10:00		
8:30								BREAK (10 minutes)	BREAK (10 minutes)			
9:00					Billing Scenario	Scheduling Scenario	8:50 - Financial Scenario	8:50 - Acute Care Scenario	PAT Cerner BB - Product Modification			
9:30	Myocardial Infarction Scenario	OutPt to ER Scenario			Hands-On Open Lab	Hands-On Open Lab	10:00 - Hands-On Open Lab	10:00 - Hands-On Open Lab	PAT Cerner BB - UnXm OnegETC; e-ISXM, Type & Scrn	Technical Roundtable with Cerner 10:00 - 12:00		
10:00												
10:30					Receptionist/Technologist Scenario	Radiologist Scenario						
11:00	Surgical OutPt to OR Scenario	High Risk OB InPt NICU Scenario			Radiologist Scenario	Receptionist/Technologist Scenario	11:00 - Adult Medicine Scenario	11:00 - Oncology Scenario	PAT Cerner AdHocQuery General CCL			
11:30												
12:00			CIS Hands-On Open Lab	CIS Hands-On Open Lab			BREAK (10 minutes)	BREAK (10 minutes)	PAT Cerner Micro - Specimen C & S			
12:30	High Risk OB InPt NICU Scenario	Surgical OutPt to OR Scenario					Hands-On Open Lab	Hands-On Open Lab	12:20 - Oncology Scenario	12:20 - Adult Medicine Scenario		
1:00												
1:30							Scheduling Scenario	Receptionist/Technologist Scenario	1:30 - Hands-On Open Lab	1:30 - Hands-On Open Lab	PAT Cerner Micro - Specimen with Decision Tree	HIM Roundtable with Epic 1:00-2:30
2:00	Epic: Clinical Continuum of Care Demonstration	Cerner: Outcomes Measurement and Performance Management in Critical Care and General Care					Receptionist/Technologist Scenario	Scheduling Scenario			PAT Cerner Micro-Instr. & QA/Antibiogram	
2:30												
3:00							Hands-On Open Lab	Hands-On Open Lab	2:30 - ICU Care Scenario	2:30 - Pediatric Scenario	PAT Cerner Micro - MolePath Infec. Ds	HIM Roundtable with Cerner 2:30 - 4:00
3:30	Epic: Clinical Continuum of Care Demonstration	Cerner: Creating an Improved End User Experience: PowerChart Next Generation					Receptionist/Technologist Scenario	Radiologist Scenario	BREAK (10 minutes)	BREAK (10 minutes)		
4:00												
4:30							Radiologist Scenario	Receptionist/Technologist Scenario	3:50 - Pediatric Scenario	3:50 - ICU Care Scenario	PAT Cerner Micro - Micro-MolePath One & Genetics	
5:00					Hands-On Open Lab	Hands-On Open Lab	5:00 - Hands-On Open Lab	5:00 - Hands-On Open Lab	PAT Cerner Core Fx: Billing General Lab			
5:30												
6:00									Pathology Open Hands-on Lab			
6:30												

## Vendor Demonstrations Week Staff Participation

General Evaluation Forms Submitted	<b>1,626</b>
Scanned Pathology System Forms	<b>264</b>
Total General Evaluation Scan Forms	<b>1,890</b>
Total Free-Text Comments Collected from the Sessions and Hands-On Labs	<b>530</b>
Number of Round-table/Question & Answer Sessions	<b>36</b>

# Vendor Demonstrations Week Average Scores



# Reference Site Calls

Area	Epic Site	Cerner Site
Cardiology	Evanston Northwestern Healthcare	University Medical Center, TX
Executive IT	Cleveland Clinic	University of Missouri
Food and Nutrition	Kaiser Permanente	Spectrum Health, MI
Food and Nutrition		Inland Hospital, Maine( East Maine Health Care System)
Food and Nutrition		Tri City Medical Center, Oceanside, CA
IT/Technical Architecture	Geisinger Health System, Danville, PA	Penn St. Hershey Medical Center
Neurology Labs	ThedaCare, Appleton, WI	Mayo Clinic Jacksonville
Nursing	Aspirus, Wausau, WI	Penn St. Hershey Medical Center
Ophthalmology	Kaiser Permanente	Mayo Clinic Jacksonville
Otolaryngology	Cleveland Clinic Foundation	Mayo Clinic Jacksonville
Pathology	University of Texas Medical Branch, Galveston	Allegent Health Systems, NE
Pathology	Hennepin County Medical Center, Minneapolis, MN	Associated Regional University Pathologist, UT
Pathology		Barnes-Jewish, Saint Louis
Pathology		Loma Linda University Medical Center, CA
Pathology		Trinity Med Cntr, Birmingham, AL
Pharmacy	Loyola University Health System Maywood, IL	Penn St. Hershey Medical Center
Physician	Evanston Northwestern Healthcare	Penn St. Hershey Medical Center
Radiology	Elliot Health System, Manchester, NH	National Institutes of Health Clinical Center
Rehab	MetroHealth System, Cleveland, OH	Spectrum Health
Respiratory Care	Geisinger Health System, Danville, PA	Spectrum Health
Social Services	ThedaCare, Appleton, WI	NCH Healthcare System, FL
Vascular Lab	Geisinger Health System, Danville, PA	Mayo Clinic Jacksonville

## Vendor Site Visits

- Clinical Information System Review
  - Cerner: Northwestern Memorial Hospital, Chicago IL (June 22, 2006)
  - Epic: Evanston Northwestern Hospital, IL (June 21, 2006)
  - Cerner: Virginia Commonwealth University Health System, Richmond, VA
  - Epic: Cleveland Clinic, Cleveland, OH (July 2006)
- Radiology Information System Review
  - Cerner: Children's Hospital, Minneapolis, MN
  - Epic: Allina Hospitals and Clinics, Buffalo MN (June 21, 2006)
- Laboratory Information System Review
  - Cerner: Barnes-Jewish, St Louis (July 2006)
  - Cerner: Hennepin County Medical Center, Minneapolis, MN (July 2006)
- Executive Visit to Corporate Offices
  - Epic: Verona WI (June 9, 2006)
  - Cerner: Kansas City, MO (June 26, 2006)
- Vendor CEO Visit to UIHC
  - Cerner: Neal Patterson (July 18, 2006)
  - Epic: Judy Faulkner (July 19, 2006)

## Preliminary 10 Year Cost of Ownership Ranges

- Software
  - \$10-20 million
- Hardware
  - \$ 9-12 million
- Implementation and Training
  - \$ 7-9 million
- There will be additional costs associated with internal UIHC/CCOM/UIP staff time
- Ongoing costs include software and hardware maintenance
- All of the above cost elements will be considered in the final vendor evaluations

## Anticipated System Benefits

- Improve Patient Safety
  - Reduction of Adverse Drug Events
  - Reduction of Inefficient Therapies
  - Reduction in Order and Documentation Interpretation Errors
  - Improve Patient Identification Process
- Improve Operational Efficiencies
  - Eliminate Manual Documentation of Medication Administration
  - Eliminate Manual Entry of Clinical Orders in Ancillary Systems
  - Enable Rules-Based Electronic Alerts
- Financial
  - Improve Use of Standard Clinical Protocols
  - Reduce Practice Variation
  - Reduce Duplicative Orders
  - Decrease Use of Expensive Medications and Ancillary Tests
- Improve Ability to Share Clinical Information with Internal / External Providers
- Facilitate Development of Clinical Data Warehouses for Research Support
- Address Issue of Inpatient Pharmacy / Laboratory System Support Expiration in 2010

## Next Steps

- Select consultant to assist in contract negotiations
- Complete total cost of ownership calculations
- Gartner, Inc. report to UIHC Director's Staff on July 24
- Brief Board of Regents in August
- Continue to negotiate contract terms
- Request approval of contract – Board of Regents (date to be determined)

# Clinical Information System:

## APPENDICES

## Gartner, Inc.

- Gartner, Inc. is a global research and analysis firm focusing on information technology
- Gartner, Inc has a large practice associated with health care information technology, driving innovation
- They are the developers of a robust clinical information systems functionality model

## Gartner Clinical Information Systems Model

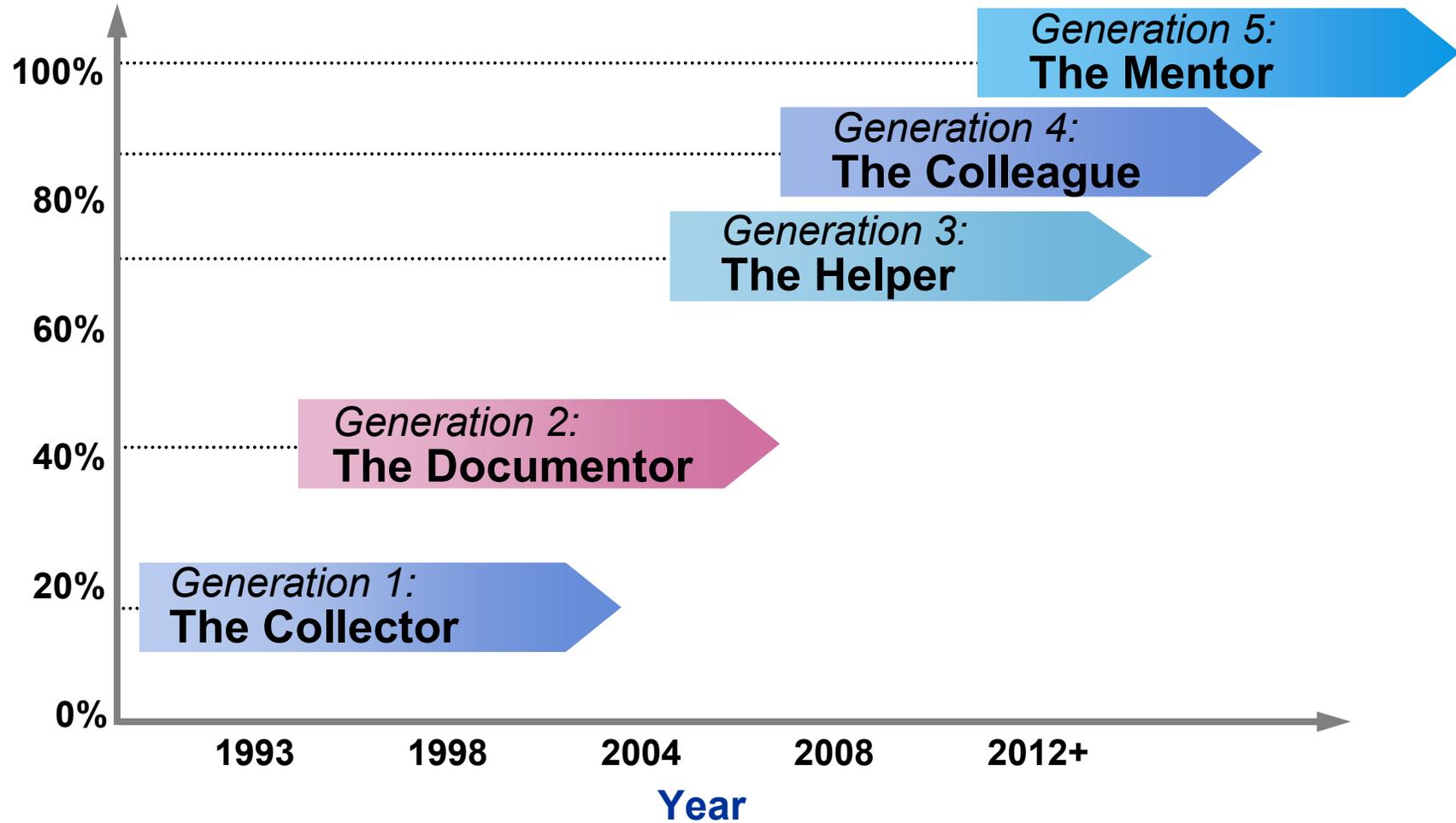
Core Capability	Description
<b>Clinical Data Repository</b>	Permanent data store which guarantees that information is stored for the legally required time and can be retrieved rapidly and flexibly
<b>Support for Privacy</b>	Guarantee security and confidentiality, while balancing the need for legitimate access
<b>Interoperation</b>	Ability to communicate and interact with other systems
<b>Controlled Medical Vocabulary</b>	Provides a linguistic and semantic infrastructure
<b>Clinical Decision Support</b>	Ability to incorporate rules and decisions
<b>Clinical Workflow</b>	Support for the processes involved in clinical care as well as the information needed
<b>Clinical Documentation &amp; Data Capture</b>	Capture all clinically relevant information at the point of care
<b>Clinical Display</b>	Present data in a meaningful manner that contributes to the clinician's ability to use the data effectively
<b>Order Management (including CPOE)</b>	Support a variety of mechanisms for order entry
<b>Knowledge Management</b>	Synergistic functioning of virtually all of the core capabilities

# Gartner CIS Generations Definitions

- **The Documentor**: Basic systems that physicians and nurses can use at the point of care to begin to document, rather than merely access, clinical data. The systems allow for more interaction than merely viewing data.
- **The Collector**: Simple systems that provide a site-specific, encounter-based solution to accessing clinical data. Essentially these are results reporting systems.
- **The Helper**: More-advanced systems that must support clinical episodes and encounters and use decision support to assist clinicians. These systems must be designed for use in the ambulatory and selected acute-care settings; for example, medical or surgical floors and either the ICU or the emergency department.
- **The Colleague**: Advanced systems that provide substantial functionality for nurses, physicians and pharmacists. These systems must be designed for use in ambulatory and all acute-care settings except the operating room. At this level, many of the core capabilities have become more tightly integrated.
- **The Mentor**: Complex, sophisticated and fully integrated systems providing solutions that cover the full continuum of care and can, when appropriate, actually guide clinicians. The core capabilities are now so tightly integrated that they are essentially a single function. These systems meet the clinical requirements of all caregivers.

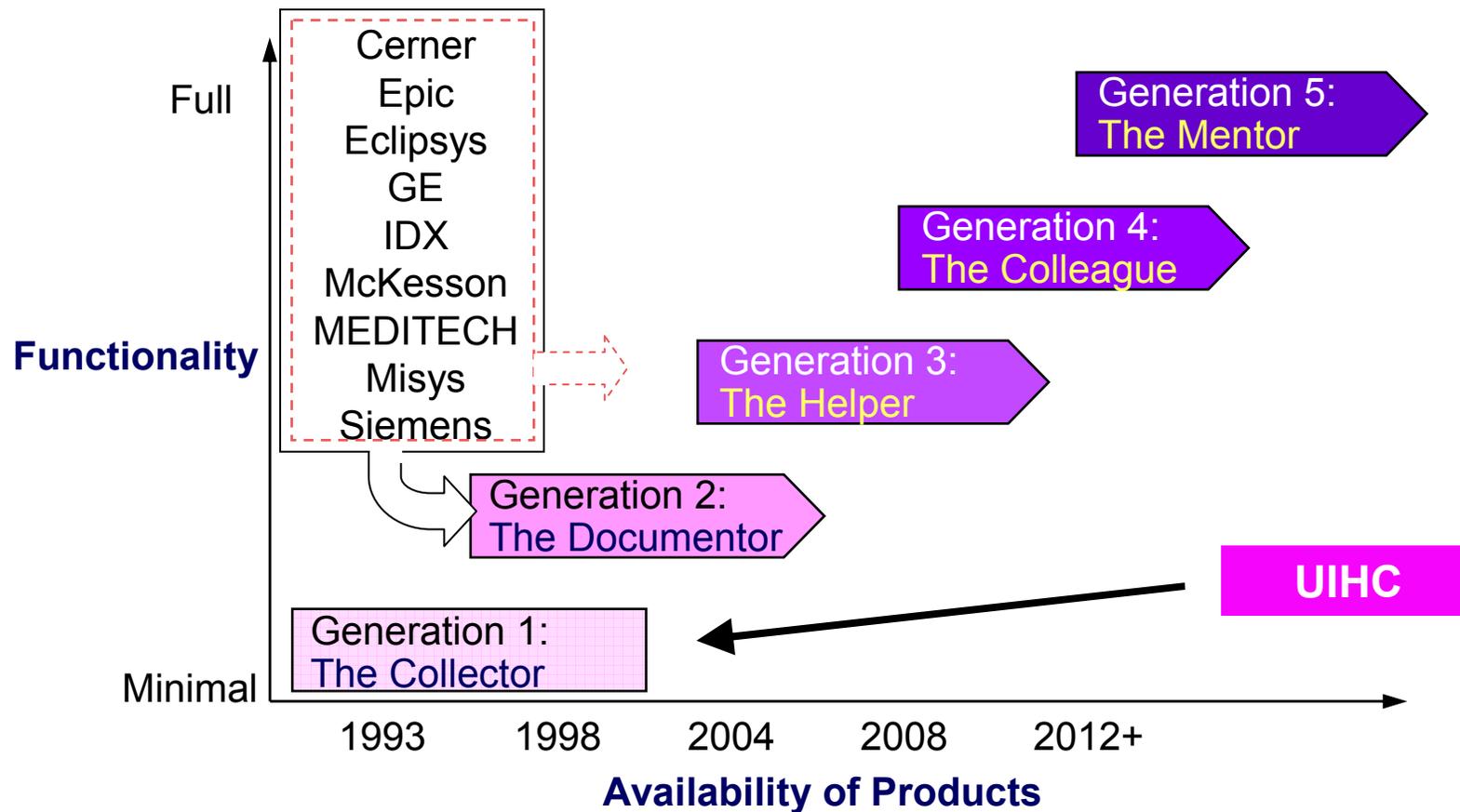
# CIS Generation Impact on Medical Errors

## Reduction in Preventable Errors



## Categorizing UIHC Clinical Info System

Based on this evaluation, Gartner considers UIHC system as a generation 1 CIS. The commercially available products are closer to being generation 3 systems than IPR.



# Clinical Information Systems Strategy

- Mapped to Strategic Plan
  - Patient Safety
  - Public Reporting Measures
  - Patient Satisfaction & Staff Engagement
  - Innovative Care Delivery
  - Efficiency Improvement/Cost Reduction
  - Revenue Optimization
- Mapping reviewed by
  - Physician Advisory Group
  - CIS Core Team
  - Health Information Management Subcommittee
  - Clinical Administration Council
  - Director's Staff

# Clinical Information Systems Business Objectives

- Workplace of Choice
  - Decrease demand for manual data acquisition / data entry
  - Reduce time needed for duplicate documentation
  - Reduce time needed to manage paperwork
  - Improve ability to retrieve / analyze data
- Pursuing Excellence
  - Reduce adverse drug events
  - Reduce inefficient therapies
  - Reduce order / documentation interpretation errors
  - Improve patient identification process
  - Reduce patient order-to-administration wait times
  - Reduce verbal orders
  - Improve ability to record / review advanced directives

# Clinical Information Systems Business Objectives

- Improving Efficiencies
  - Improve ability to track orders
  - Eliminate manual / duplicate documentation of medication administration
  - Eliminate manual charge processing of medication administration
  - Eliminate manual entry of orders in ancillary systems
  - Provide automatic renewal of physician orders
  - Enhance ability for remote consultations
  - Enable rules-based electronic alerts
  - Reduce patient turn-around times
  - Improve speed of data assembly and decision making

# Clinical Information Systems Business Objectives

- Financial Strength
  - Improve use of standard clinical protocols
  - Reduce practice variation
  - Reduce duplicate / unnecessary orders
  - Reduce expenses associated with managing errors
  - Control the use of expensive medications / ancillary tests
  - Improve documentation to support orders
  - Reduce late charges

### **Round 2 Weighting Process Utilized to Narrow Vendor Field**

- Detailed Functional Requirements 45%
- Support & Services 20%
- Technology 15%
- Corporate Viability 10%
- Corporate Vision 10%

\* Once product functionality and acceptability are determined during due diligence, total cost of ownership and cost effectiveness become the primary decision factors.

## KLAS Report Overall Vendor Performance Inpatient\* (As of Jan. 2006)



Product Technology Indicators	Cerner (321)	Eclipsys (124)	Epic (57)	GE (199)	IDX (124)	McKesson (514)	Meditech (106)	Siemens (332)
Enterprise Commitment to Technology								
Product Works as Promoted								
Quality of Releases & Updates								
Technology Easy to Implement & Support								
System Response Times								
Proactive Service								
Real Problem Resolution								
Production Errors Addressed Quickly								
Worth the Effort								
Lived Up to Expectations								
Would You Buy it Again								
Keeps All Promises								

\*NOTE- Includes only currently marketed products unless the number of clients live with currently marketed product is <15 as measured by KLAS and then most recent past installed product is also included.

## KLAS Report Overall Vendor Performance Ambulatory\* (As of Jan. 2006)



Product Technology Indicators	Cerner (65)	Epic (72)	GE (168)	IDX (134)	McKesson (186)	Siemens (89)
Enterprise Commitment to Technology						
Product Works as Promoted						
Quality of Releases & Updates						
Technology Easy to Implement & Support						
System Response Times						
Proactive Service						
Real Problem Resolution						
Production Errors Addressed Quickly						
Worth the Effort						
Lived Up to Expectations						
Would You Buy it Again						
Keeps All Promises						

\*NOTE- Includes only currently marketed products unless the number of clients live with currently marketed product is <15 as measured by KLAS and then most recent past installed product is also included.

# **Operating and Financial Performance**

July 2005 through May 2006

**Donna Katen-Bahensky**

Director and Chief Executive Officer

**Anthony DeFurio**

Chief Financial Officer

# Volume Indicators

## July 2005 through May 2006

	Actual	Budget	Prior Year	Variance to Budget	% Variance to Budget	Variance to Prior Year	% Variance to Prior Year
<b>Operating Review (YTD)</b>							
Admissions	23,749	23,739	22,945	10	0.0% ○	804	3.5% ●
Patient Days	158,211	154,973	161,168	3,238	2.1% ○	(2,957)	-1.8% ○
Length of Stay	6.66	6.53	7.02	0.13	2.0% ○	(0.36)	-5.2% ●
Average Daily Census	472.3	462.6	481.1	9.7	2.1% ○	(8.8)	-1.8% ○
Surgeries - Inpatient	9,195	9,153	9,066	42	0.5% ○	129	1.4% ○
Surgeries - Outpatient	9,959	10,223	9,900	(264)	-2.6% ●	59	0.6% ○
Emergency Treatment Center Visits	32,139	30,527	30,075	1,612	5.3% ●	2,064	6.9% ●
Outpatient Clinic Visits	614,869	630,648	611,002	(15,779)	-2.5% ○	(3,867)	0.6% ○

●	○	●
Greater than 2.5% Favorable	Neutral	Greater than 2.5% Unfavorable

# Comparative Financial Results

## July 2005 through May 2006



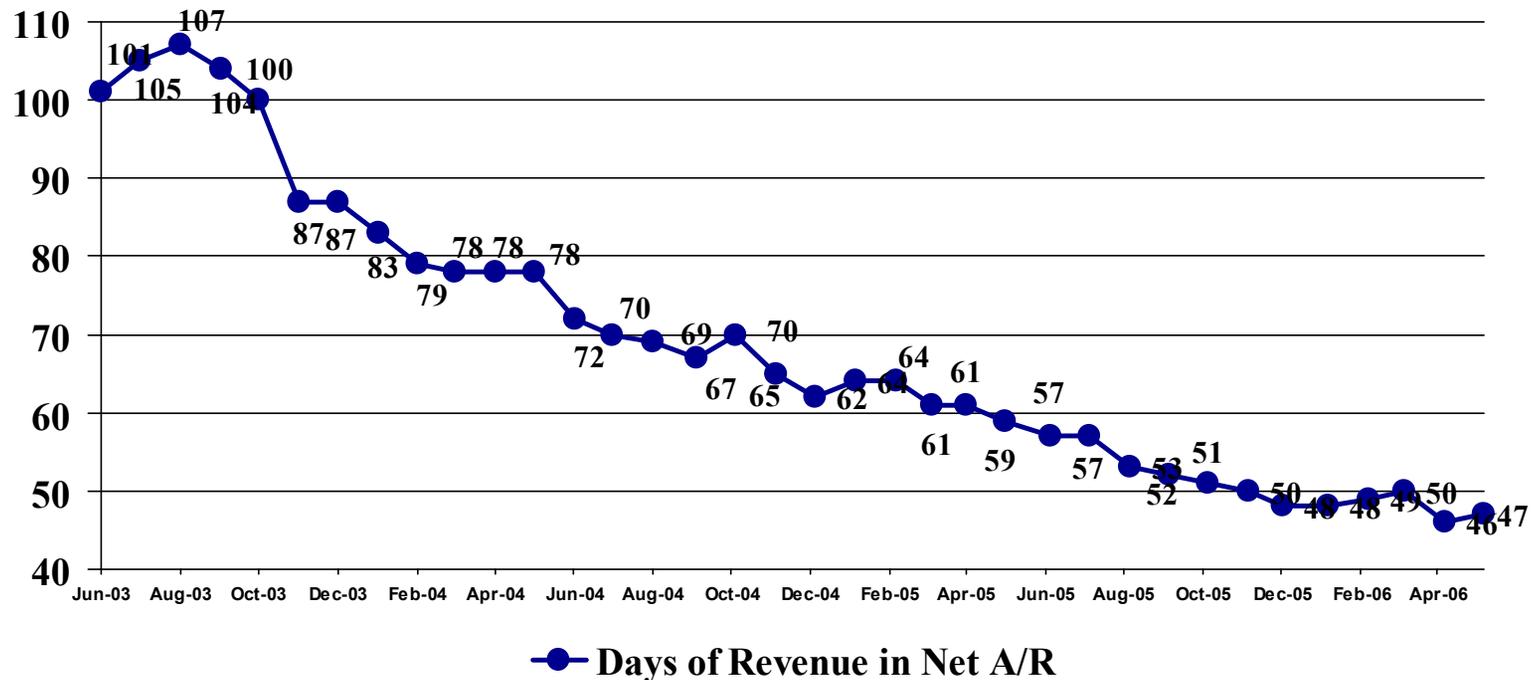
NET REVENUES:	Actual	Budget	Prior Year	Variance to Budget	% Variance to Budget	Variance to Prior Year	% Variance to Prior Year
Patient Revenue	\$606,466	\$614,864	\$544,220	(\$8,398)	-1.4%	\$62,246	11.4%
Appropriations	12,289	12,289	37,300	0	0.0%	(25,011)	-67.1%
Other Operating Revenue	34,710	35,632	35,334	(922)	-2.6%	(624)	-1.8%
<b>Total Revenue</b>	<b>\$653,465</b>	<b>\$662,785</b>	<b>\$616,854</b>	<b>(\$9,320)</b>	<b>-1.4%</b>	<b>\$36,611</b>	<b>5.9%</b>
EXPENSES:							
Salaries and Wages	\$337,088	\$343,356	\$321,218	(\$6,268)	-1.8%	\$15,870	4.9%
General Expenses	246,056	253,797	232,017	(7,741)	-3.1%	14,039	6.1%
Operating Expense before Capital	583,144	597,153	553,235	(14,009)	-2.4%	29,909	5.4%
Earnings Before Depreciation, Interest, and Amortization (EBDITA)	70,321	65,633	63,619	4,688	7.1%	6,702	10.5%
Capital- Depreciation and Amortization	48,498	44,658	45,484	3,840	8.6%	3,014	6.6%
<b>Total Operating Expense</b>	<b>\$631,642</b>	<b>\$641,811</b>	<b>\$598,719</b>	<b>(\$10,169)</b>	<b>-1.6%</b>	<b>\$32,923</b>	<b>5.5%</b>
Operating Income	\$21,823	\$20,974	\$18,135	\$849	4.0%	\$3,688	20.3%
Operating Margin %	3.3%	3.2%	2.9%	0.1%	3.1%	0.4%	13.8%
Gain (Loss) on Investments	\$9,366	\$16,906	\$8,298	(\$7,540)	-44.6%	\$1,068	12.9%
Non-Recurring Items	1,700	-	6,611	1,700	0.0%	(4,911)	-74.3%
Net Income	\$32,890	\$37,880	\$33,044	(\$4,990)	-13.2%	(\$154)	-0.5%
Net Margin %	5.0%	5.7%	5.4%	-0.7%	-11.9%	-0.4%	-6.0%

**NOTE:** all dollar amounts are in thousands

## University of Iowa Hospitals and Clinics

# Comparative Accounts Receivable as of May 31, 2006

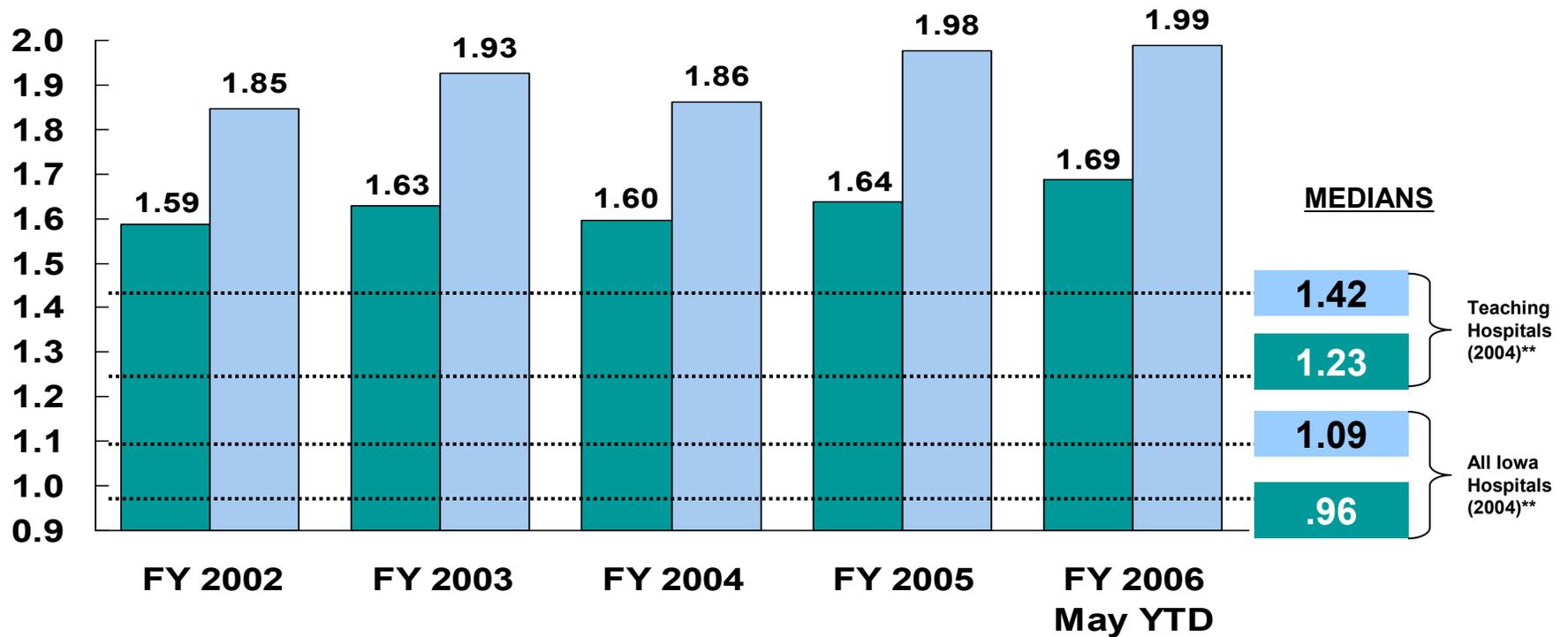
	June 30, 2004	June 30, 2005	May 31, 2006	Median Moody's Aa Rating
<b>Net Accounts Receivable</b>	<b>\$110,344,338</b>	<b>\$93,964,049</b>	<b>\$77,011,237</b>	<b>na</b>
<b>Net Days in AR</b>	<b>72</b>	<b>57</b>	<b>47</b>	<b>54</b>



# UNIVERSITY OF IOWA HOSPITALS AND CLINICS

## CASE MIX INDEX - ALL ACUTE INPATIENTS\*

## CASE MIX INDEX - MEDICARE INPATIENTS\*



- THE CASE MIX INDEX REFLECTS THE OVERALL CLINICAL COMPLEXITY OF THE PATIENT CENSUS OF A GIVEN HOSPITAL BY ESTIMATING THE LEVEL OF RESOURCE CONSUMPTION OF THE AVERAGE PATIENT RELATIVE TO THAT OF ALL HOSPITALS NATIONALLY WHICH HAVE A CASE MIX INDEX OF 1.00.
- ALL ACUTE CASE MIX INDEX VALUES SHOWN ABOVE INCLUDE NEWBORN NURSERY
- MEDICARE CASE MIX INDEX EXCLUDES DEPT OF PSYCH

\*\* ALMANAC OF HOSPITAL FINANCIAL OPERATING INDICATORS, 2006 CHIPS  
A TEACHING HOSPITAL IS ONE AT WHICH MEDICAL GRADUATES TRAIN AS RESIDENTS.

# IowaCare and State Institution Patients Update

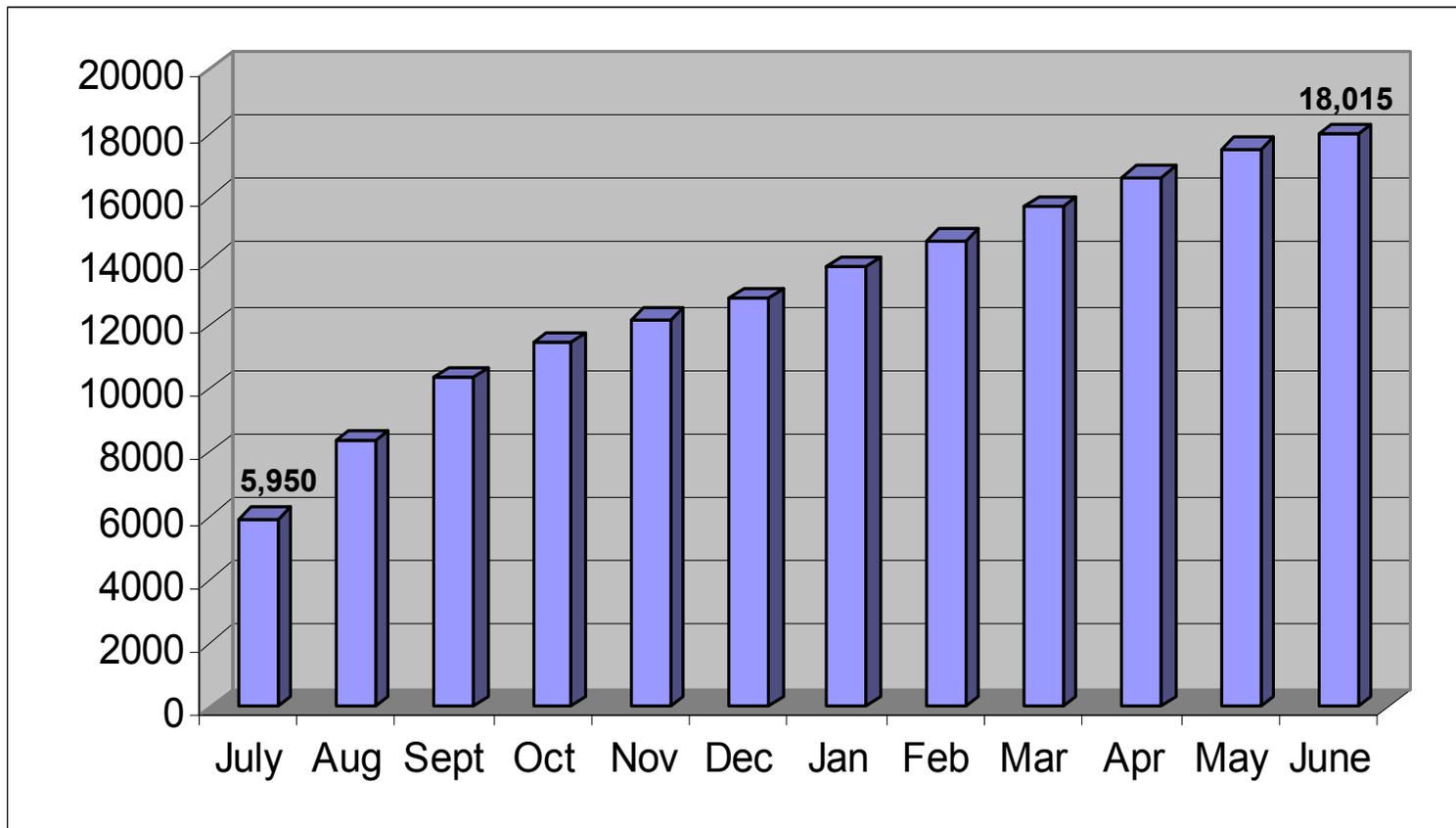
**Donna Katen-Bahensky**

Director and Chief Executive Officer

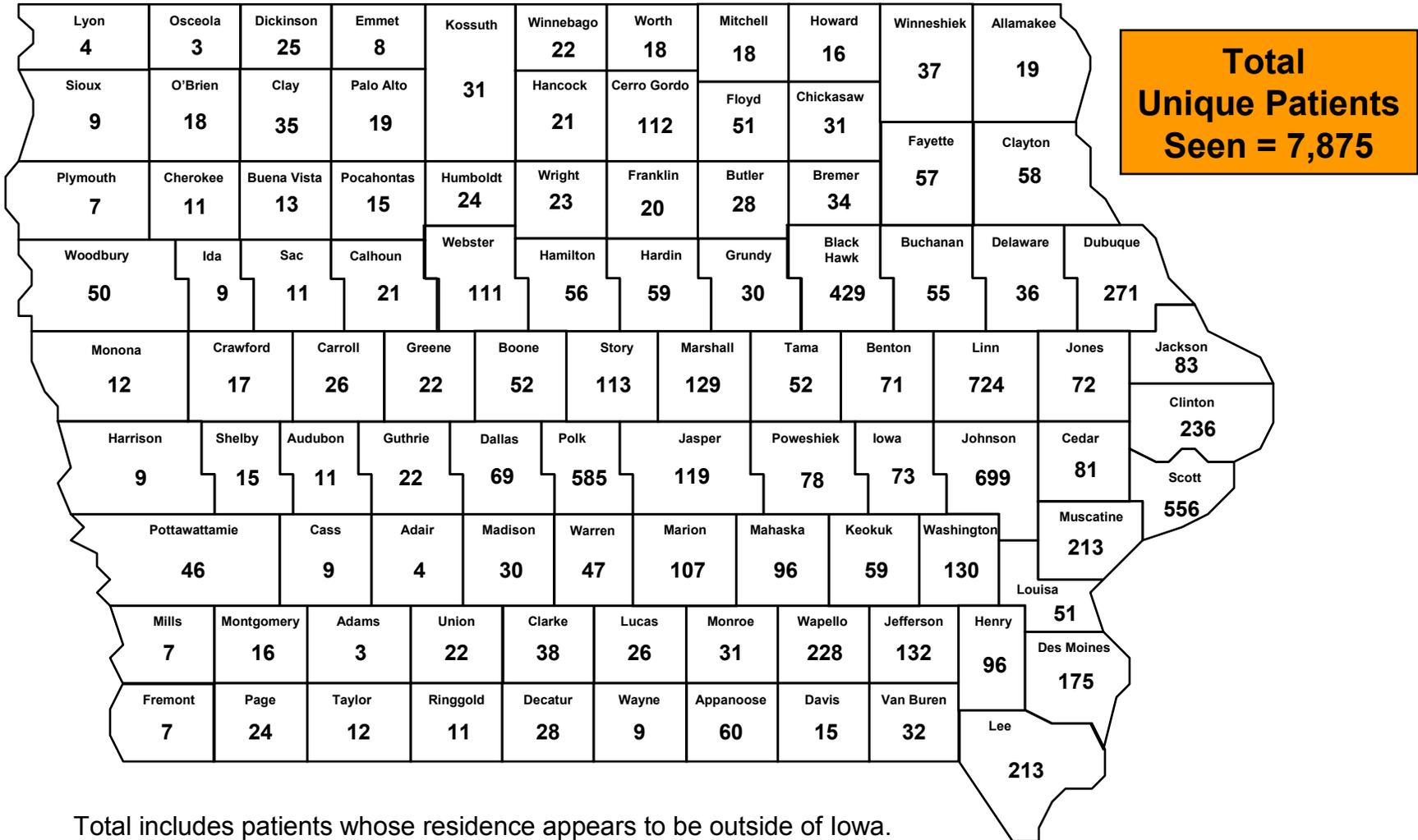
**Stacey Cyphert**

Special Advisor to the President, Special Advisor to  
the Dean of CCOM, Senior Assistant Hospital Director

## FY 06 IowaCare & Chronic Care Enrollment (net of disenrollments)



## Unique IowaCare & Chronic Care Patients\* Seen at the UIHC in FY 06



Total includes patients whose residence appears to be outside of Iowa.

\*Includes patients seen who are no longer enrolled in IowaCare.

## **UIHC IowaCare & Chronic Care Experience Relative to State Papers & Ortho Papers Experience**

- 90% of counties had the same or a greater number of enrolled IowaCare & Chronic Care beneficiaries through May compared to State Papers & Ortho Papers utilized in FY 05.
- The total enrolled IowaCare and Chronic Care population at the end of May represents 401% of the FY 05 State Papers & Ortho Papers utilized in FY 05.
- 70% of counties had the same or a greater number of unique IowaCare & Chronic Care patients seen at the UIHC in FY 06 compared to State Papers & Ortho Papers in FY 05.
- Overall, the UIHC has seen 3,384 more unique IowaCare & Chronic Care patients through June 30, 2006 than State Papers & Ortho Papers patients in FY 05 (175% of the FY 05 total).
- The UIHC fulfilled more than 2,200 requested transportation appointments to 85 different counties that involved travel in excess of 618,000 miles.
- Of all the FY 06 IowaCare & Chronic Care patients that have contacted the UIHC, 20.5% were former State Papers or Ortho Papers in FY 05.

## Most Common Diagnosis Related Groups for IowaCare Beneficiaries Treated at the UI Hospitals & Clinics

Rank	Description
1	<b>410</b> Chemotherapy w/o Acute Leukemia As Secondary Diagnosis
2	148 Major Small & Large Bowel Procedures w CC
3	<b>25</b> Seizures & Headache Age > 17 w/o CC
4	<b>124</b> Circulatory Disorders Except AMI, w Card Cath & Complex Diag
5 (tie)	544 Major Joint Replacement or Reattachment of Lower Extremity
5 (tie)	<b>182</b> Esophagitis, Gastroent & Misc Digest Disorders Age > 17 w CC
7	557 Percutaneous Cardiovascular Proc w Drug-Eluting Stent w Major CV Dx
8	202 Cirrhosis & Alcoholic Hepatitis
9	449 Poisoning & Toxic Effects of Drugs Age > 17 w CC
10 (tie)	415 O.R. Procedure for Infectious & Parasitic Diseases
10 (tie)	521 Alcohol/Drug abuse or Dependence w CC
10 (tie)	294 Diabetes Age > 35



**Among the top 10 DRGs for State Papers patients in FY 05.**

## UIHC's Financial Experience with IowaCare & Chronic Care

- The initial appropriation of \$27.3 M was exhausted by the end of April 2006. HF 2347 authorized approximately an additional \$5 M for FY 06. HF 2734 superseded HF 2347 and authorized up to an additional \$10.6 M. Approximately \$34.5 M is anticipated to be paid to the UIHC in FY 06, with the balance rolling into FY 07.
- The UIHC subsidizes the IowaCare program in several ways, including by providing transportation services at costs greater than reimbursement and anticipates its pilot pharmaceutical and durable medical equipment program will increase its subsidization by several million dollars next year.
- The Carver College of Medicine physicians received no reimbursement for the approximately \$9.9 M in services at Medicaid rates they provided to IowaCare beneficiaries in FY 06.

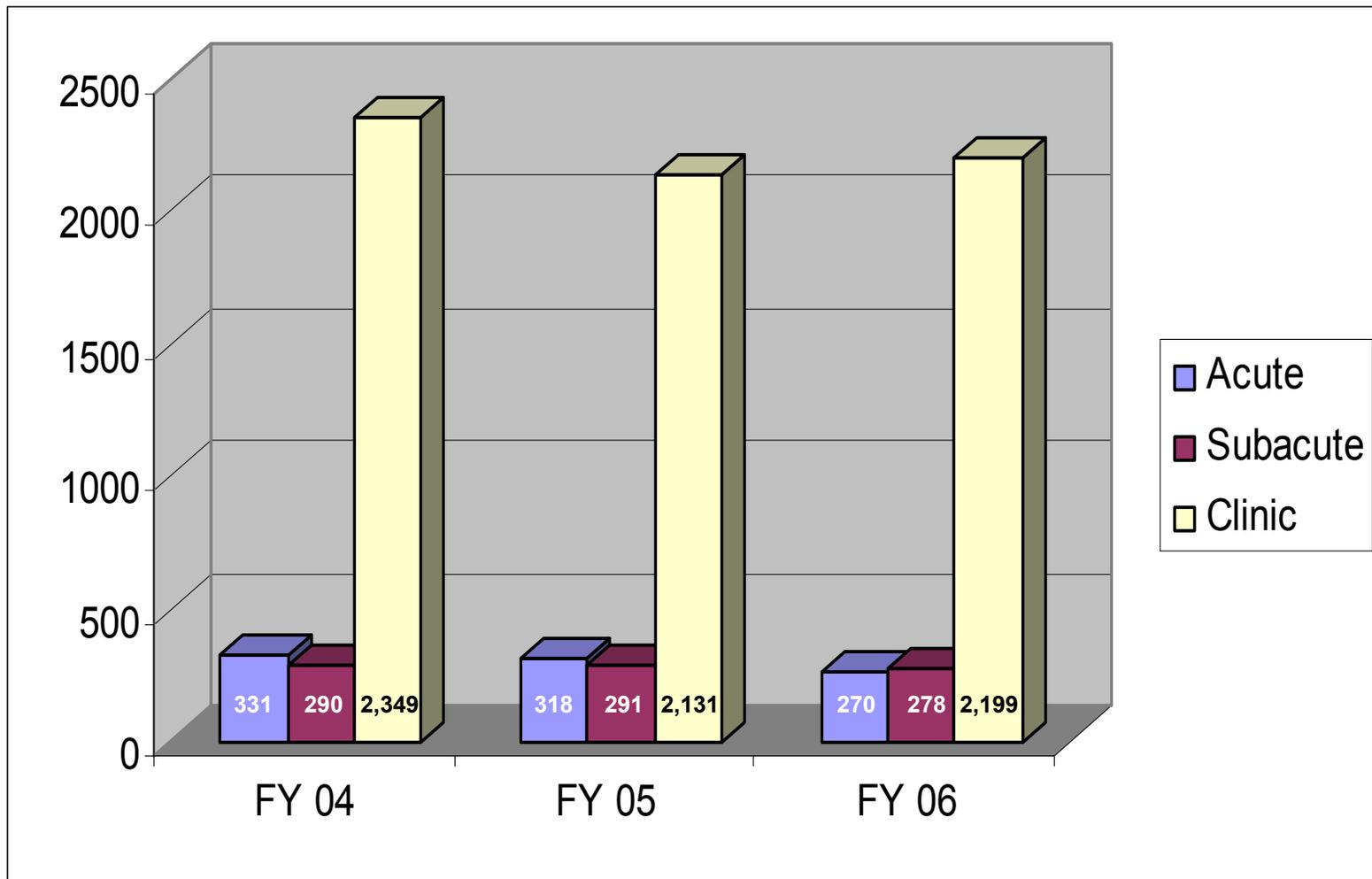
## Select Issues for Consideration

- The FY 07 IowaCare appropriation for the UIHC is unlikely to be sufficient to fulfill DHS's compensation obligations to the UIHC for the entire year for services provided to IowaCare beneficiaries, just as the initial FY 06 appropriation proved to be insufficient.
- Iowa's compliance with the Deficit Reduction Act of 2005 (P.L. 109-171) may necessarily result in delays in authorization of IowaCare coverage status which may create hardships for patients and non-network providers.
- If IowaCare enrollment continues to grow without restriction it may challenge the UIHC's ability to meet demand in a timely manner.
- The UIHC's pilot project to enhance access to pharmaceuticals and durable medical equipment for IowaCare beneficiaries is targeted to start August 14, 2006.
- Implementation of the Nurse Helpline for IowaCare beneficiaries is contingent on completion of a new, separate 28 E agreement between the UIHC and DHS.

## Mandate to Serve State Institution Patients

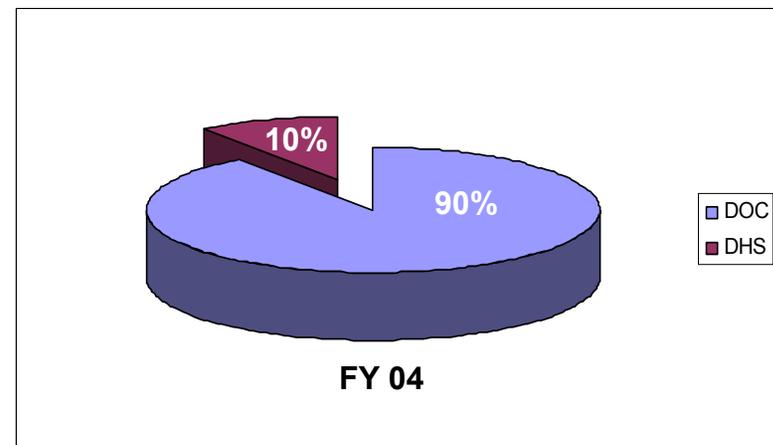
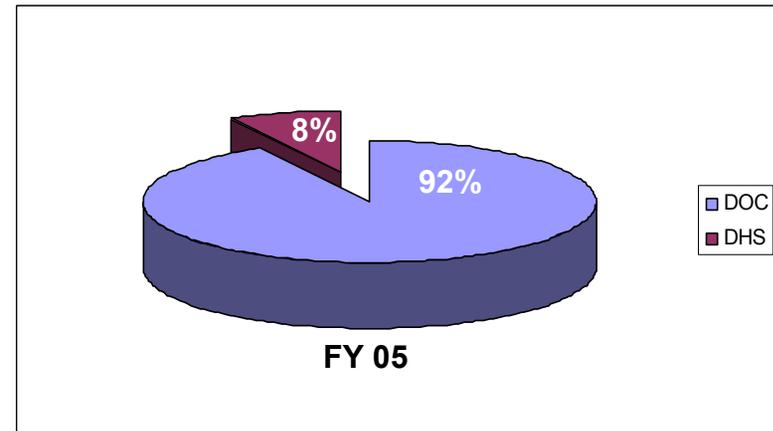
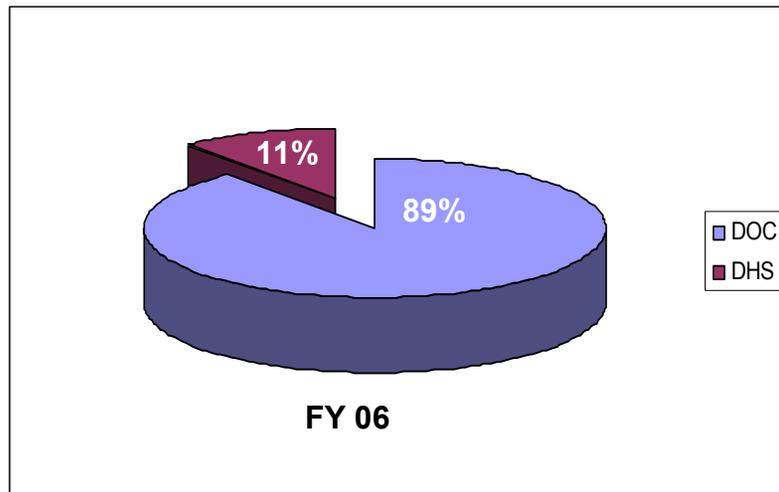
- Under Iowa Code CH. 255 the UIHC was required to provide free care to residents of state institutions. Physicians were required to provide the treatment gratuitous; the UIHC could count expenses associated with this care toward the annual appropriation made to it for the Indigent Patient Care Program.
- CH. 255 was repealed in HF 841 (Ch. 167, 81st G.A., 2005 Session), however, Sections 50 & 51 retained the obligation for the UIHC to provide free care to residents of state institutions. The UIHC also lost the ability to count care provided to state institution patients toward obligations associated with the appropriation received for serving IowaCare beneficiaries.
- The UIHC and Carver College of Medicine physicians are obligated to provide an unlimited amount of medical and surgical services to State Institution patients at our Iowa City location.
- State institution patients receive the same high quality care as other patients treated at the UIHC.
- State Institutions are responsible for providing the transportation to and from the UIHC and for any supervisory oversight required of the patient.

## State Institution Volume at the UIHC



# State Institution Patients

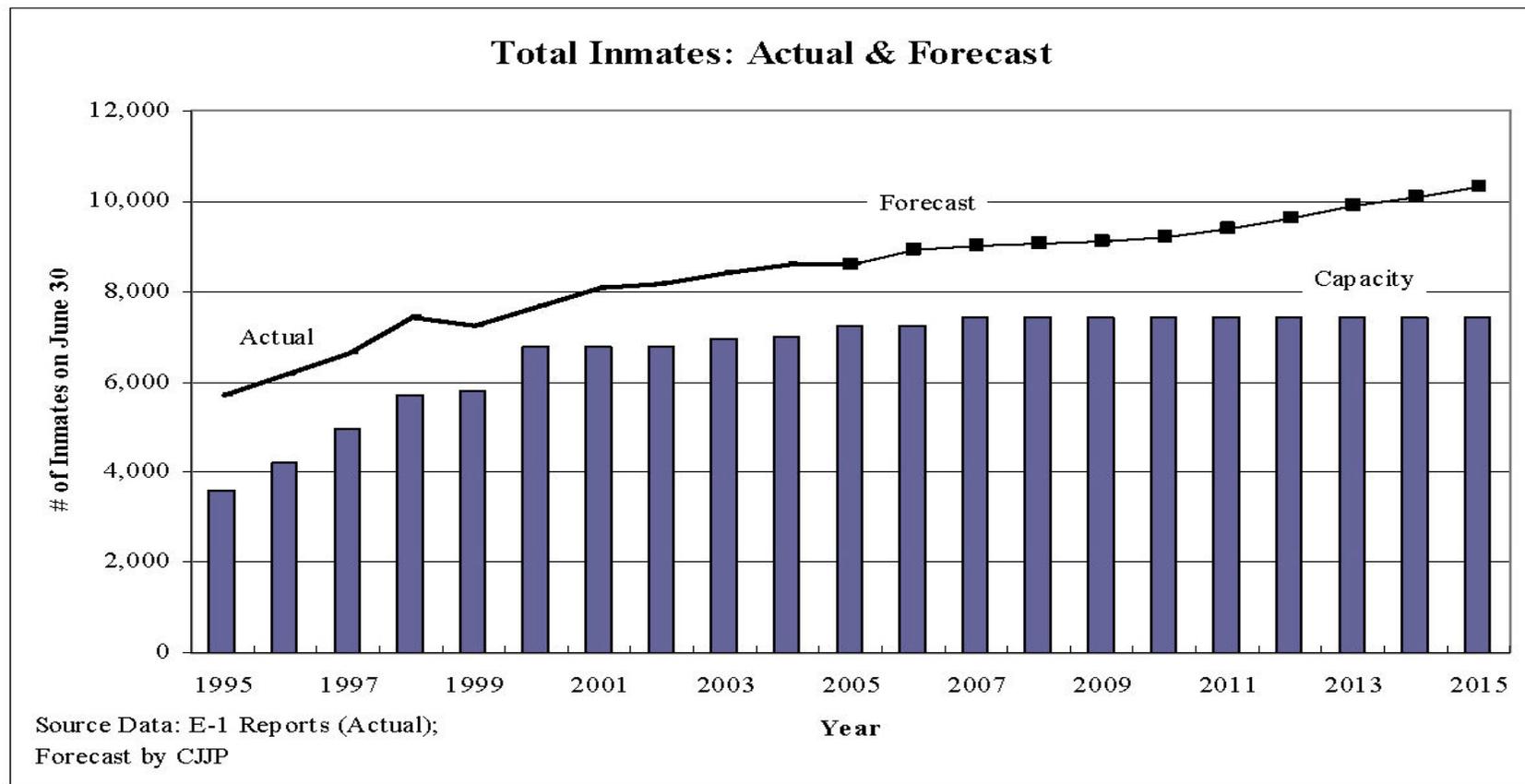
## Department of Corrections Patients Comprise the Vast Majority of State Institution Patients Seen at the UIHC\*



\*Charts based on hospital & physician charges for services

# State Institution Patients

## The State Institution Population Associated with the Department of Corrections is Projected to Increase



Iowa Department of Corrections, Report to the Board of Corrections, Population Growth, July 2006, p.4.

## State Institution Patients

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### **The Cost of Providing Free Care to Residents of State Institutions is Significant**

- The UIHC provided \$5.1 M in services to state institution patients in FY 06 at Medicaid reimbursement rates.
- The CCOM provided \$1.4 M in services to state institution patients in FY 06 at Medicaid reimbursement rates.
- Combined, the UIHC & CCOM provided \$6.5 M in services to state institution patients in FY 06 at Medicaid reimbursement rates. None of this expense was reimbursed from state sources.

# Director's Report

**Donna Katen-Bahensky**

Director and Chief Executive Officer

## Director's Report

- I. Awards and Recognition
- II. Recruitment Update
- III. Market Share
- IV. Smoking Policy Update
- V. Disaster Preparedness
- VI. Facility Access
- VII. Task Force on Physician Workforce
- VIII. Hope Lodge
- IX. Senate Hearing
- X. Other

**For the Seventeenth Consecutive Year,  
University of Iowa Health Care Specialties  
Earned High Rankings In U.S. News & World Report**



**2<sup>nd</sup> Otolaryngology**

**6<sup>th</sup> Ophthalmology & Visual Sciences**

**7<sup>th</sup> Orthopaedic Surgery**

**17<sup>th</sup> Urology**

**30<sup>th</sup> Gynecology**

**41<sup>st</sup> Kidney Disease**

### Marketing Awards – Benson & Hepker

- Five publications were recently recognized in several regional and national competitions:
  - The 2003-2004 annual report for University Hospitals won an Award of Distinction from the Association of American Medical Colleges.
  - Well&Good, a quarterly consumer newsletter, was an International Association of Business Communicators/Iowa Bronze Quill Award winner and also won an award of merit from the national Healthcare Marketing Report Advertising Awards competition.
  - The 2004-2005 annual report for University Hospitals won a bronze award.
  - PACEMAKER, a quarterly newsmagazine for University of Iowa Health Care, was given an award of merit; and Compass, an internal newsletter for University Hospitals, won a bronze award.
- All projects were coordinated by the Joint Office for Marketing and Communications at University of Iowa Health Care.

### Years of Service Recognition

- UIHC regularly recognizes staff who have reached a 5-year milestone (5, 10, 15, etc.) of continuous service of 50% effort or greater.
- For the 4th quarter of FY 2006, a total of 222 staff have been invited to receive recognition at a Years of Service Reception this Friday, July 21st.
  - The average years of service among this group is 14 years.
  - The greatest number of years of service is 40 years.

## Recent Recruiting Successes

- Children's Hospital of Iowa (CHI)
  - Mr. John Brandecker, Associate Hospital Director and CHI Administrator
- Department of Dermatology
  - Dr. Janet Fairley, Professor and Head\*

\* pending approval from the Office of the Provost

## Acute Inpatient UIHC Market Share FY 2002 – FY 2005

	Market Share			
Iowa	FY2002	FY2003	FY2004	FY2005
Mercy - Des Moines	9.8%	9.7%	9.5%	9.6%
Iowa Methodist - Des Moines	7.1%	7.5%	7.5%	7.8%
UI Hospitals and Clinics	6.2%	6.7%	7.0%	6.9%
Primary Service Area	FY2002	FY2003	FY2004	FY2005
St. Luke's - Cedar Rapids	28.9%	28.3%	29.1%	28.7%
UI Hospitals and Clinics	19.3%	20.7%	22.0%	22.1%
Mercy - Cedar Rapids	19.6%	20.0%	20.0%	19.4%
Johnson County	FY2002	FY2003	FY2004	FY2005
UI Hospitals and Clinics	46.0%	49.7%	52.5%	52.6%
Mercy - Iowa City	48.3%	45.2%	41.5%	41.3%
St. Luke's - Cedar Rapids	2.5%	2.2%	2.8%	3.2%

## Smoke-free Environment – Supporting Activities

- Mid-May: UIHC ramps up house-wide efforts to educate staff on issues related to the establishment of a smoke-free campus; widely publicizes smoking cessation services and counseling available to staff, visitors and patients.
- Mid-June: Seven smoke-free ambassadors hired temporarily to help educate visitors throughout the campus of our smoke-free status. Their hours of work are 8 a.m. to 8 p.m.
- June 30: Hospital Administration conducted TV news interviews with channels KCRG (9) and KGAN (2) to educate the public on why and when the new policy was being implemented.
- July 1: The four remaining smoking shelters at UIHC were removed.
- July 5: Additional signs were installed throughout the hospital grounds stating, “We are proud to be a smoke-free campus”. Larger signs were installed on parking ramps and smaller signs on buildings and doors.
- July 11: Evening rounds conducted by the Smoke-Free Environment Task Force to visit 2nd and 3rd shift staff and answer any questions about the new policy.

## Disaster and Emergency Preparedness

- UIHC conducted an Influenza Pandemic Preparedness Drill, June 22-23
- Objectives:
  - Test draft “Bio-Emergency Preparedness Plan” for adequacy in addressing health care needs and issues that could arise in a pandemic
  - Provide Hospital Emergency Incident Command System (HEICS) members the opportunity to undertake duties specified in job action sheets
  - Test capabilities of interacting with area hospitals, the Johnson County Department of Public Health and Emergency Management Office
  - Practice using personal protective equipment (PPE) in transferring patients
- Tested activation of the Bio-Emergency Response Team and UIHC “Disaster and Emergency Preparedness Plan”
- Tested specific “Elements of Preparedness,” including plans for screening, bed capacity and supply procurement
- Actions and improvement suggestions were recorded throughout the day in order to improve efficiency and effectiveness in future emergencies

## New Facility Access Policy

- Beginning August 1, 2006, the UI Hospitals and Clinics Access Control procedures will be expanded to include screening of all persons entering the hospital after hours.
- Between 9:00 PM and 6:00 AM, patients, visitors, and staff without a valid UI Hospitals and Clinics photo ID badge, will be required to enter through the Main Entrance. Safety and Security staff stationed at that location will screen everyone entering the facility.
- Staff members who wish to enter the building but do not have their photo ID Badge with them, as well as any staff who have a badge that does not work at a card reader, will need to use the Main Entrance.
- Safety and Security staff will assist patients and family members to ensure quick access as needed.

## Task Force on Iowa's Physician Workforce

- Iowa Physician Workforce Issues
  - Demographic trends: growing complement of elderly population, and increased incidence of chronic disease
  - Demographic changes will require increased number of physicians
  - Iowa already lags behind in certain specialties
- Charge issued by Dr. Jean Robillard and Donna Katen-Bahensky:
  - **Ascertain** the current supply of non-primary care physicians in Iowa, with a particular emphasis on medical sub-specialists and surgical specialists
  - **Analyze** workforce trend data for those select specialties, focusing on supply, geographic distribution, age, gender and other pertinent data
  - **Advise** Iowa stakeholders of key measures that might lead to an increased supply, more favorable distribution, and better retention of medical and surgical specialists in Iowa

## Task Force

# Task Force Membership

Peter Densen, M.D., Chairman  
Executive Associate Dean  
UI Carver College of Medicine

Fred Scherr, M.D.  
Program Director  
Quad Cities Genesis FM Residency

Russell Knight  
President/CEO  
Mercy Medical Center (DSM)

Mark Wilson, M.D.  
Director  
UI Graduate Medical Education

Kent Bottles, M.D.  
Chief Medical Officer  
Iowa Health System

Tim Charles  
President/CEO  
Mercy Medical Center (CR)

Roger Tracy  
Assistant Dean  
UI Carver College of Medicine

Douglas Dorner, M.D.  
Senior VP of Medical Education  
& Research  
Iowa Health System

Scott Henderson, M.D.  
Program Director  
Mercy FM Residency (MC)

Frank Claudy, M.D.  
VP for Medical Affairs  
Genesis Medical Center

Ted Townsend  
President/CEO  
St. Luke's Hospital

William Langley, M.D.  
Medical/Executive Director  
Genesis Health Group

David Vellinga  
President/CEO  
Mercy Medical Center (DSM)

## Hope Lodge Fundraising

- Russell and Ann Gerdin pledged a \$2 Million challenge grant to establish a Hope Lodge in Iowa City, kicking off the \$8 million statewide campaign
- The Hope Lodge will provide free, non-medical lodging for adult cancer patients and their caregivers in a home-like setting
- The facility, consisting of 30 rooms, will be named the, “Russell and Ann Gerdin American Cancer Society Hope Lodge”
- The Hope Lodge will be located near the Ronald McDonald house, with access to the University of Iowa Holden Comprehensive Cancer Center, VA Hospital, and Mercy Hospital of Iowa City
- There are currently 22 American Cancer Society Hope Lodges nationwide, all of which are supported by funding from the American Cancer Society and charitable giving

## Senate Hearing on Cancer Research Funding

- Iowa Senator Tom Harkin schedules a U.S. Senate field hearing at the University of Iowa for July 28, 2006
- Focus attention on the need for funding cancer research
- Featuring testimony by Lance Armstrong
  - The Lance Armstrong Foundation is dedicated to making the fight against cancer a national priority and to encourage increased federal funding for cancer research
- Highlight specialists at the Holden Comprehensive Cancer Center at The University of Iowa who conduct pioneering studies that bring cutting-edge cancer therapies to patients

