



# ***University of Iowa Health Care***

***Presentation to  
The Board of Regents, State of Iowa  
June 8, 2011***

# Agenda

- Opening Remarks (Robillard)
- CCOM Presentation: Genomic Medicine (Murray)
- Operational and Financial Performance (Kates, Fisher)
- Bylaws Amendments (Hesson)
- Strategic Plan Update (Robillard et al.)



## ***Opening Remarks***

Jean Robillard, MD  
Vice President for Medical Affairs



## ***Carver College of Medicine Presentation: Genomic Medicine***

Jeffrey C. Murray, MD  
Professor of Pediatrics

# ***The Personal Genome***

(Subtext – it is about teaching and research and patients and you and your family)

## Scientists Spot Another Gene Behind Type 2 Diabetes

Finding might someday lead to targeted treatment, researchers say

By Amanda Gardner  
HealthDay Reporter

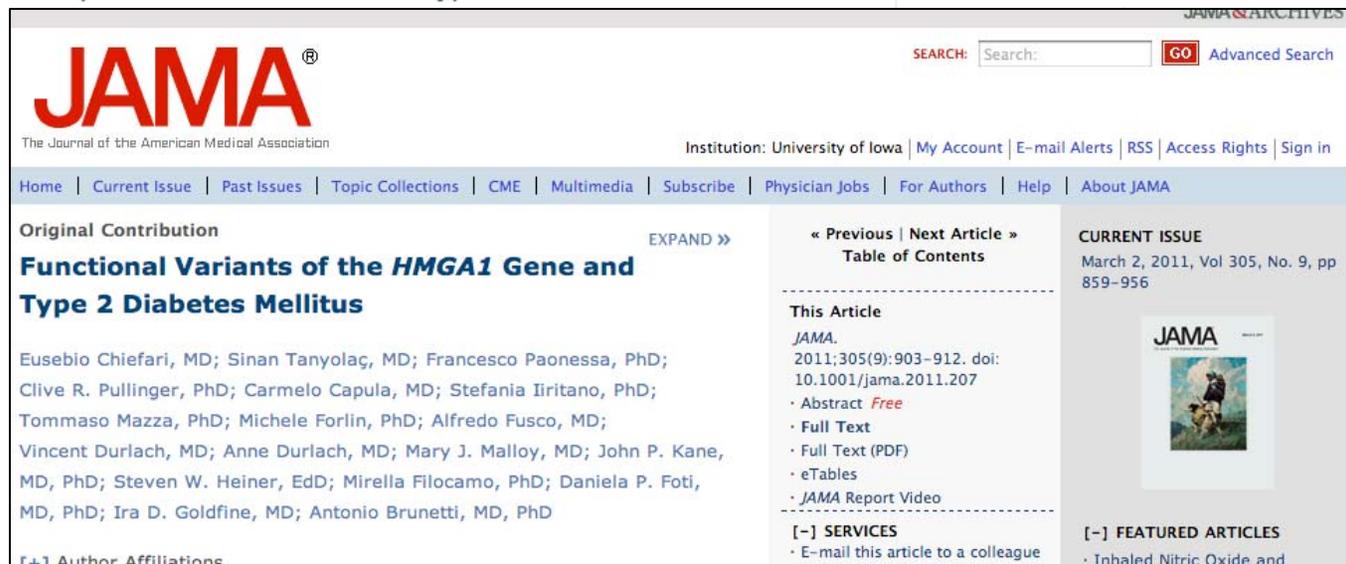


TUESDAY, March 1 (HealthDay News) -- Scientists have identified a gene variant present in some people of white European descent who have type 2 diabetes.

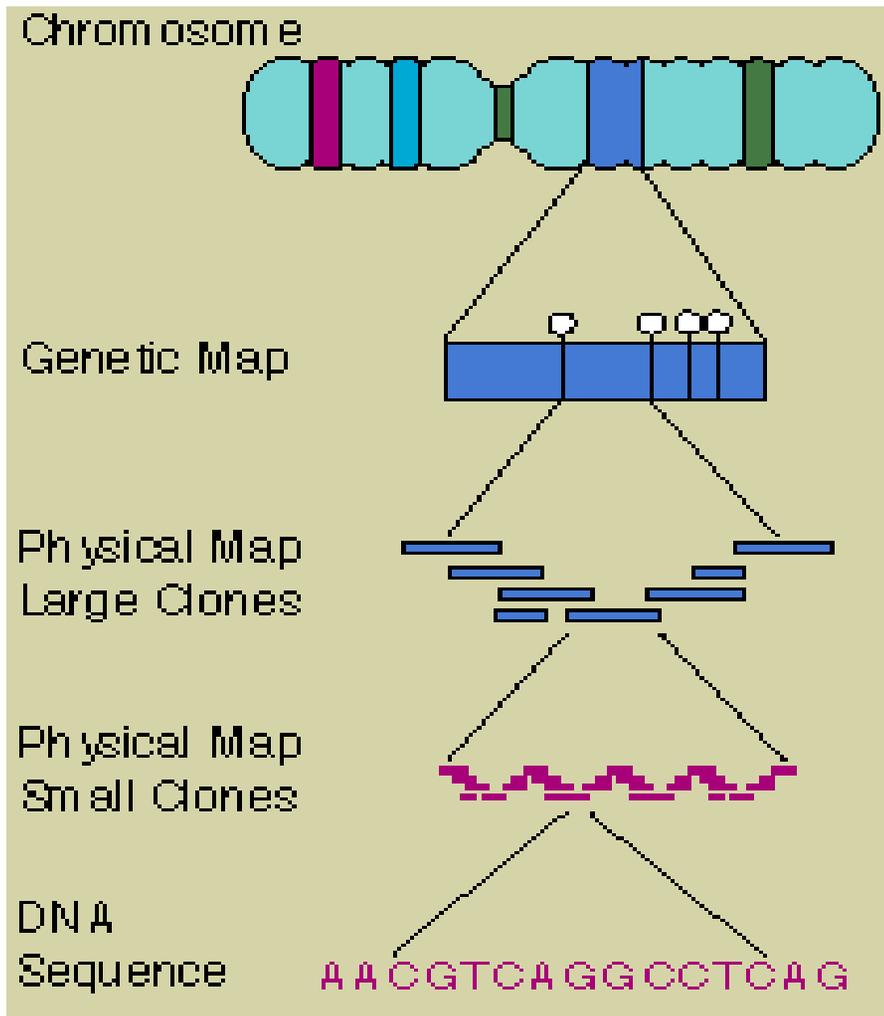
### LIFESTYLE

[Where the Richest People Live](#)

[America's Most Expensive Blocks](#)



The screenshot shows the JAMA website interface. At the top left is the JAMA logo with the tagline "The Journal of the American Medical Association". To the right is a search bar with a "GO" button and a link to "Advanced Search". Below the logo is a navigation menu with links for "Home", "Current Issue", "Past Issues", "Topic Collections", "CME", "Multimedia", "Subscribe", "Physician Jobs", "For Authors", "Help", and "About JAMA". The main content area features an "Original Contribution" titled "Functional Variants of the *HMGA1* Gene and Type 2 Diabetes Mellitus" with an "EXPAND »" link. Below the title is a list of authors: Eusebio Chiefari, MD; Sinan Tanyolac, MD; Francesco Paonessa, PhD; Clive R. Pullinger, PhD; Carmelo Capula, MD; Stefania Iiritano, PhD; Tommaso Mazza, PhD; Michele Forlin, PhD; Alfredo Fusco, MD; Vincent Durlach, MD; Anne Durlach, MD; Mary J. Malloy, MD; John P. Kane, MD, PhD; Steven W. Heiner, EdD; Mirella Filocamo, PhD; Daniela P. Foti, MD, PhD; Ira D. Goldfine, MD; Antonio Brunetti, MD, PhD. To the right of the article is a sidebar with "« Previous | Next Article » Table of Contents", "This Article" section listing "JAMA. 2011;305(9):903-912. doi: 10.1001/jama.2011.207" and links for "Abstract Free", "Full Text", "Full Text (PDF)", "eTables", and "JAMA Report Video". Below that is a "SERVICES" section with a link to "E-mail this article to a colleague". On the far right is a "CURRENT ISSUE" section for "March 2, 2011, Vol 305, No. 9, pp 859-956" with a small image of the journal cover and a "FEATURED ARTICLES" section listing "Inhaled Nitric Oxide and".



1950s (Down Syndrome)

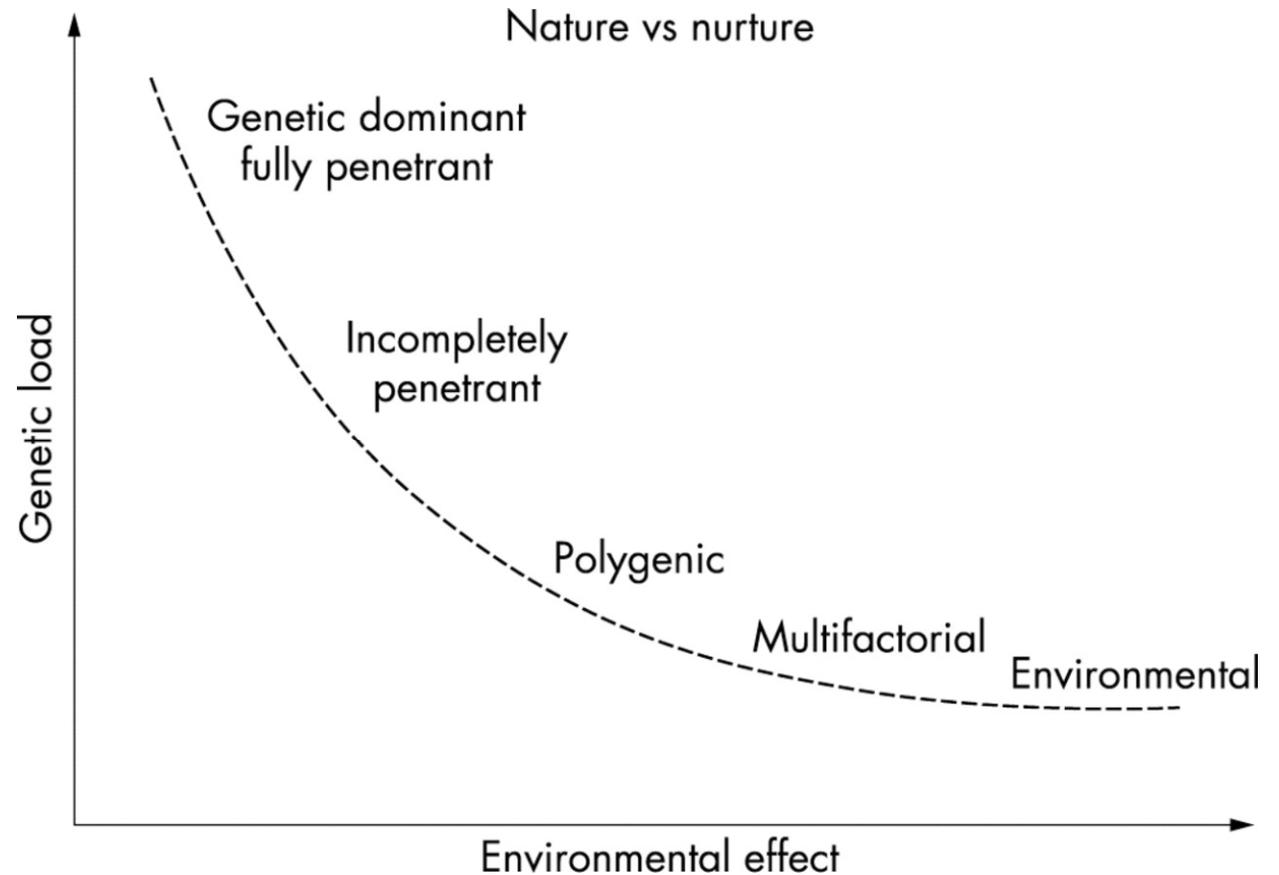
1970s (Newborn Screening)

1990s (Cystic fibrosis etc)

DNA sequencing

# Common, Complex Disorders

- Asthma
- Obesity
- Cancer
- Stroke
- Diabetes
- Preterm Birth
- Hypertension
- Parkinsons



# Terms and Perspectives

- Genome is the genetic make-up of an individual (their DNA sequence)
- Two genomes (Ours and Yours)
- ~20,000 genes (e.g. insulin or hemoglobin)
- 3 billion DNA “letters” (A, G, C, T) with 99% the same in all of us
- SNP (“snip” or single nucleotide polymorphism) – a difference in one of the letters found between any two people
- SNPs explain much of normal human trait differences and disease risks

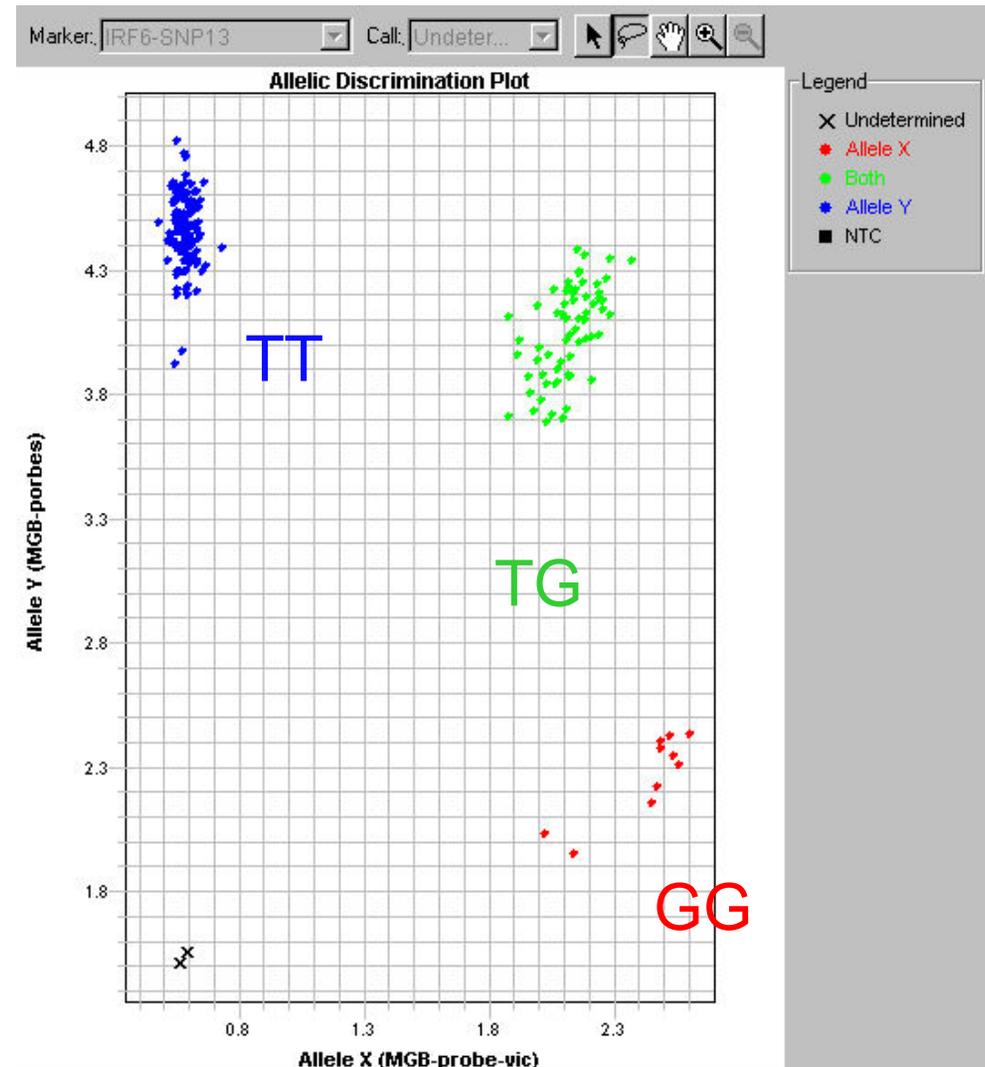
# SNPs Single Nucleotide Polymorphisms

1/100 Total/Rare

10 million in the genome

“chips” can assay 1 million ~  
\$200

Ch 1a	GCTTTAG	T	CCTGGC
Ch 1b	GCTTTAG	G	CCTGGC
	TT	TG	GG



# *Approaches to gene finding*

- Clinical Descriptions/Biorepositories/Epidemiology
- Candidate genes (Sequencing/Association)
- Location on chromosomes (Gene mapping)
- **Genome Wide Association – Common Variants**
- Genome Wide Sequencing – Rare Variants
- **Gene Expression**
- **Microbiome**
- **Environment/Ethics**

## ***GWA - Genome Wide Association***

For identification of common/complex traits

Requires 1000s cases/controls

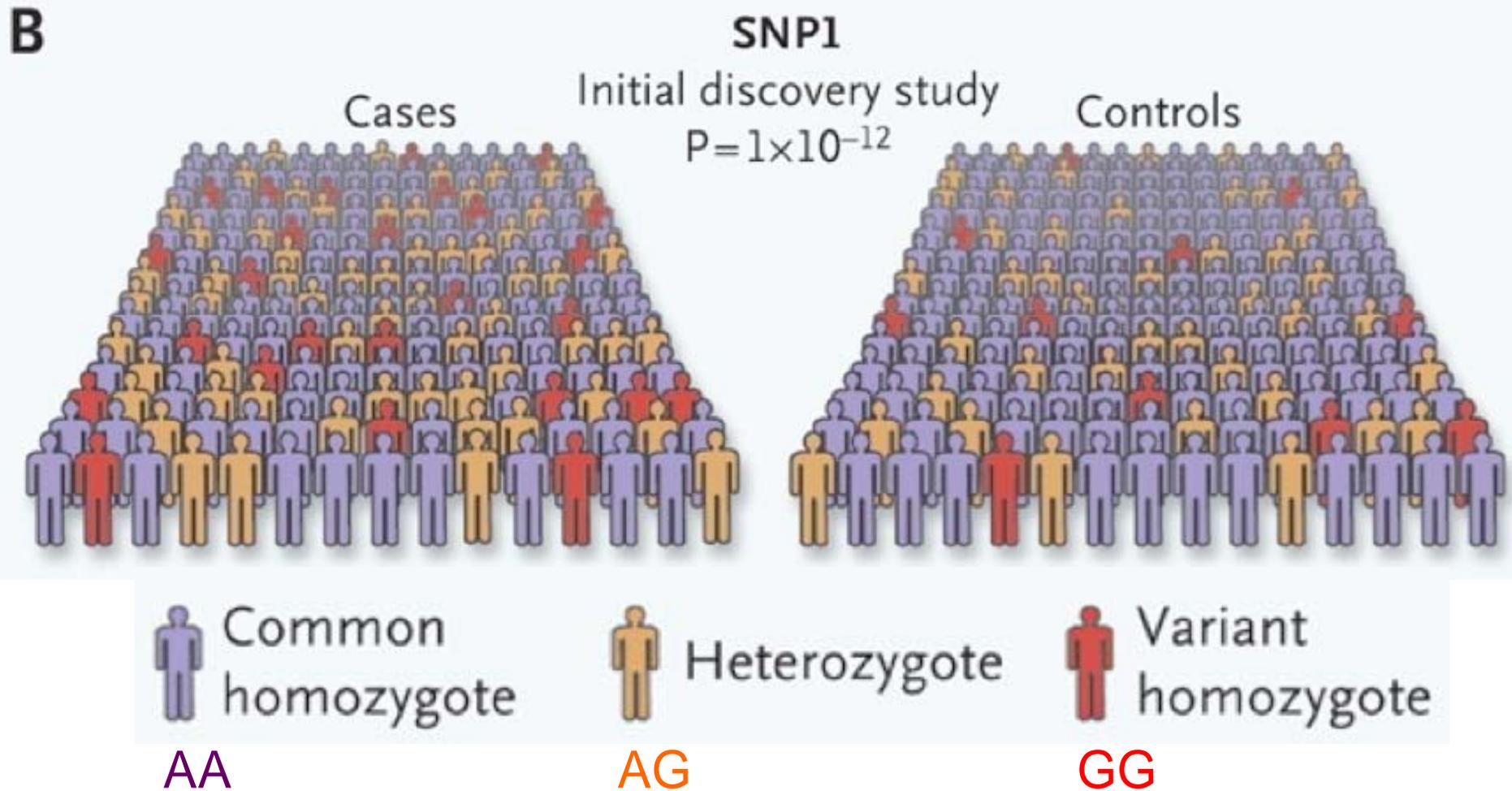
Tests ~ 1 million markers/person

Billions of data points

Problem of multiple comparison

Each identified factor is of small impact by itself

# How it works



Inflammatory Bowel Disease

Stroke

Breast Cancer

Prostate Cancer

Colon Cancer

Coronary Artery Disease

Type 2 Diabetes

Hypertension

Schizophrenia

Parkinson's

Hemoglobin, uric acid, thyroid hormone levels, etc.

Height, skin color, eye color

Highly significant but small risk changes (e.g. from 1/20 to 1/19)

Effective in new gene discovery



Problem of “Dark Matter of Genetics”

Likely rare variants, microbiome etc

Transition to genome sequencing as costs drop and analytic capacity improves

# Impact of Rare Variants

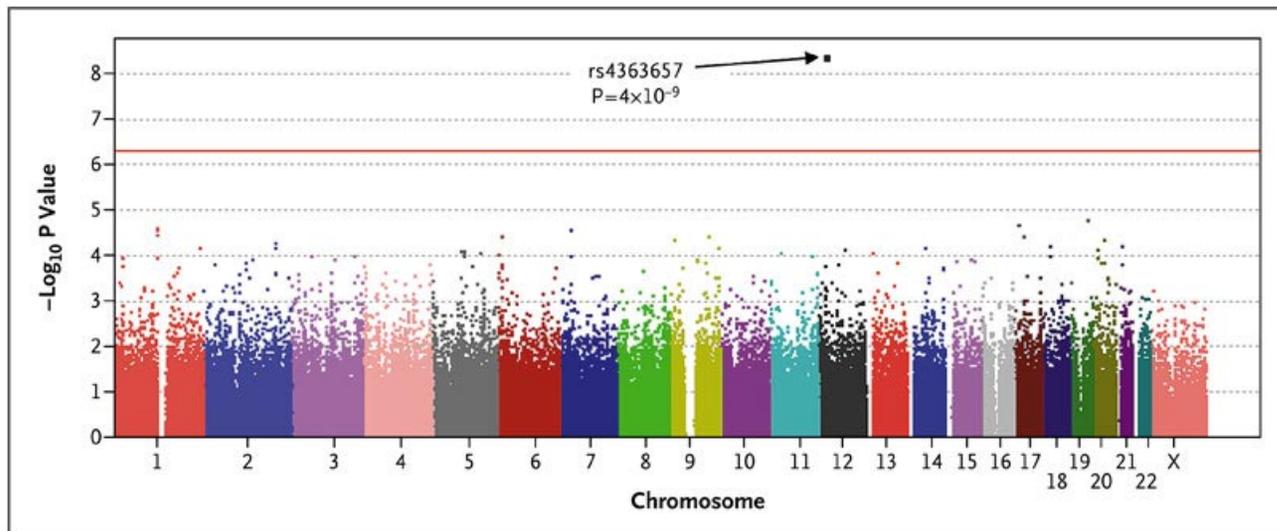
- Height as the model for why we don't know or cannot apply GWAS more effectively
- 180,000 people, 180 loci and still only 10% of height explained
- Extrapolation suggests 20% will be identifiable common variants and 80% other

Barack Obama	Gordon Brown	Dmitry Medvedev	Nicolas Sarkozy	Silvio Berlusconi
6' 1"	5' 11"	5' 4"	5' 5"	5' 5"
1.85m	1.80m	1.63m	1.65m	1.65m

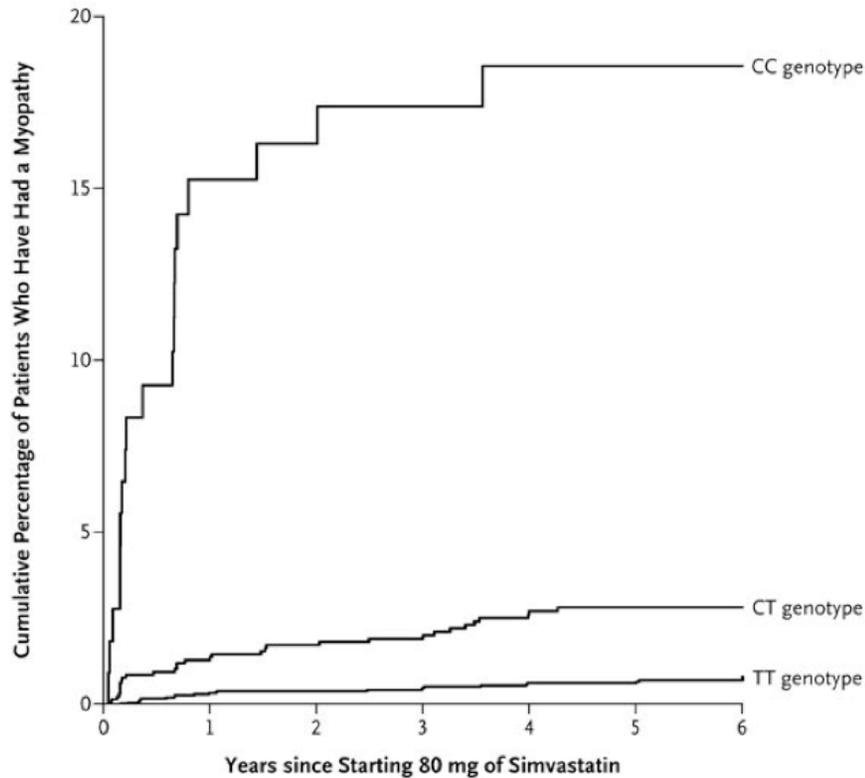


# Statin Induced Myopathy

- Statins effectively lower cholesterol and decrease cardiovascular events
- Statins can induce myopathies which can be life threatening (rhabdomyolysis)
- A GWAS study of 12,000 subjects on statins found one gene that explains 60% of the risk of myopathy



# Risk of Myopathy Associated with Taking Simvastatin by Genotype



2% of population with a 15% risk of complications in less than one year of taking drug

98% with < 1% risk at 5 years

- Leukemia - Thiopurines – *TPMT*
- Colon Cancer - Irinotecan – *UGT1A1*
- Breast Cancer - Tamoxifen – *CYP2D6*
- HIV/AIDS - Abacavir – *HLA-B*
- Clotting – Clopidogrel (Plavix) – *CYP2C19*
- Clotting – Warfarin (Coumadin) – *CYP2D9*



The screenshot shows the Plavix website interface. The main heading is "How PLAVIX Works". Below it, there is a paragraph explaining that PLAVIX helps protect you from a future heart attack or stroke by keeping platelets from sticking together. A "Did You Know?" section states that for more than 11 years, doctors have written PLAVIX prescriptions to over 100 million people. The website also includes a navigation menu at the top, a sidebar with links to "How PLAVIX Works", "Interactive Medications Chart", and "Safety and Side Effects", and a footer with "Important Safety Information".

**Important Safety Information:** Certain genetic factors and some medicines such as Prilosec reduce the effect of PLAVIX leaving you at greater risk for heart attack and stroke. Your doctor may use genetic tests to determine treatment. Don't stop taking PLAVIX without talking to your doctor as your risk of heart attack or stroke may increase. People with stomach ulcers or conditions that cause bleeding should not use PLAVIX. Taking PLAVIX alone or with some other medicines, including aspirin, may increase bleeding risk, so tell your doctor when planning surgery. Tell your doctor all medicines you take, including aspirin, especially if you've had a stroke. If fever, unexplained weakness or confusion develops, tell your doctor promptly. These may be signs of TTP, a rare but potentially life-threatening condition, reported sometimes less than 2 weeks after starting PLAVIX. Other rare but serious side effects may occur.

[Click here for Full Prescribing Information Including Boxed Warning.](#)  
Remember, your doctor is the single best source of information regarding your health. Please consult your doctor if you have any questions about your health or your medicine.

The right drug at the right dose for the right patients

Humans have

~ 10 trillion human cells

~ 100 trillion bacterial cells

That is only 10% of you is “you”

(gut, mouth, vagina, skin, etc.)

Microbiome is that collection of microbes in/on you

Eg. ~50% of gut organisms unknown

Metagenome is the genomic content of you

# The P4 of the Personal Genome



**Predictive** (of your risks for specific disorders)

**Preventive** (by addressing exposures or behaviors or with targeted screening that can change outcomes)

**Personalized** (these risks will be uniquely yours)

**Participatory** (by you having access to, and engaging with, your health professional in the impact of genetics on you and your family)

## MyChart Login

MyChart ID

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Password

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[New User? Sign up here!](#)

\*An access code is required for you to sign up. If you have not received an access code, one will be given to you at your next UI Health Care clinic visit.\*

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[MyChart \\* Epic Systems Corporation](#)

**MyChart is not currently available in all clinics.**

**Please do not use MyChart to send any messages that need immediate attention. For urgent medical matters, call your doctor's office. For medical emergencies, always call 911.**

## Access your medical records anytime, anywhere.

MyChart is an online service that allows you instant, secure access to your health records. Now you can review test results, ask about prescription renewals, or request or change an appointment electronically.

### With MyChart, you can:

#### View your medical record

You can see key parts of your medical record – such as your medical history, current health issues, medication history, and more.

#### Request an appointment

MyChart makes requesting an appointment with a UI Hospitals and Clinics provider easier than ever.

#### Send a MyChart message to your health care team

No need to pick up the phone – use MyChart to send messages and ask medical questions of your health care team at any time.

#### Request a prescription renewal

Save time by using MyChart to renew prescription medications.

#### See test results online

Now you can see your test results as soon as they are available.

#### Find helpful health tips and other trusted information

With MyChart, you'll have access to practical, useful health information for you and your family.

## ***Direct to Consumer Marketing of Genetic Tests***

- Now based on sound evidence and replicated work
- Limited medical applicability (but alluring cost of ~ \$100 to 500)
- Used for ancestry determination, identification of medical risks in adoptees, social/genetic networking
- Presents challenges for primary care doctors as data and risk magnitudes change almost daily and there is limited availability of genetic counseling
- But this is how we will practice medicine over the next decade

# Peppy, positive web sites

23andMe genetics just got personal. Search 23andMe  Go [Jeff Murray](#) [Claim Codes](#) [Blog](#) [Help](#) [Log out](#) [Your Cart](#)

welcome | ancestry | health | how it works | store

## Choose the DNA test that's right for you.

**Fill in your family tree.**  
Ancestry Edition, \$399 [Learn more](#)

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**Take charge of your health.**  
Health Edition, \$429 [Learn more](#)

[Buy Now](#)

**Choose to have it all.**  
23andMe Complete, \$499

[Buy Now](#)

**Find a disease or trait that we cover:**

Select a Disease or Trait

**Popular Topics:**

- Type 2 Diabetes
- Rheumatoid Arthritis
- Phenylketonuria
- Breast Cancer
- Colorectal Cancer
- Prostate Cancer
- Celiac Disease
- Crohn's Disease
- Hemochromatosis
- Restless Legs Syndrome
- Age-related Macular Degeneration
- Parkinson's Disease
- Coumadin® / Warfarin Sensitivity
- Plavix® Efficacy

[Browse all 136 health and traits topics >](#)

**News and Press**

[Introducing Relative Finder: Discover Relatives with Autosomal DNA](#)  
November 18, 2009

[23andMe Improves its Paternal Line Ancestry Analysis](#)  
June 11, 2009

[23andMe Launches Parkinson's Disease Genetics Initiative](#)  
March 12, 2009

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**Our Science**

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**Insurance, Privacy and Genetic Discrimination**

- Learn how the Genetic Non-Discrimination Act protects your genetic privacy

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## A GLOBAL LEADER IN HUMAN GENETICS

Advancing unique products and services based on unrivalled capabilities for analyzing and understanding the genome

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**UNIQUE CAPABILITIES**

We operate the most productive human gene discovery engine in the world, employing our discoveries and capabilities to offer market-leading DNA-based risk assessment tests and unique value for our partners and customers.

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- deCODE Glaucoma
- deCODE T2 Diabetes
- deCODE Atrial Fibrillation
- deCODE Myocardial Infarction
- deCODE Breast Cancer

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**News & Events**

January 21, 2010 [Announcing the New deCODE](#)

January 10, 2010 [Novel SNPs modulate ECG measurements including heart rate, two are also risk factors](#)

December 16, 2009 [deCODE Discovers A Major Risk Factor for Type 2 Diabetes Dependent on Parent of](#)

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Keep up with the latest developments, news and discussions about genetic tests and genomics and how they relate to your health.

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## There's DNA. And then there's what you do with it.

Navigenics is the leading personalized genetic testing company. We use the latest science and technology to give you a view into your DNA, revealing your genetic predispositions for important health conditions and empowering you with knowledge to help you take control of your health future.

**Our genetic testing services: \$999**

As science and technology improve, we are committed to bringing you premium personalized genetic insights, with a focus on privacy and security. When you make this important health investment, our service is often eligible for reimbursement from your flexible spending (FSA) or health savings (HSA) accounts.

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**Success Stories**

"We hear a lot of different... and sometimes conflicting... opinions about how to take care of our health. I'm very excited about receiving only the most relevant information to me, based on my DNA."

[More Success Stories](#)

**Find a physician**

Find a physician in your area who offers the Navigenics genetic testing services, so you can focus your health plan on prevention.

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**Next Steps**

- I'm new to Navigenics
- Family history isn't enough
- Genetic testing: Myths and truths
- Genetic knowledge can help you

**For Physicians**

- Free educational webinars
- More personalized care
- Genetic counselors for patients and you
- Foundation that rests on strong science

**Our Collaborators**

[View all collaborators >](#)

**Latest Headlines** Navigenics names Vance Vanier, MD, to serve as President and CEO [Read our blog >](#)



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### My Home

Inbox (5)

### My Health

- Disease Risk
- Carrier Status
- Drug Response
- Traits
- Health Labs

### My Ancestry

- Maternal Line
- Paternal Line
- Relative Finder
- Ancestry Painting
- Global Similarity
- Ancestry Labs

### Sharing & Community

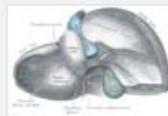
- Compare Genes
- Family Inheritance
- 23andMe Community
- Genome Sharing



# welcome to you.



You have new results for **Gallstones**



Bile produced in the liver is concentrated and stored in the gallbladder until it is needed to help digest fats in the small intestine. A chemical imbalance in the gallbladder can cause bile components to solidify and form stones. ... [continue reading and see your results »](#)

7 days ago



A report was updated: **Breast Cancer Risk Modifiers**

14 days ago



You have new results for **Metformin Response**

Metformin is a drug that helps the body respond to insulin and controls blood sugar levels. It is typically used—alone or in combination with other drugs—to treat type 2 diabetes, but not type 1 diabetes. Because of its effects on blood sugar, ... [continue reading and see your results »](#)

21 days ago

### Inbox (5)

- [A potential relative would ...](#) Mar 2
- [A potential relative would ...](#) Feb 18
- [A potential relative would ...](#) Oct 24

[» view all](#)

### Research Surveys

**3% complete!** [Take a survey](#) to get to 7% complete.

### Research Snippets

**Have you ever been diagnosed with ulcerative colitis?**

# More than 100 reports



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## My Home

Inbox (5)

## My Health

- ▶ Disease Risk
- Carrier Status
- Drug Response
- Traits
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## My Ancestry

- Maternal Line
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- Ancestry Labs

## Sharing & Community

- Compare Genes
- Family Inheritance
- 23andMe Community
- Genome Sharing

# disease risk

Share my health results with family and friends

Show results for

[See new and recently updated reports »](#)

 23andMe Discoveries were made possible by 23andMe members who took surveys.

### Locked Reports ?

Name	Confidence	Your Risk	Avg. Risk	Compared to Average
<a href="#">Parkinson's Disease</a>	★★★★★	🔒	🔒	🔒

### Elevated Risk ?

Name	Confidence	Your Risk	Avg. Risk	Compared to Average
<a href="#">Prostate Cancer</a> ♂	★★★★★	25.5%	17.8%	1.43x 🇺🇸
<a href="#">Type 1 Diabetes</a>	★★★★★	2.2%	1.0%	2.15x !
<a href="#">Ulcerative Colitis</a>	★★★★★	1.0%	0.8%	1.30x !
<a href="#">Celiac Disease</a>	★★★★★	0.4%	0.1%	3.35x !
<a href="#">Alcohol Dependence</a>	★★★			↑
<a href="#">Asthma</a>	★★★			↑

# Risks are *NOT* certainties in either direction

## Decreased Risk ?

Name	Confidence	Your Risk	Avg. Risk	Compared to Average
Melanoma	★★★★★	2.2%	2.9%	0.75x ↓
Rheumatoid Arthritis	★★★★★	1.4%	2.4%	0.61x ↓
Age-related Macular Degeneration	★★★★★	1.3%	7.0%	0.18x ↓
Restless Legs Syndrome	★★★★★	0.9%	2.0%	0.44x ↓
Esophageal Squamous Cell Carcinoma (ESCC)	★★★★★	0.3%	0.4%	0.80x ↓
Multiple Sclerosis	★★★★★	0.2%	0.3%	0.69x ↓
Stomach Cancer (Gastric Cardia Adenocarcinoma)	★★★★★	0.2%	0.2%	0.77x ↓
Exfoliation Glaucoma	★★★★★	0.2%	0.7%	0.22x ↓
Crohn's Disease	★★★★★	0.2%	0.5%	0.30x ↓
Abdominal Aortic Aneurysm	★★★			↓
Atrial Fibrillation: Preliminary Research	★★★			↓
Basal Cell Carcinoma	★★★			↓

# Ancestry Profiles

## Maternal Haplogroup: U5a1\*

U5a1\* is a subgroup of U5, which is described below.

Locations of haplogroup U5 circa 500 years ago, before the era of intercontinental travel.



## Paternal Haplogroup: R1b1b2a1a1a

R1b1b2a1a1a is a subgroup of R1b1b2, which is described below.

Locations of haplogroup R1b1b2 circa 500 years ago, before the era of intercontinental travel.



Useful for adoptees, individuals with limited ancestry history (African-Americans), social networks

Can identify “unknown” relatives from their large database

# Summary

Individual or personal genome has:

- Utility in targeting the right drug to the right person in the right amount
- The ability to provide insights into high risk populations who will benefit from targeted screening
- Creates ethical and social challenges in employment, insurance, prenatal testing and others
- Needs to be kept in perspective with environmental and social causes of disease also of tremendous impact



## ***Operating and Financial Performance Update***

Ken Kates, Chief Executive Officer  
UI Hospitals & Clinics

Ken Fisher, Associate Vice President for Finance  
and Chief Financial Officer

# Volume Indicators

July 2010 through March 2011



Operating Review (YTD)	Actual	Budget	Prior Year	Variance to Budget	% Variance to Budget	Variance to Prior Year	% Variance to Prior Year
Discharges	22,375	22,218	21,563	157	0.7% ○	812	3.8% ●
Patient Days	148,071	140,155	136,310	7,916	5.6% ●	11,761	8.6% ●
Length of Stay	6.61	6.25	6.30	0.36	5.7% ●	0.32	5.0% ●
Average Daily Census	540.41	511.52	497.48	28.89	5.6% ●	42.92	8.6% ●
Surgeries – Inpatient	8,407	8,245	8,123	162	2.0% ○	284	3.5% ●
Surgeries – Outpatient	11,475	10,454	10,429	1,021	9.8% ●	1,046	10.0% ●
Emergency Treatment Center Visits	41,796	38,706	38,269	3,090	8.0% ●	3,527	9.2% ●
Outpatient Clinic Visits	576,512	586,744	559,262	(10,232)	-1.7% ○	17,250	3.1% ●
Case Mix	1.7891	1.7780	1.7759	.0111	0.6%	.0132	0.7%
Medicare Case Mix	1.9722	2.0271	2.0088	(0.0549)	-2.7%	(0.0366)	-1.8%

● Greater than 2.5% Favorable	○ Neutral	● Greater than 2.5% Unfavorable
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# Discharges by Type

July 2010 through March 2011



Operating Review (YTD)	Actual	Budget	Prior Year	Variance to Budget	% Variance to Budget	Variance to Prior Year	% Variance to Prior Year
Adult Medical	7,630	7,374	7,246	256	3.5% ●	384	5.3% ●
Adult Surgical	9,993	10,096	9,507	(103)	-1.0% ○	486	5.1% ●
Adult Psych	1,198	1,252	1,306	(54)	-4.4% ●	(108)	-8.3% ●
<i>Subtotal – Adult</i>	<i>18,821</i>	<i>18,723</i>	<i>18,059</i>	<i>98</i>	<i>0.5% ○</i>	<i>762</i>	<i>4.2% ●</i>
Pediatric Medical	2,420	2,344	2,375	76	3.2% ●	45	1.9% ○
Pediatric Surgical	134	136	122	(2)	-1.7% ○	12	9.8% ●
Pediatric Critical Care	594	654	639	(60)	-9.2% ●	(45)	-7.0% ●
Pediatric Psych	406	360	368	46	12.7% ●	38	10.3% ●
<i>Subtotal – Pediatrics w/o newborn</i>	<i>3,554</i>	<i>3,495</i>	<i>3,504</i>	<i>59</i>	<i>1.7% ○</i>	<i>50</i>	<i>1.4% ○</i>
Newborn	1,056	1,020	988	36	3.6% ●	68	6.9% ●
<b>TOTAL w/o Newborn</b>	<b>22,375</b>	<b>22,218</b>	<b>21,563</b>	<b>157</b>	<b>0.7% ○</b>	<b>812</b>	<b>3.8% ●</b>

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

# Discharge Days by Type

July 2010 through March 2011

Operating Review (YTD)	Actual	Budget	Prior Year	Variance to Budget	% Variance to Budget	Variance to Prior Year	% Variance to Prior Year
Adult Medical	45,476	42,484	41,693	2,992	7.0% ●	3,783	9.1% ●
Adult Surgical	53,036	51,336	49,179	1,700	3.3% ●	3,857	7.8% ●
Adult Psych	15,318	14,577	14,918	741	5.1% ●	400	2.7% ●
<i>Subtotal – Adult</i>	<i>113,830</i>	<i>108,398</i>	<i>105,790</i>	<i>5,432</i>	<i>5.0% ●</i>	<i>8,040</i>	<i>7.6% ●</i>
Pediatric Medical	13,389	11,753	11,190	1,636	13.9% ●	2,199	19.7% ●
Pediatric Surgical	965	1,154	972	(189)	-16.3% ●	(7)	-0.7% ○
Pediatric Critical Care	16,684	15,026	15,022	1,658	11.0% ●	1,662	11.1% ●
Pediatric Psych	3,099	2,629	2,811	470	17.9% ●	288	10.2% ●
<i>Subtotal – Pediatrics w/o newborn</i>	<i>34,137</i>	<i>30,561</i>	<i>29,995</i>	<i>3,576</i>	<i>11.7% ●</i>	<i>4,142</i>	<i>13.8% ●</i>
Newborn	2,362	2,293	2,210	69	3.0% ●	152	6.9% ●
<b>TOTAL w/o Newborn</b>	<b>147,967</b>	<b>138,959</b>	<b>135,785</b>	<b>9,008</b>	<b>6.5% ●</b>	<b>12,182</b>	<b>9.0% ●</b>

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

# Average Length of Stay by Type

## July 2010 through March 2011

Operating Review (YTD)	Actual	Budget	Prior Year	Variance to Budget	% Variance to Budget	Variance to Prior Year	% Variance to Prior Year
Adult Medical	5.96	5.76	5.75	0.20	3.5% ●	0.21	3.6% ●
Adult Surgical	5.31	5.08	5.17	0.22	4.4% ●	0.13	2.6% ●
Adult Psych	12.79	11.64	11.42	1.15	9.9% ●	1.36	11.9% ●
Subtotal – Adult	6.05	5.79	5.86	0.26	4.5% ●	0.19	3.2% ●
Pediatric Medical	5.53	5.01	4.71	0.52	10.3% ●	0.82	17.4% ●
Pediatric Surgical	7.20	8.46	7.97	(1.26)	-14.9% ●	(0.77)	-9.6% ●
Pediatric Critical Care	28.09	22.96	23.51	5.13	22.3% ●	4.58	19.5% ●
Pediatric Psych	7.63	7.30	7.64	0.34	4.6% ●	(0.01)	-0.1% ○
Subtotal – Pediatrics w/o newborn	9.61	8.74	8.56	0.86	9.9% ●	1.05	12.2% ●
Newborn	2.24	2.25	2.24	(0.01)	-0.5% ○	0.00	0.0% ○
<b>TOTAL w/o Newborn</b>	<b>6.61</b>	<b>6.25</b>	<b>6.30</b>	<b>0.36</b>	<b>5.7% ●</b>	<b>0.32</b>	<b>5.0% ●</b>

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

# Outpatient Surgeries – by Clinical Department

July 2010 through March 2011



Operating Review (YTD)	Actual	Budget	Prior Year	Variance to Budget	% Variance to Budget	Variance to Prior Year	% Variance to Prior Year
Cardiothoracic	52	53	53	(1)	-2.3% ○	(1)	-1.9% ○
Dentistry	420	429	459	(9)	-2.0% ○	(39)	-8.5% ●
Dermatology	36	44	49	(8)	-17.4% ●	(13)	-26.5% ●
General Surgery	1,917	1,612	1,579	305	18.9% ●	338	21.4% ●
Gynecology	563	570	548	(7)	-1.1% ○	15	2.7% ●
Internal Medicine	3	6	6	(3)	-49.7% ●	(3)	-50.0% ●
Neurosurgery	351	344	348	7	2.0% ○	3	0.9% ○
Ophthalmology	2,417	2,322	2,310	95	4.1% ●	107	4.6% ●
Orthopedics	2,795	2,545	2,554	250	9.8% ●	241	9.4% ●
Otolaryngology	1,793	1,593	1,584	200	12.5% ●	209	13.2% ●
Pediatrics	-	2	2	(2)	-100.0% ●	(2)	-100.0% ●
Radiology – Interventional	19	33	38	(14)	-41.8% ●	(19)	-50.0% ●
Urology w/ Procedure Ste.	1,109	903	899	206	22.8% ●	210	23.4% ●
<b>Total</b>	<b>11,475</b>	<b>10,454</b>	<b>10,429</b>	<b>1,021</b>	<b>9.8% ●</b>	<b>1,046</b>	<b>10.0% ●</b>

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

# Inpatient Surgeries – by Clinical Department

## July 2010 through March 2011

Operating Review (YTD)	Actual	Budget	Prior Year	Variance to Budget	% Variance to Budget	Variance to Prior Year	% Variance to Prior Year
Cardiothoracic	806	901	867	(95)	-10.6% ●	(61)	-7.0% ●
Dentistry	90	95	86	(5)	-5.6% ●	4	4.7% ●
General Surgery	2,361	2,089	2,026	272	13.0% ●	335	16.5% ●
Gynecology	567	605	609	(38)	-6.3% ●	(42)	-6.9% ●
Neurosurgery	1,235	1,230	1,242	5	0.4% ○	(7)	-0.6% ○
Ophthalmology	112	96	88	16	17.3% ●	24	27.3% ●
Orthopedics	2,022	2,026	1,993	(4)	-0.2% ○	29	1.5% ○
Otolaryngology	590	516	502	74	14.4% ●	88	17.5% ●
Pediatrics	-	-	-	-	0.0% ○	-	0.0% ○
Radiology – Interventional	90	163	186	(73)	-44.7% ●	(96)	-51.6% ●
Urology w/ Procedure Ste.	534	525	524	9	1.7% ○	10	1.9% ○
<b>Total</b>	<b>8,407</b>	<b>8,245</b>	<b>8,123</b>	<b>162</b>	<b>2.0% ○</b>	<b>284</b>	<b>3.5% ●</b>

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

# Emergency Treatment Center

July 2010 through March 2011



Operating Review (YTD)	Actual	Budget	Prior Year	Variance to Budget	% Variance to Budget	Variance to Prior Year	% Variance to Prior Year
ETC Visits	41,796	38,706	38,269	3,090	8.0% ●	3,527	9.2% ●
ETC Admits	10,865	9,925	9,770	940	9.5% ●	1,095	11.2% ●
Conversion Factor	26.0%	25.6%	25.5%		1.4% ○		1.8% ○
ETC Admits / Total Admits	48.6%	44.8%	45.5%		8.5% ●		6.9% ●

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

# Clinic Visits by Clinical Department

## July 2010 through March 2011



Operating Review (YTD)	Actual	Budget	Prior Year	Variance to Budget	% Variance to Budget	Variance to Prior Year	% Variance to Prior Year
Anesthesia	11,345	12,543	12,030	(1,198)	-9.6% ●	(685)	-5.7% ●
CDD	6,149	5,748	5,334	401	7.0% ●	815	15.3% ●
Clinical Research	7,773	8,726	8,512	(953)	-10.9% ●	(739)	-8.7% ●
Dermatology	19,103	19,617	18,672	(514)	-2.6% ●	431	2.3% ○
ETC	41,798	38,706	38,269	3,092	8.0% ●	3,529	9.2% ●
Employee Health Clinic	12,325	11,415	10,821	910	8.0% ●	1,504	13.9% ●
Family Care Center	66,893	73,475	72,693	(6,582)	-9.0% ●	(5,800)	-8.0% ●
General Surgery	17,473	18,215	21,318	(742)	-4.1% ●	(3,845)	-18.0% ●
Heart and Vascular	27,422	25,751	-	1,671	6.5% ●	27,422	100.0% ●
Hospital Dentistry	9,798	9,468	8,900	330	3.5% ●	898	10.1% ●
Internal Medicine	77,616	77,231	88,897	385	0.5% ○	(11,281)	-12.7% ●
Neurology	12,346	13,967	13,213	(1,621)	-11.6% ●	(867)	-6.6% ●
Neurosurgery	6,736	7,089	6,893	(353)	-5.0% ●	(157)	-2.3% ○
Obstetrics/Gynecology	55,258	58,363	55,983	(3,105)	-5.3% ●	(725)	-1.3% ○
Ophthalmology	48,297	49,670	47,276	(1,373)	-2.8% ●	1,021	2.2% ○
Orthopedics	43,853	43,927	41,437	(74)	-0.2% ○	2,416	5.8% ●
Otolaryngology	20,436	21,656	20,297	(1,220)	-5.6% ●	139	0.7% ○
Pediatrics	32,403	31,197	29,466	1,206	3.9% ●	2,937	10.0% ●
Primary Care Clinic North	16,141	14,270	13,054	1,871	13.1% ●	3,087	23.6% ●
Psychiatry	31,280	32,616	31,401	(1,336)	-4.1% ●	(121)	-0.4% ○
Thoracic – Cardio Surgery	17	-	2,072	17	100.0% ●	(2,055)	-99.2% ●
Urology	11,566	12,632	11,723	(1,066)	-8.4% ●	(157)	-1.3% ○
Other	484	461	1,001	23	5.0% ●	(517)	-51.6% ●
<b>Total</b>	<b>576,512</b>	<b>586,744</b>	<b>559,262</b>	<b>(10,232)</b>	<b>-1.7%</b> ○	<b>17,250</b>	<b>3.1%</b> ●



Greater than 2.5% Favorable

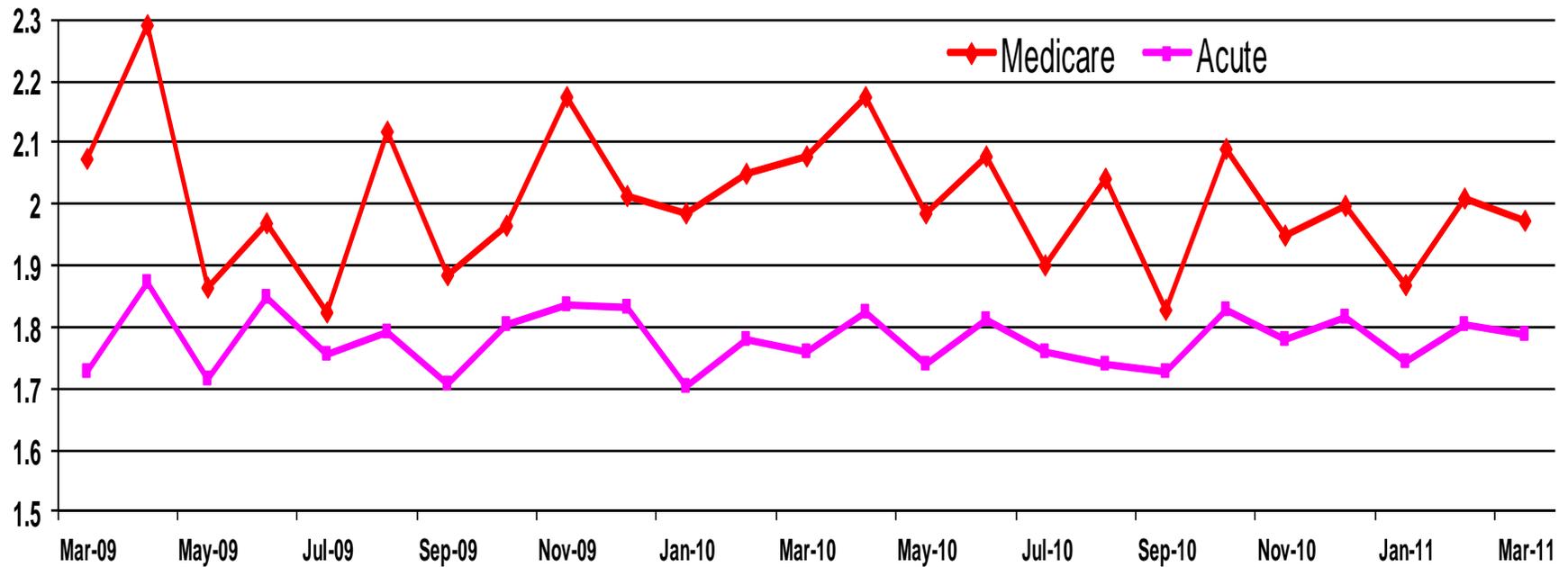


Neutral



Greater than 2.5% Unfavorable

# Case Mix Index



# UIHC Comparative Financial Results

Fiscal Year to Date March 2011



## Dollars in Thousands

<b>NET REVENUES:</b>	<b>Actual</b>	<b>Budget</b>	<b>Prior Year</b>	<b>Variance to Budget</b>	<b>% Variance to Budget</b>	<b>Variance to Prior Year</b>	<b>% Variance to Prior Year</b>
Patient Revenue	\$733,698	\$717,908	\$664,236	\$15,791	2.2%	\$69,462	10.5%
Other Operating Revenue	36,616	36,400	34,713	216	0.6%	1,903	5.5%
<b>Total Revenue</b>	<b>\$770,314</b>	<b>\$754,308</b>	<b>\$698,949</b>	<b>\$16,006</b>	<b>2.1%</b>	<b>\$71,365</b>	<b>10.2%</b>

## EXPENSES:

Salaries and Wages	\$368,336	\$373,715	\$349,058	(\$5,379)	-1.4%	\$19,278	5.5%
General Expenses	303,735	303,762	276,135	(27)	0.0%	27,600	10.0%
Operating Expense before Capital	\$672,071	\$677,477	\$625,193	(\$5,406)	-0.8%	\$46,878	7.5%
<b>Cash Flow Operating Margin</b>	<b>\$98,243</b>	<b>\$76,831</b>	<b>\$73,755</b>	<b>\$21,412</b>	<b>27.9%</b>	<b>\$24,487</b>	<b>33.2%</b>
Capital- Depreciation and Amortization	52,070	54,807	56,011	(2,738)	-5.0%	(3,941)	-7.0%
Total Operating Expense	\$724,141	\$732,284	\$681,204	(\$8,143)	-1.1%	\$42,937	6.3%

<b>Operating Income</b>	<b>\$46,173</b>	<b>\$22,024</b>	<b>\$17,745</b>	<b>\$24,149</b>	<b>109.7%</b>	<b>\$28,428</b>	<b>160.2%</b>
<b>Operating Margin %</b>	<b>6.0%</b>	<b>2.9%</b>	<b>2.5%</b>		<b>3.1%</b>		<b>3.5%</b>
Gain (Loss) on Investments	26,751	12,071	28,206	14,681	121.6%	(1,455)	-5.2%
Other Non-Operating	(4,859)	(4,656)	(3,931)	(203)	4.4%	(928)	23.6%
<b>Net Income</b>	<b>\$68,066</b>	<b>\$29,438</b>	<b>\$42,020</b>	<b>\$38,627</b>	<b>131.2%</b>	<b>\$26,046</b>	<b>62.0%</b>
<b>Net Margin %</b>	<b>8.6%</b>	<b>3.9%</b>	<b>5.8%</b>		<b>4.7%</b>		<b>2.8%</b>

# UIHC Comparative Financial Results

March 2011



## Dollars in Thousands

<b>NET REVENUES:</b>	<b>Actual</b>	<b>Budget</b>	<b>Prior Year</b>	<b>Variance to Budget</b>	<b>% Variance to Budget</b>	<b>Variance to Prior Year</b>	<b>% Variance to Prior Year</b>
Patient Revenue	\$84,282	\$82,102	\$76,545	\$2,180	2.7%	\$7,737	10.1%
Other Operating Revenue	4,314	4,046	4,018	267	6.6%	295	7.4%
<b>Total Revenue</b>	<b>\$88,596</b>	<b>\$86,148</b>	<b>\$80,563</b>	<b>\$2,447</b>	<b>2.8%</b>	<b>\$8,033</b>	<b>10.0%</b>

## EXPENSES:

Salaries and Wages	\$41,551	\$42,092	\$38,987	(\$541)	-1.3%	\$2,564	6.6%
General Expenses	35,548	33,370	30,956	2,178	6.5%	4,592	14.8%
Operating Expense before Capital	\$77,099	\$75,462	\$69,943	\$1,637	2.2%	\$7,156	10.2%
<b>Cash Flow Operating Margin</b>	<b>\$11,497</b>	<b>\$10,686</b>	<b>\$10,620</b>	<b>\$810</b>	<b>7.6%</b>	<b>\$877</b>	<b>8.3%</b>
Capital- Depreciation and Amortization	5,786	6,090	6,508	(304)	-5.0%	(723)	-11.1%
Total Operating Expense	\$82,885	\$81,552	\$76,451	\$1,333	1.6%	\$6,433	8.4%

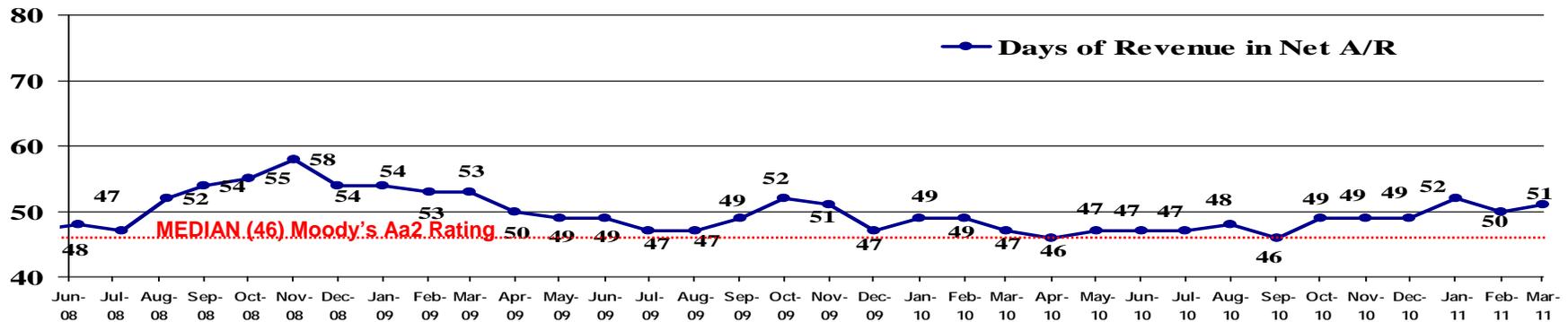
<b>Operating Income</b>	<b>\$5,711</b>	<b>\$4,597</b>	<b>\$4,112</b>	<b>\$1,115</b>	<b>24.2%</b>	<b>\$1,599</b>	<b>38.9%</b>
<b>Operating Margin %</b>	<b>6.4%</b>	<b>5.3%</b>	<b>5.1%</b>		<b>1.1%</b>		<b>1.3%</b>
Gain (Loss) on Investments	(11)	1,371	3,963	(1,382)	-100.8%	(3,974)	-100.3%
Other Non-Operating	(555)	(518)	(456)	(38)	7.3%	(99)	21.8%
<b>Net Income</b>	<b>\$5,144</b>	<b>\$5,450</b>	<b>\$7,619</b>	<b>(\$305)</b>	<b>-5.6%</b>	<b>(\$2,474)</b>	<b>-32.5%</b>
<b>Net Margin %</b>	<b>5.8%</b>	<b>6.3%</b>	<b>9.1%</b>		<b>-0.5%</b>		<b>-3.3%</b>

# Comparative Accounts Receivable

at March 31, 2011



	June 30, 2009	June 30, 2010	March 31, 2011
Net Accounts Receivable	\$121,515,935	\$117,737,680	\$140,509,629
Net Days in AR	49	47	51





## ***Bylaws Amendments***

William W. Hesson  
Associate Vice President for Legal Affairs  
and Legal Counsel, UI Hospitals and Clinics

## **: BYLAWS AMENDMENT TO ESTABLISH THE PRODUCT LINE OVERSIGHT AND ANALYSIS SUBCOMMITTEE**

Article III, Section V.B is amended by inserting the following charge for the Product Line Oversight and Analysis Subcommittee as No.13 and renumbering.

### **Product Line Oversight and Analysis Subcommittee**

Review and resolve product selection/purchasing issues referred from UHAC Subcommittees, committees addressing standardization and supply chain issues and the Value Analysis Program. In carrying out this charge, the Subcommittee will:

Make ultimate decisions on all product selections, standardizations and purchases which increase expenses without an off-setting reduction in other expenses and/or in which decisions were not reached by subcommittees/committees.

Include liaison members in its membership so that decisions on matters originally addressed by subcommittees/committees will be made by the Ad Hoc Product Line Oversight and Analysis Subcommittee members and two liaison members – the Head of Department seeking approval and Chair of subcommittee/committee that originally considered the request.

Assure that faculty/staff seeking product approval, will have ample opportunity to present their proposal and address questions.

Accord each member/liason member one vote and make decisions based on a simple majority of all member votes.

Serve as the forum for the Value Analysis Facilitator and UHC consultants to present benchmark data for identifying potential savings opportunities and proposed goals and tactics.

Meet/communicate with leaders of subcommittees/committees on potential savings opportunities and proposed goals and tactics.

### **EXPLANATION**

The Product Line Oversight and Analysis Subcommittee was created in November, 2009 as an Ad Hoc Subcommittee of the University Hospital Advisory Committee to perform the functions specified in the above charge. The Subcommittee has been very successful in carrying out this charge and aiding in the UIHC's overall efforts to control expenses. This amendment will establish it as a permanent Subcommittee of the University Hospital Advisory Committee.

**RE: BYLAWS AMENDMENT TYING AUTOMATIC SUSPENSION OF PRIVILEGES TO ADMINISTRATIVE LEAVE**

Article IV, Section IV, subsection C is amended by adding additional sentences as follows:

C. Clinical Privileges of Physicians and Dentists

All clinical privileges granted by the Hospital Advisory Committee are contingent on the person receiving and continuing to possess an appointment to the faculty of either the College of Medicine or the College of Dentistry. Clinical privileges shall be suspended automatically during any period when the faculty member is on administrative leave from his or her respective College. Privileges shall be re-instated automatically at the end of the administrative leave unless the faculty appointment terminates or corrective action is taken pursuant to Section 6.

EXPLANATION

This amendment will eliminate the need for separate action by the Credentials Panel to suspend clinical privileges when a faculty member is on administrative leave. Because suspension will occur automatically without any finding relating to clinical practice, it will not be a reportable action to the licensing board or national practitioner databank.



## ***UI Health Care Strategic Plan Update***

Jean Robillard, MD  
Vice President for Medical Affairs  
June 2011

# UI Health Care Strategic Plan



## UI Health Care Strategic Plan - FY 2010-2012 (reviewed and updated July 2010)



### Mission

*Changing Medicine. Changing Lives.*

### Vision

*World Class People. World Class Medicine. For Iowa and the World.*

### Values

*I CARE. Innovation, Collaboration, Accountability, Respect, Excellence.*

Clinical Quality & Service Goal	Research Goal	Education Goal	People Goal	Diversity Goal	Growth and Finance Goal
Provides world class healthcare and services to optimize health for everyone.	Advance world class discovery through excellence and innovation in biomedical and health services research.	Develop world class health professionals and scientists through excellent, innovative and humanistic educational curricula for learners at every stage.	Foster a culture of excellence that values, engages and enables our workforce.	Create an environment of inclusion where individual differences are respected and all feel welcome.	Optimize a performance-driven business model that assures financial success.
<b>Accountable Leaders</b> Ken Kafes & Craig Syrop	<b>Accountable Leaders</b> Paul Rothman Michael Apicella, Pat Witnour, Gary Roenthal	<b>Accountable Leaders</b> Paul Rothman Paul Wilson, Christopher Cooper, LouAnn Montgomery	<b>Accountable Leaders</b> Jana Wessels Ann Williamson	<b>Accountable Leaders</b> Benita Wolff All Other Accountable Leaders	<b>Accountable Leaders</b> Ken Fisher, Ken Kafes, Paul Rothman Kevin Collins
<b>Strategies</b>	<b>Strategies</b>	<b>Strategies</b>	<b>Strategies</b>	<b>Strategies</b>	<b>Strategies</b>
<ul style="list-style-type: none"> <li>Lead efforts to improve health, access, quality and reduce fragmentation in the health care delivery system in collaboration with other health sciences colleges and community partners.</li> <li>Ensure that clinical services are provided with a seamless, integrated and patient-centered focus.</li> <li>Maximize current operational efficiency and expand clinical capacity to address immediate and long-term needs.</li> <li>Implement business plans for programmatic priorities:                             <ul style="list-style-type: none"> <li>Cancer</li> <li>Children's Services</li> <li>Heart and Vascular</li> <li>Neurosciences</li> <li>Transplant</li> <li>Women's Health</li> <li>Other emerging areas of clinical focus, including aging and age-related diseases.</li> </ul> </li> <li>Develop processes to effectively implement evidence-based quality and safety initiatives.</li> <li>Lead efforts to ensure that all UI Health Care clinicians receive appropriate professional training on culturally competent care.</li> </ul>	<ul style="list-style-type: none"> <li>Identify areas of excellence in basic research in which to prioritize future growth and development.</li> <li>Integrate genomics with clinical care.</li> <li>Expand existing research that disseminates and implements evidence-based practices into routine clinical practice settings.</li> <li>Improve and grow scientific infrastructure.</li> <li>Expand existing "bench to bedside to community" research (CTSA).</li> <li>Promote development of new clinical and translational research programs that are strategically aligned with clinical programmatic priorities.</li> <li>Nurture the development of high quality, high reward interdisciplinary scientific programs.</li> <li>Recruit, develop, and retain a diverse cadre of world class investigators and support their academic development.</li> <li>Collaborate with other UI Colleges and CTSA Consortium.</li> </ul>	<ul style="list-style-type: none"> <li>Recruit, develop and retain diverse world class faculty and students.</li> <li>Continue the evolution of an innovative curriculum through competency and evidence-based learning across a continuum of undergraduate, graduate and continuing medical education.</li> <li>Limit medical student debt.</li> <li>Recognize and reward excellence in teaching.</li> <li>Cultivate critical thinking, an environment of curiosity and life-long learning, a spirit of inquiry, a passion for excellence.</li> <li>Implement cultural competency and related diversity educational initiatives into the curriculum for all trainees.</li> <li>Develop world class international medical educational programs in targeted areas.</li> <li>Utilize interdisciplinary education in collaboration with other health sciences colleges to train health professionals and instill a team approach to patient care.</li> <li>Continue to play a key role in training allied health professionals for Iowa.</li> <li>Facilitate learning through the innovative application of information technologies.</li> </ul>	<ul style="list-style-type: none"> <li>Seek, hire and retain outstanding people including individuals from groups traditionally under-represented in academic medicine.</li> <li>Ensure that all UI Health Care employees receive appropriate training regarding UI Health Care diversity goals and values.</li> <li>Engage staff and encourage strong personal responsibility, accountability and empowerment directed toward achieving organizational goals.</li> <li>Define performance expectations for all.</li> <li>Develop and promote programs that recognize and reward excellence.</li> <li>Foster an environment of continual learning, innovation and collaboration.</li> </ul>	<ul style="list-style-type: none"> <li>Provide a range of diversity education, cultural enrichment and acculturation programs for members of the UI Health Care community.</li> <li>Develop and implement innovative, effective recruiting and pipeline initiatives geared towards under-represented groups.</li> <li>Nurture a culture of respect and equal opportunity.</li> <li>Each Accountable Leader will advance diversity in each strategy.</li> </ul>	<ul style="list-style-type: none"> <li>Ensure a sound financial position of clinical programs.</li> <li>Grow in scope, depth and volume in clinical programmatic priority areas.</li> <li>Assure a sound financial position of non-clinical programs.</li> <li>Devise appropriate resources, facilities and equipment to assure the success of clinical, education and research strategies.</li> <li>Develop a culture of philanthropy.</li> </ul>
<b>Tactics</b>	<b>Tactics</b>	<b>Tactics</b>	<b>Tactics</b>	<b>Tactics</b>	<b>Tactics</b>
<ul style="list-style-type: none"> <li>Develop effective, collaborative relationships with local communities using outreach, telemedicine and other tactics.</li> <li>Develop and implement UI Services and Operational Excellence.</li> <li>Fully implement the Quality and Safety work plans in process.</li> <li>Integrate residents and fellows into UI Services and Operational Excellence and Quality and Safety initiatives.</li> <li>Decrease length of stay.</li> <li>Continue the work of the OR Efficiency task force.</li> <li>Continue to develop and refine the Transfer Center.</li> <li>Improve efficiency and access in Ambulatory Care Clinics.</li> <li>Fully integrate Medical Doctors into the clinical operations.</li> <li>Develop and implement performance-based, medical home model of primary care for hospital populations.</li> <li>Explore becoming an Accountable Care Organization.</li> </ul>	<ul style="list-style-type: none"> <li>Expand the Peppercorn Biomedical Institute.</li> <li>Renovate lab space in Medical Laboratories.</li> <li>Utilize existing open space in Outlets for incubation.</li> <li>Focus DCO recruits and resources on Strategic Priorities: Cancer, Heart, Neurosciences and Health Service Outcomes.</li> <li>Develop and implement FUTURE Program.</li> <li>Improve Bioinformatics and IT infrastructure.</li> <li>Implement integrated DNA, blood and tissue procurement systems.</li> <li>Initiate Neurosciences Institute.</li> <li>Facilitate collaboration between basic scientists and clinicians for submission of PPG translational grants.</li> <li>Improve infrastructure for human subjects research.</li> </ul>	<ul style="list-style-type: none"> <li>Increase scholarships.</li> <li>Improve integration of LUME, COCCP, GME and CME.</li> <li>Develop and deliver an excellent educational experience to residents and fellows.</li> <li>Implement annual retreats/workshops with departments.</li> <li>Respond to LUME and ACGME accreditation recommendations for residency and fellowship programs.</li> <li>Consider strategic affiliations with international medical education programs.</li> <li>Develop and implement FUTURE Programs.</li> <li>Continue development of the Branch Campus.</li> <li>Evaluate the potential to increase medical school class size and allied health programs.</li> <li>Maintain diversity in each entering class, with particular focus on those groups under-represented in medicine.</li> </ul>	<ul style="list-style-type: none"> <li>Develop plan and budget for Staff Climate/Satisfaction Survey.</li> <li>Develop and implement a unified research &amp; recruitment program.</li> <li>Develop and implement plan for state of the art recruiting and on-boarding processes.</li> <li>Continue bridging funding program for research faculty retention.</li> </ul>	<ul style="list-style-type: none"> <li>Phase I of this approach is the implementation of the strategies articulated in the Diversity Plan for COCCM 2008-2012.</li> <li>Phase II: Years 2011-2012: Develop plan for LIRC and LIP focusing on opportunities identified in the baseline assessment.</li> <li>Explore the development of a shared services office to lead enterprise-wide diversity efforts.</li> </ul>	<ul style="list-style-type: none"> <li>Implement Cost Moderation plan.</li> <li>Implement tactical business plans for clinical programmatic priority areas.</li> <li>Expand off-site ambulatory care facilities.</li> <li>Expand UI Children's Hospital.</li> <li>Expand off-site ambulatory care facilities resulting in all private rooms.</li> <li>Develop and implement CARTS model.</li> <li>Reorganize administrative structures in COCCM.</li> <li>Focus resources on strategic priorities.</li> <li>Develop unified clinical incentive plan.</li> <li>Expand the philanthropic base.</li> </ul>
<b>Resources and Processes</b>	<b>Resources and Processes</b>	<b>Resources and Processes</b>	<b>Resources and Processes</b>	<b>Resources and Processes</b>	<b>Resources and Processes</b>
<ul style="list-style-type: none"> <li>Continue to develop the full capabilities of Epic to facilitate quality/safety and enhance professional and consumer relationships, including UI CareLink and MyChart.</li> <li>Training and Development</li> <li>Marketing and Communications</li> <li>Policy and Practice changes</li> </ul>	<ul style="list-style-type: none"> <li>Develop the full capabilities of Epic to facilitate innovation in research.</li> <li>Provide training and support for faculty and staff to incorporate translational research into clinical practice.</li> </ul>	<ul style="list-style-type: none"> <li>Develop the full capabilities of Epic to facilitate education.</li> <li>Provide training and support for "learners" to understand and implement patient-centered care and services.</li> </ul>	<ul style="list-style-type: none"> <li>Training and Development</li> <li>Communications</li> <li>Policy and Practice changes</li> </ul>	<ul style="list-style-type: none"> <li>Support for Diversity programs, services and activities</li> </ul>	<ul style="list-style-type: none"> <li>Data-driven business planning</li> <li>Robust financial and performance-reporting systems</li> </ul>
<b>Metrics</b>	<b>Metrics</b>	<b>Metrics</b>	<b>Metrics</b>	<b>Metrics</b>	<b>Metrics</b>
<ul style="list-style-type: none"> <li>Patient and Referring Physician Satisfaction</li> <li>Hospital and Outpatient Throughput                             <ul style="list-style-type: none"> <li>Length of stay, read third available outpatient appointments</li> <li>Main OR site starts: number of OR cases per room</li> </ul> </li> <li>Evidence-based quality measures</li> <li>JCI/NCQA Core measures</li> <li>Ventilator Associated Pneumonia &amp; Central Line Blood Stream Infection rates</li> <li>Medication errors that cause harm</li> <li>Satisfaction of Outpatient Hospital and Outreach partners</li> <li>Performance measures for patient-centered care for targeted populations</li> </ul>	<ul style="list-style-type: none"> <li>Number and dollar amount of externally funded projects</li> <li>Number and dollar amount of clinical trials</li> <li>Number and dollar amount of program project and other collaborative grants</li> <li>Recruitment and retention of a diverse faculty as measured by annual demographic data on the composition of UI Health Care faculty</li> <li>Increase in "national" rankings for the diversity recruitment and retention plan on NIH grant reviews</li> <li>Number of patents, royalties, licensing agreements</li> <li>Research revenue per net square foot</li> <li>Percent of faculty salaries offset by grant support</li> </ul>	<ul style="list-style-type: none"> <li># of hours/faculty devoted to education efforts as logged in participation databases</li> <li>Applications, admissions, and yield including increased GPA and MCAT scores and diversity of applicants and admitted students</li> <li>USMLE scores</li> <li>Match results: all available COCCM slots filled</li> <li>Student evaluations of curriculum and instruction to include residents and fellows</li> <li>% increase in annual student debt compared to national benchmarks and prior year</li> <li>Placements of graduates, short term and long term</li> <li>National rankings of graduate programs and professional schools</li> <li>Success in student diversity retention initiatives</li> <li>Increase in positive data from OSAC-combined national diversity focus groups</li> </ul>	<ul style="list-style-type: none"> <li>Faculty and staff engagement, satisfaction and loyalty</li> <li>Success in retention initiatives measured by demographic data on the composition of our residential faculty, staff, administrators by department, with measures of turnover by gender, age, race/ethnicity, educational achievement and other factors</li> </ul>	<ul style="list-style-type: none"> <li>Recruitment and retention of a diverse workforce/student population as measured by annual demographic data on the composition of UI Health Care students, residents, faculty, staff and post doctoral scholars</li> <li>Success in retention initiatives measured by demographic data on the composition of our residential faculty, staff, administrators by department, along with measures of turnover by gender and race/ethnicity</li> <li>Create and describe as measured by UI Health Care climate survey compared to other AAMCs</li> <li>Provision's ability to deliver culturally competent and sensitive patient care as measured by patient satisfaction surveys</li> </ul>	<ul style="list-style-type: none"> <li>Volume for inpatient and outpatient services (total admissions, outpatient clinic visits, ETC-visits and surgical cases)</li> <li>Volume for clinical programmatic priority areas</li> <li>Performance against fixed operating budget</li> <li>LIRC and LIP operating margin %</li> <li>Facility occupancy on inpatient, on ambulatory</li> <li>CARTS model productivity factor</li> <li>Annual fundraising productivity</li> <li>Philanthropic goal of \$500M by the end of fiscal year 2015</li> <li>Comprehensive community health reporting</li> <li>Board rating</li> </ul>

# Scorecard - Overall



UI Health Care Strategic Plan Scorecard	FY10 Actual	FY 11Target	FY11 Actual YTD	vs. FY10	vs. Target
<b>Overall</b>					
Honor Roll for Best Hospitals by US News and World Report	Ranked in 10 specialties	Honor Roll	Not yet available	○	○
Children's Hospitals by US News and World Report	Ranked in 3 specialties	Top 25	Not yet available	○	○
Public Medical Schools ranking in Research by US News and World Report	10th	Top 10	9th	●	●
Overall Medical School ranking in Research by US News and World Report	27 <sup>th</sup>	Improve	26th	●	●
Public Medical Schools Primary Care ranking by US News and World Report	10 <sup>th</sup>	Top 10	9th	●	●
Overall Medical Schools Primary Care ranking by US News and World Report	10 <sup>th</sup>	Improve	10th	●	●
NIH Funding among Public Medical Schools	12 <sup>th</sup>	Top 10	Not yet available	○	○
Moody's Bond Rating	Aa2 rated	Maintain Aa2	Aa2	●	●

● Better than

● Less than

● No change

○ Not yet available

# Scorecard – Clinical Quality & Service

UI Health Care Strategic Plan Scorecard	FY10 Actual	FY 11Target	FY11 Actual July - Mar	vs. FY10	vs. Target
<b>Clinical Quality and Service</b>					
Patient Satisfaction: a) Adult b) Pediatric	a) 39 <sup>th</sup> %ile b) 38 <sup>th</sup> %ile	90 <sup>th</sup> percentile	a) 47 <sup>th</sup> %ile b) 39 <sup>th</sup> %ile	 	 
Surgery Care Improvement Project (SCIP) Antibiotic Timing, Selection & Discontinuation (appropriate antibiotic administration)	96.3%	98%	97.2% (FY11 Q1-Q2)		
Operating Room - first case on time starts (main OR)	90%	95%	90%		
Transfer Center - Avg. time from initial call to patient placement confirmation	91 minutes	120 minutes	104 minutes		

## KEY

 Better than

 Less than

 No change

 Not yet available

# Scorecard – Research

UI Health Care Strategic Plan Scorecard	FY10 Actual	FY 11Target	FY11 Actual	vs. FY10	vs. Target
<b>Research</b>					
Number and dollar amount of extramurally funded projects	\$228.1M	5% increase	\$121.3M (6 mo)		
Research revenue per net square foot	\$488/NSF	Increase	\$524M (6 mo)		
Percent of extramurally funded faculty research effort	25%	35%	25%		

## KEY

-  Better than
-  No change

-  Less than
-  Not yet available

# Scorecard – Education

UI Health Care Strategic Plan Scorecard	FY10 Actual	FY 11Target	FY11 Actual YTD	vs. FY10	vs. Target
<b>Education</b>					
Increase applications for medical school	3,410	Increase applicants	3,555		
Mean MCAT scores: Verbal Reasoning, Physical Sciences, Biological Sciences, Writing Sample	32	Improve	33 (Pending final 2011 admissions)		
Increase GPA of accepted applicants	3.77	Improve	3.78 (pending final 2011 admissions)		
Limit % increase in annual student debt compared to national benchmarks and prior year	UI Class of 2009 average \$136K; National average \$156K	Maintain below national average	UI Class of 2010 average \$136K; National average \$156K		

## KEY

 Better than

 Less than

 No change

 Not yet available

# Scorecard – People

UI Health Care Strategic Plan Scorecard	FY10 Actual	FY 11Target	FY11 Actual YTD	vs. FY10	vs. Target
<b>People</b>					
Develop plan and budget for Staff Climate/Satisfaction Survey	In process	Develop plan in FY11 Budget in FY12	In process and on schedule		
Develop and implement plan for improved recruiting and on-boarding processes	In process	Develop plan in FY11 Implement in FY12	In process and behind schedule		
Design and implement a unified program for reward and recognition	In process	Develop plan in FY11 Implement in FY12	Completed		

## KEY



Better than



Less than



No change



Not yet available

# Scorecard – Diversity

UI Health Care Strategic Plan Scorecard	FY10 Actual	FY 11Target	FY11 Actual YTD	vs. FY10	vs. Target
<b>Diversity</b>					
Recruitment and retention of a diverse workforce/student population as measured by annual demographic data on the composition of UI Health Care students, residents, faculty, staff and post doctoral scholars.	In process	Develop plan in FY11	Phase I of CCOM Diversity Plan completed; Phase II in process		
Develop a structure to lead enterprise-wide diversity, respect and inclusion efforts to address increasingly diverse faculty, staff and patient populations.	In process	Develop plan in FY11	Leadership retreat held; Plan to develop detailed strategy in process		

## KEY

 Better than

 Less than

 No change

 Not yet available

# Scorecard – Growth and Finance

UI Health Care Strategic Plan Scorecard	FY10 Actual	FY 11Target	FY11 Actual through March	vs. FY10	vs. Target
<b>Growth and Finance</b>					
Admissions (excl. Normal Newborn and OP Observation)	28,873	29,248	22,346 through Mar.; 29,795 annualized		
UIHC Operating Margin %	2.9%	3.0%	6.0% through Mar.		
UIP Operating Margin %	7.2%	6.3%	6.0% through Mar.		
Outpatient Clinic Visits (including ETC and Hosp Dentistry)	753,823	787,435	576,512 through Mar.; 768,682 annualized		
Surgical Cases (inpatient and outpatient)	24,272	24,468	19,882 through Mar.; 26,509 annualized		
Philanthropic goal of \$500M by the end of FY 2013	\$78M	\$86M	\$54.5M through Mar.; \$72.7M annualized		

## KEY

 Better than

 Less than

 No change

 Not yet available

