



NEWS RELEASE

CONNECTICUT ACADEMY OF SCIENCE AND ENGINEERING

CONTACT:

Richard Strauss, Executive Director
(860) 527-2161

FOR IMMEDIATE RELEASE:

March 18, 2008

The Connecticut Academy of Science and Engineering Releases Study on University of Connecticut Health Center Facilities Plan

Hartford, CT — The Connecticut Academy of Science and Engineering (CASE) released a report today entitled “A Needs-Based Analysis of the University of Connecticut Health Center (UHC) Facilities Plan.” CASE and its Study Consultant, Tripp Umbach, a nationally recognized healthcare consultant, reported the findings and recommendations of the study on March 18, 2008, at a Briefing for the Appropriations, Commerce, Finance, Revenue & Bonding, Higher Education & Employment Advancement, and Public Health Committees of the Connecticut General Assembly

In legislation adopted in 2007, the Connecticut General Assembly named CASE to conduct this study. The study was commissioned as a result of a proposal presented to the General Assembly by UHC to construct a 352-bed hospital to replace the aging 224-bed John Dempsey Hospital (JDH) that met with concern about the financial implications for hospitals in the Greater Hartford area.

Guiding themes that emerged through the study process included

- Commitment to a common vision and mission between UHC and its clinical hospital partners for academic medicine (medical and dental education, clinical care, and biomedical research)
- Awareness of historical perspectives
- Development of sustainable, effective collaborative relationships
- Access to state-of-the-art clinical care facilities
- Accountability to the General Assembly

The study’s key findings are as follows:

- UHC has strong impact on state’s economy.
- Current relationships between UHC and regional partners are neither sufficiently defined nor adequately enough developed to fully support an ability to achieve excellence in medical education. It is also noted that for over 50 years, UConn has not been able to develop an adequate affiliation with any of the region’s hospitals to serve as a primary teaching affiliate, other than with the Connecticut Children’s Medical Center for pediatrics.
- Existing JDH facilities are outdated and too small to support goal of achieving excellence in academic medicine; continuation of status quo jeopardizes goal of UHC excellence in medical education explicitly.
- Additional licensed beds in Greater Hartford region are not needed at this time although staffed hospital beds in the region would be required by 2015 to meet expected needs.
- It is expected that the education and research missions of UHC will continue to require State financial support.

The study’s recommendations are intended to be useful in shaping and motivating discussions with a goal of developing a productive regional environment for academic medicine. The Study Committee recommends that

- Efforts should be immediately focused on UHC formalizing and strengthening its relationships with clinical care hospital partners, as this will provide the best opportunity for meeting the full range of UHC’s clinical needs while simultaneously increasing opportunity and reducing or eliminating possible negative financial impact on the regional hospitals.

— More —

- Additionally, the JDH facilities within the UCHC complex should not be renovated for hospital use, but instead should be renovated to support the Center’s research and academic mission. Several scenarios regarding the construction of new clinical facilities on the UCHC campus should be considered. The Study Committee believes that there is a market for inpatient and/or outpatient clinical healthcare facilities on the UCHC campus, with a decision on the type of clinical facilities to be constructed determined by UCHC through the selection of a clinical care hospital partner. The selected partner would be provided a ground lease on the UCHC campus to construct the clinical facilities that it would operate and manage. It is noted that if the decision is to construct an inpatient hospital facility, the existing licensed beds currently allocated to JDH and those beds that the selected partner could reallocate to a new hospital under its existing license will likely be sufficient for new clinical facilities on the UCHC campus without seeking any increase in the total number of licensed beds of the two existing hospitals. The elimination of UCHC as a clinical care provider and competitor with the regional hospitals will remove a significant obstacle to developing sustainable partner relationships. Having clinical facilities in close proximity to UCHC’s principal academic and research base, along with that of the principal hospital of the selected hospital operating partner, will be an important asset to UCHC and its faculty in achieving their educational and research goals.

Importantly, the Study Committee considered two options in the process of the development of its recommendations. The Study Committee believes that its recommended option will not only provide UCHC the best opportunity to be fully recognized as an asset to the healthcare systems of the Greater Hartford region and the state, but also offer the potential for significant growth in economic impact. The other option considered by the committee provides for the construction of a new teaching hospital, either of similar size, 352 beds, or larger than that proposed by UCHC, with the state owning and operating the facility. This option adds additional hospital beds to the Greater Hartford region that cannot be justified based on the current Bed Analysis and could result in possible negative financial impacts to the regional hospitals. This option solves UCHC’s current hospital facility needs, but does not address its need for the development of strong regional clinical care partnerships.

Action Plan: A Two-Step Process

The Study Committee suggests a two-step process for implementing its recommendations, and calls for an independent monitor, named by the General Assembly, to report on the progress and outcomes of the process and to ensure that the best interests of the state are taken into consideration.

- The first step provides a two-month period wherein the UCHC and regional hospital partners would develop a vision and set of guiding principles for establishing affiliation agreements between UCHC and hospital partners.
- The second step, to take place over a six-month period, involves the UCHC conducting an RFP/RFQ process to select and articulate the detailed working relationships with hospital partners, while taking into consideration the needs of stakeholders: the UCHC, regional hospitals and the residents of Connecticut. This process should also address the nature and type of clinical facilities and services to be provided on the UCHC campus.

The study process put in place by the General Assembly has encouraged renewed discussions between UCHC and several regional hospitals. It is in the best interest of UCHC and the regional hospitals to develop a system that will enable UCHC to flourish as a comprehensive academic health center of excellence for the benefit of the region and the state. However, the Study Committee also strongly suggests that the General Assembly establish, as recommended, a workable, but aggressive, timetable to reach a successful conclusion to UCHC’s selection of its clinical hospital partners and the articulation of these relationships in affiliation agreements, as well as the selection of a clinical partner to construct, own and operate new clinical facilities on the UCHC campus.

Further, it is suggested that in developing the vision of academic medicine, consideration should be given to building upon UCHC’s innovative 1st and 2nd year common curriculum for its dental and medical school students. There exists the opportunity to consider the development of a new approach to the clinical education of medical students that focuses on inter-professional education by placing medical students in teams with other healthcare professionals during their clinical rotations. Through the promotion of teamwork and inter-professional training, students will be able to be trained in a clinical environment that is characteristic of the current healthcare delivery system. If this is accomplished, UCHC and the Greater Hartford region would be at the cutting edge of training for the next generation of healthcare professionals.

The study report is available on the Academy’s website at: www.ctcase.org

###