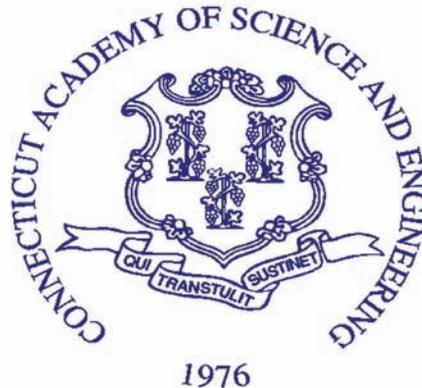


INDEPENDENT MONITOR REPORT: IMPLEMENTATION OF UCHC STUDY RECOMMENDATIONS

JANUARY 2009

A REPORT BY

THE CONNECTICUT
ACADEMY OF SCIENCE
AND ENGINEERING



FOR

THE CONNECTICUT GENERAL ASSEMBLY
IN ACCORDANCE WITH SPECIAL ACT 08-4

INDEPENDENT MONITOR REPORT: IMPLEMENTATION OF UCHC STUDY RECOMMENDATIONS

A REPORT BY

THE CONNECTICUT ACADEMY
OF SCIENCE AND ENGINEERING

ORIGIN OF INQUIRY: CONNECTICUT GENERAL ASSEMBLY
IN ACCORDANCE WITH SPECIAL ACT 08-4

DATE INQUIRY
ESTABLISHED: MAY 9, 2008

DATE RESPONSE
RELEASED:* JANUARY 30, 2009

*This report incorporates both Phase 1 and Phase 2 Reports.

INDEPENDENT MONITOR REPORT:
IMPLEMENTATION OF UCHC STUDY RECOMMENDATIONS

This limited-scope analysis consists of an assessment provided by an Academy Project Committee serving as Independent Monitor on behalf of the Connecticut General Assembly in accordance with Special Act 08-4, to monitor and report on progress regarding the implementation of recommendations from the “Needs-Based Analysis of the University of Connecticut Health Center Facilities Plan” study. The content of this report lies within the province of the Academy’s Biomedical Research and Health Care, Economic Development, Human Resources, and Public Health Technical Boards. The report is hereby released with the consent of the Committee.

Richard H. Strauss
Executive Director

**MEMBERS OF THE PROJECT COMMITTEE FOR SERVING AS
INDEPENDENT MONITOR REGARDING THE IMPLEMENTATION OF
RECOMMENDATIONS OF THE NEEDS-BASED ANALYSIS
OF THE UNIVERSITY OF CONNECTICUT HEALTH CENTER
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INDEPENDENT MONITOR REPORT:
IMPLEMENTATION OF UCHC STUDY RECOMMENDATIONS

I. INTRODUCTION

The Connecticut Academy of Science and Engineering (CASE) was engaged as an Independent Monitor, at the request of and acting on behalf of the Connecticut General Assembly in accordance with Special Act 08-4 (see Appendix A), to monitor and report on progress regarding the implementation of recommendations from the “Needs-Based Analysis of the University of Connecticut Health Center (UCHC) Facilities Plan” study.

This project involved a two-phase process. Phase 1 of the project, May 9, 2008–June 13, 2008, involved a review of documents by the CASE Project Committee and its consultant Tripp Umbach. Phase 2 of the project, August 4, 2008–February 3, 2009, involved monitoring and reporting on progress regarding UCHC’s selection of hospital partners based upon the solicitation of interest process.

For the purpose of reporting on Phase 1 and Phase 2 progress, periodic reports, as required by the legislation, were provided to the General Assembly’s Project Oversight Committee comprising the chairs and ranking members, and/or their designees of the four General Assembly committees of cognizance: Appropriations, Finance, Revenue and Bonding, Higher Education and Employment Advancement, and Public Health.

Below are excerpts from Special Act 08-4 which outline CASE’s role as independent monitor, followed by a description of the actions and activities undertaken by CASE to fulfill its responsibilities. The independent monitor shall

- (1) periodically report on progress and outcomes of the process of implementing the recommendations described as Phases 1 and 2, pursuant to this subsection, to the General Assembly to ensure that the best interests of the state are taken into consideration;**

Phase 1:

- a. CASE submitted a final report to the University of Connecticut (UConn) dated June 11, 2008 regarding Phase I of this process (see Appendix B), which includes the independent monitoring Project Committee’s comments on the UCHC documents entitled “Vision and Guiding Principles for Establishment of Affiliation Agreements” and “Solicitation of Interest” (see Appendix C-1 and Appendix C-2). These documents provided a framework and foundation for the selection of hospital partners in Phase 2 of the process.
- b. CASE provided three Phase 1 progress reports to the General Assembly’s Project Oversight Committee and regional hospitals (See Appendix D).

Phase 2:

- a. CASE provided monthly progress reports (see Appendix E) for the period of August 2008–January 2009 to the General Assembly’s Oversight Committee and regional

hospitals on progress based on monthly meetings and other information provided.

- b. This report shall serve as the final report for Phase 2 of the work of the independent monitor.

(2) attend meetings between The University of Connecticut Health Center and the regional hospital or hospitals, as appropriate;

Phase 1

Not applicable

Phase 2

In its role as independent monitor, CASE respected the sensitivity of the negotiations between UCHC and the regional hospitals that expressed interest in serving as affiliated hospitals for the purposes of education and research, as well as in the development of a clinical care partnership regarding the construction, operation and management of clinical care facilities on the UCHC campus. Therefore, meetings were conducted with the potential partners once they had the opportunity to develop the framework and details of the arrangements that will guide their future formal relationships and initiatives. Meetings were held as follows:

- a. December 16: The CASE Project Committee met with UConn, represented by President Hogan and Dean Laurencin, and Hartford Healthcare Corporation/Hartford Hospital, represented by President Joseph. The purpose of this meeting was to update the CASE Project Committee on the progress in the development of the principal clinical care relationship between UCHC and Hartford and the details of the proposal to construct replacement clinical care facilities, including a replacement hospital at UCHC, as well as other clinical facilities either on the UCHC campus or in Farmington.
- b. January 19: CASE Project Committee met with UConn and all regional hospitals including Connecticut Children's Medical Center, Hartford Hospital, The Hospital of Central Connecticut, St. Francis Hospital, and Bristol Hospital. UConn and the regional hospitals presented the final outcomes and plans as a result of the Phase 2 process – development of affiliation agreements – to the CASE Project Committee. St. Francis Hospital President Christopher Dadlez was not available to attend the January 19 meeting. Therefore an additional meeting was held with President Dadlez on January 16 with Dr. Myron Genel, chairman, CASE Project Committee and Richard Strauss representing the CASE Project Committee at this meeting.

(3) attend meetings concerning the progress of implementing such recommendations with the health center, at least monthly;

Phase 1

- a. An initial Phase 1 meeting was held with UCHC on May 9, 2008 to review the requirements for Phase 1 and develop a schedule to provide for timely completion of this phase of the project.

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INTRODUCTION

- b. A teleconference meeting was held with President Hogan and UCHC staff to review CASE comments regarding draft Phase 1 documents including the “Vision and Guiding Principles” and the Solicitation of Interest”

Phase 2

- a. CASE met monthly with UCHC to discuss Phase 2 progress from August 2008 through January 2009. These meetings provided the basis for the monthly progress reports provided to the General Assembly’s Project Oversight Committee.
 - b. Additionally, several teleconference discussions were held between CASE staff and UCHC staff and UConn President Hogan to discuss progress and questions throughout the project period.
- (4) provide information, upon request, to the health center and the regional hospital or hospitals concerning issues under discussion as part of the implementation of such recommendations, including, but not limited to, national benchmarking data and practices, provided the requester pays the monitor for the provision of such information;**

Phase 1

Additional information was not requested from CASE.

Phase 2

Additional information was not requested from CASE.

- (5) review and provide comments on any draft work products concerning the development of the vision and guiding principles, as recommended as Phase 1, and any draft concerning detailed affiliation agreements between the health center and any regional hospital partner, as recommended as Phase 2.**

Phase 2

- a. CASE Project Committee reviewed the hospital proposals submitted to UCHC, which formed the basis for discussion during the December 16, 2008 committee’s meeting with UCHC and Hartford Healthcare Corporation/Hartford Hospital.
 - b. The CASE Project Committee was provided with a presentation on January 19, 2009 regarding the elements of the planned principal clinical care partnership between UCHC and Hartford Healthcare Corporation and the framework for the development of the Connecticut Health Education and Research Collaborative that is expected to provide a foundation for the creation of individual affiliation agreements between UCHC and its education and research hospital partners including the Bristol Hospital, Connecticut Children’s Medical Center, The Hospital of Central Connecticut, and St. Francis Hospital, as well as Hartford Hospital.
- (6) Additionally, the legislation requires that as part of the implementation of the recommendation described as Phase 2, the University of Connecticut Health Center and a regional hospital or hospitals shall seek to articulate affiliation agreements that detail the working relationships between the health center and a hospital or hospitals as partners to support excellence in medical education. Such agreements shall**

- (1) clearly define
 - A. the governance structures between the health center and the regional hospital partner or partners,
 - B. financial commitments between the health center and regional hospital partner or partners, and
 - C. commitments from a regional hospital partner or partners to the academic and research mission of the health center, and
- (2) include decisions concerning the availability and type of clinical facilities and clinical services on the health center campus that should be constructed or renovated and how any such facilities would be financed, operated and managed by the health center and a regional hospital partner or partners.

Phase 2

Documents describing the relationships between UCHC and its regional hospital partners as described in (1) and (2) above are attached as Appendix F. The Project Committee's comments regarding these documents are included in the next section of this report.

II. CASE PROJECT COMMITTEE COMMENTS REGARDING PHASE 2 PROPOSED AFFILIATION AGREEMENTS

The comments and suggestions of the Academy's Project Committee were considered by UCHC in the development of the final "Vision and Guiding Principles" and "Solicitation of Interest: Health System Affiliations" that were the outcomes of the Phase 1 process of this project. The development of these documents also provided regional hospitals with an opportunity to provide input and comments with respect to the final products.

The Project Committee reports that the Phase 1 process provided a strong foundation for Phase 2, which involved the issuance of the Solicitation of Interest that offered area hospitals an opportunity to submit proposals to UCHC for their consideration in selecting medical education (education and research) partners, as well as a principal clinical care partner(s) interested in operating and managing clinical facilities and providing clinical services at a facility or facilities that would be either constructed or renovated on the UCHC campus.

The Phase 2 proposal process provided potential regional hospital partners with the opportunity to customize their proposals to support the established "Vision and Guiding Principles," and encouraged hospitals to be creative and innovative in designing their proposals. The Solicitation of Interest process resulted in UCHC's receipt of three proposals from hospitals (Bristol Hospital, Connecticut Children's Medical Center and St. Francis Hospital) interested in serving as medical education partners, and one comprehensive proposal submitted by Hartford Healthcare Corporation (HHC) in collaboration with The Hospital of Central Connecticut (HCC) that provided for HHC to serve as a medical education partner and a principal clinical partner, with HCC serving as a medical education partner.

Since receipt of the proposals in early August 2008, UCHC has been involved in discussions and negotiations with the proposers for the purpose of developing detailed affiliation agreements. This process has been intensive, with significant progress being made in formulating an agreement that is near completion for HHC to serve as UCHC's principal clinical partner. Additionally, efforts regarding the details of individual affiliation agreements with UCHC's medical education partners have been focused on developing the Connecticut Health Education and Research Collaborative, designed to enhance the education and research missions of all participating partners.

The following comments are based on meetings with UCHC and its hospital partners and information provided by UCHC.

- The Phase 1 and Phase 2 processes have been conducted in good faith and the outcomes are expected to be consistent with the recommendations of the CASE report.
- The "Vision and Guiding Principles" created in the Phase 1 process provided the basis upon which relationships between UCHC and its hospital partners will be formulated. This action was envisioned as a critical first step in the process of creating a sustainable system of hospital partners.

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- The Phase 2 “Solicitation of Interest” process was successful at attracting hospitals to serve as medical education partners and in identifying Hartford Healthcare Corporation as a proposed principal clinical hospital partner. Efforts invested in formulating the necessary agreements to implement the results of the process have been deliberate, and significant progress has been made.
- The following comments are offered with respect to the proposed principal clinical hospital partnership between UCHC and Hartford Healthcare Corporation, which provides for the creation of a University Hospital located on two campuses, Farmington and Hartford.
 - ◇ The proposal includes the construction of a replacement hospital of approximately 250 beds at UCHC, which will be accomplished within the existing number of licensed beds of Hartford Hospital and John Dempsey Hospital. Since adding hospital beds to the Greater Hartford Region was a major objection voiced by many of the regional hospitals, being able to construct a replacement hospital without adding additional beds to the region overcomes this objection.
 - ◇ The proposed agreement addresses the financial, governance and medical education commitment matters that are critical to the development of well-defined agreements necessary to provide the best opportunity for the formation of successful sustainable relationships.
 - ◇ The proposed agreement includes financial contributions from Hartford Healthcare Corporation, state funding for the construction of the replacement hospital, and annual support to cover the cost of the fringe benefit differential for state employees of the University Hospital at the Farmington campus. The state will benefit from the University Hospital assuming responsibility for the operation and management of the hospital located on the UCHC campus, including financial operating responsibility for any losses that might be incurred. Details regarding the financial commitments from UCHC and HHC will be provided separately.
 - ◇ The governance structure establishes sound interrelationships between UCHC and HHC, with each entity represented on the other’s board as well as on the University Hospital board.
 - ◇ The commitment to medical education is reflected in the partners’ understanding of the cultures of their respective organizations and their recognition that the transition to a new model involves substantive change for each. Both organizations recognize the importance of formulating a single physician organization and identified a transition process that moves from today’s existing structure to a single organization over time.
 - ◇ Employee matters are addressed, including issues regarding classes of state employees such as the physicians, union and non-union staff currently involved in the operation of John Dempsey Hospital. These arrangements provide for the operation of the new University Hospital on the UCHC campus with state employees. Options are provided for existing non-union staff to elect to remain as state employees or be employed directly by the University Hospital; options for current School of Medicine clinical faculty are also provided.

INDEPENDENT MONITOR REPORT:
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- The following comments are offered with regard to the development of the Connecticut Health Education and Research Collaborative.
 - ◇ The Phase 2 process provided an opportunity for UCHC and its regional hospital partners to develop a new foundation of understandings that would form the basis for the development of relationships among participating hospitals to enhance and strengthen the education and research missions of all partners. Although Bristol Hospital’s role as a partner was only recently identified, it will also participate in this effort.
 - ◇ As identified in the UCHC study report and in the “Vision and Guiding Principles” developed through this process, a common vision and mission among partners are vital keys to success and sustainability of relationships.
 - ◇ Efforts invested in this early stage of the development of the Collaborative will provide the best opportunity for future success in providing regional benefits including, but not limited to, improved clinical care and medical education program delivery, and research collaboration.
 - ◇ The details, provisions and understandings developed during the course of structuring and defining the Collaborative will provide the framework for articulation of individual affiliation agreements between UCHC and its regional hospital partners to support excellence in medical education. It is expected that these agreements will address the key factors identified as being important for success, including governance structures and financial commitments between UCHC and each hospital partner, and the commitment of the hospital partner to the academic and research mission of the health center.
 - ◇ Significant progress has been made by UCHC and its regional hospital partners over the past several months in forming the foundation for the proposed Collaborative. Additional work is necessary to specify the details of the structure and understandings for successful implementation of this concept. Initial collaboration efforts include the submission of a National Institute of Health (NIH) Clinical and Translational Science Award (CTSA) application by the partners. Also, the Collaborative intends to utilize the Connecticut Institute of Clinical and Translational Science as a mechanism to integrate and support research at all collaborating hospitals.
 - ◇ Implementation will provide an opportunity to increase medical school and dental school enrollments to help meet demands for a greater number of physicians and other health care professionals in the state.

III. CONCLUDING REMARKS

Special Act 08-4 provided UCHC and interested regional hospitals with a framework upon which to design a new Greater Hartford regional healthcare system. This framework offered each hospital an opportunity to identify its commitment to UCHC's "Vision and Guiding Principles" through the Solicitation of Interest process which formed the basis for the development of new relationships in support of excellence in medical education.

This process resulted in new opportunities that have the potential to transform UCHC from one of the smallest academic medical centers in the nation to one of the largest. The proposed relationships resulting from the formation of a principal clinical partnership between the University of Connecticut Health Center and Hartford Healthcare Corporation, as well as the development of the Connecticut Health Education and Research Collaborative, provide a unique opportunity for the UCHC to attain the General Assembly's stated goal of achieving excellence in medical education.

While the framework and foundations for the articulation of detailed agreements have been developed, it is necessary for UCHC and its partners to complete this process by finalizing affiliation agreements that will set forth the details of their relationships and operating understandings.

It is recommended that the state support these efforts by providing necessary authorizations to begin the process of implementing the plans for the creation of the principal clinical partnership between UCHC and HHC, including authorization for the construction of the replacement hospital on the UCHC Campus.

The implementation of the plans developed by UCHC and its regional hospital partners is expected to provide an opportunity for added economic impact through the creation of new opportunities driven by expanded research initiatives and improved quality of health care. These opportunities are expected to create economic growth and new jobs, and make the Greater Hartford region a destination for health care.

Action is needed to achieve the goals of the state and the University of Connecticut. Failure to act jeopardizes both the status and the research capacity of UConn's medical and dental schools. Furthermore, failure to act requires continued operation of an inefficient, obsolete John Dempsey Hospital with its attendant structural operating deficits or assures its eventual closure with subsequent loss of on-site clinical capacity for teaching and clinical research. As stated in the Academy's initial report, maintaining the status quo is unacceptable. The cost of any eventual action by the state to sustain quality medical education and research capabilities as well as to achieve a high quality of medical care for the people of the region and the state will only continue to steadily increase.

In summary, the CASE Project Committee concurs with the conclusion presented by President Hogan in his presentation to the committee on January 19, 2009. It is clear that the state of Connecticut is at a crossroads. It can maintain the status quo, or it can look to the future by

supporting the proposed vision for medical education and research in the greater Hartford Region. This vision includes endorsement of the principal partnership between the University of Connecticut Health Center and Hartford Healthcare Corporation, as well as construction of a replacement hospital on the UCHC Campus and the formation of the Connecticut Health Education and Research Collaborative that includes UCHC's regional hospital partners. UCHC's plan has the potential, if implemented, to serve as a major economic stimulus for the region. However, as President Hogan stated in his presentation to the CASE Project Committee, "Change isn't free, but the cost of doing nothing is far higher."

APPENDIX A

TEXT OF

SUBSTITUTE SENATE BILL NO. 51 SPECIAL ACT NO. 08-4

*“An Act Concerning
Legislative Recommendations Concerning
the University of Connecticut Health Center”*



Substitute Senate Bill No. 51
Special Act No. 08-4

*AN ACT CONCERNING LEGISLATIVE RECOMMENDATIONS CONCERNING
THE UNIVERSITY OF CONNECTICUT HEALTH CENTER.*

Be it enacted by the Senate and House of Representatives in General Assembly convened:

Section 1. (*Effective from passage*) (a) The Office of Legislative Management shall, within available appropriations, contract with the Connecticut Academy of Science and Engineering to act as an independent monitor regarding the implementation of recommendations set forth in the needs-based analysis of The University of Connecticut Health Center facilities plan, in accordance with the provisions of special act 07-10, as amended by section 90 of public act 07-1 of the June special session and section 60 of public act 07-5 of the June special session. Such recommendations shall be implemented as Phase 1, that The University of Connecticut Health Center and a regional hospital or hospitals develop a mutually agreed upon vision and set of guiding principles that will form the basis for establishing affiliation agreements between the health center and such regional hospital or hospitals as partners, and Phase 2, that the health center and a regional hospital or hospitals articulate affiliation agreements that detail the working relationships between the health center and a regional hospital or hospitals as partners to support excellence in medical education in the state. The independent monitor shall (1) periodically report on progress and outcomes of the process of implementing the recommendations described as Phases 1 and 2, pursuant to this subsection, to the General Assembly to ensure that the best interests of the state are taken into consideration, (2) attend meetings between The University of Connecticut Health Center and the regional hospital or hospitals, as appropriate, (3) attend meetings concerning the progress of implementing such recommendations with the health center, at least monthly, (4) provide information, upon request, to the health center and the regional hospital or hospitals concerning issues under discussion as part of the implementation of such recommendations, including, but not limited to, national benchmarking data and practices, provided the requester pays the monitor for the provision of such information, and (5) review and provide comments on any draft work products concerning the development of the vision and guiding principles, as recommended as Phase 1, and any draft concerning detailed affiliation agreements between the health center and any regional hospital partner, as recommended as Phase 2. (b) As part of the implementation of the recommendation described as Phase 1 in subsection (a) of this section, the guiding

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APPENDICES

principles shall, at a minimum, include: (1) (A) What the health center's role is in the state, (B) the value of the education programs provided by the health center and the need for the expansion of such programs, and (C) the potential for collaborative research between the health center and a regional hospital or hospitals to enhance the health of the community and promote economic development in the state; (2) the identification of ways to strengthen medical education in this state; and (3) the identification of any other issues to be addressed by the health center and the regional hospital or hospitals. Not later than June 30, 2008, the independent monitor shall issue a report, in accordance with the provisions of section 11-4a of the general statutes, detailing the process of implementation of the recommendation described as Phase 1 in said subsection (a), including the role played by the independent monitor in such implementation, to the joint standing committees of the General Assembly having cognizance of matters relating to higher education, public health, finance, revenue and bonding, and appropriations and to The University of Connecticut Health Center, the Office of Policy and Management, and any regional hospital involved in the implementation of the recommendation described as Phase 1 in said subsection (a).

(c) As part of the implementation of the recommendation described as Phase 2 in subsection (a) of this section, The University of Connecticut Health Center and a regional hospital or hospitals shall seek to articulate affiliation agreements that detail the working relationships between the health center and a hospital or hospitals as partners to support excellence in medical education. Such agreements shall (1) clearly define (A) the governance structures between the health center and the regional hospital partner or partners, (B) financial commitments between the health center and regional hospital partner or partners, and (C) commitments from a regional hospital partner or partners to the academic and research mission of the health center, and (2) include decisions concerning the availability and type of clinical facilities and clinical services on the health center campus that should be constructed or renovated and how any such facilities would be financed, operated and managed by the health center and a regional hospital partner or partners. Not later than January 30, 2009, the independent monitor shall issue a report, in accordance with the provisions of section 11-4a of the general statutes, detailing the process of implementation of the recommendation described as Phase 2 in said subsection (a), including the role played by the independent monitor in such implementation, to the joint standing committees of the General Assembly having cognizance of matters relating to higher education, public health, finance, revenue and bonding, and appropriations and to The University of Connecticut Health Center, the Office of Policy and Management, and any regional hospital involved in the implementation of the recommendation described as Phase 2 in said subsection (a).

<http://www.cga.ct.gov/2008/ACT/SA/2008SA-00004-R00SB-00051-SA.htm>

AN ACT CONCERNING LEGISLATIVE RECOMMENDATIONS
CONCERNING THE UNIVERSITY OF CONNECTICUT HEALTH CENTER.

APPENDIX B

COMMITTEE REPORT: REVIEW AND ANALYSIS OF DRAFT PHASE I DOCUMENTS: IMPLEMENTATION OF CASE UCHC STUDY RECOMMENDATIONS

**A Report by
The Connecticut Academy of Science and Engineering
for
The University of Connecticut
in Accordance with Special Act 08-4**

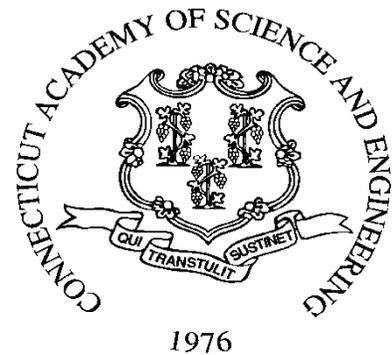
COMMITTEE REPORT:

REVIEW AND ANALYSIS OF DRAFT PHASE 1 DOCUMENTS: IMPLEMENTATION OF CASE UHC STUDY RECOMMENDATIONS

JUNE 11, 2008

A REPORT BY

**THE CONNECTICUT
ACADEMY OF SCIENCE
AND ENGINEERING**



FOR

**THE UNIVERSITY OF CONNECTICUT
*IN ACCORDANCE WITH SPECIAL ACT 08-4***

This limited-scope analysis consists of an assessment provided by an Academy Project Committee serving as Independent Monitor on behalf of the Connecticut General Assembly in accordance with Special Act 08-4, to monitor and report on progress regarding the implementation of recommendations from the “Needs-Based Analysis of the University of Connecticut Health Center Facilities Plan” study. The content of this report lies within the province of the Academy’s Economic Development, Health Care and Medical Technology, Human Resources and Public Health Technical Boards. The report is hereby released with the consent of the Committee.

Richard H. Strauss
Executive Director

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CONNECTICUT ACADEMY OF SCIENCE AND ENGINEERING

MEMBERS OF THE PROJECT COMMITTEE FOR SERVING AS INDEPENDENT
MONITOR REGARDING THE IMPLEMENTATION OF RECOMMENDATIONS
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Margaret Grey, DrPH, RN (*Academy Member*)

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**CONNECTICUT ACADEMY OF SCIENCE AND ENGINEERING
PROJECT COMMITTEE REPORT**

**REVIEW AND ANALYSIS OF DRAFT PHASE 1 DOCUMENTS REGARDING THE IMPLEMENTATION OF
RECOMMENDATIONS OF THE NEEDS-BASED ANALYSIS OF THE UNIVERSITY OF CONNECTICUT
HEALTH CENTER FACILITIES PLAN**

SUBMITTED BY: UNIVERSITY OF CONNECTICUT

INTRODUCTION

The Connecticut Academy of Science and Engineering (CASE) was engaged as an Independent Monitor, at the request of and acting on behalf of the Connecticut General Assembly in accordance with Special Act 08-4, to monitor and report on progress regarding the implementation of recommendations from the “Needs-Based Analysis of the University of Connecticut Health Center Facilities Plan” study.

On May 5, 2008, CASE entered into a contract to provide related services for Phase I – Monitoring and Technical Assistance through the Office of Legislative Management (Contract #: JCLM08PSA0058) with a term of May 9, 2008 – June 13, 2008, unless extended by the Connecticut General Assembly.

This report is provided in three sections:

1. A summary of comments provided by the CASE Project Committee
2. A summary of comments provided by Tripp Umbach, Project Consultant
3. Appendix A provides UCHC’s response to the summary comments with attendant letters

CASE REVIEW PROCESS

- ◆ CASE established a Project Committee (the “Committee”) to oversee the work required by the Academy as Independent Monitor. The Committee comprises most of the members of the original Study Committee for the study completed in March 2008 (see previous page for committee list).
- ◆ CASE selected Tripp Umbach (Study Consultant for the UCHC Study) to serve as Project Consultant for Phase 1 of the monitoring project. Tripp Umbach has reviewed the draft documents provided by the University of Connecticut Health Center (UCHC) and provided their comments to CASE for inclusion in its response to UCHC.
- ◆ The UCHC draft documents were transmitted to CASE by the University of Connecticut (UConn) on May 29, 2008 after the governor signed into law Special Act 08-4 naming CASE as the Independent Monitor for this project, and were then provided to the Committee and Tripp Umbach for review and comment.
- ◆ A draft report that included comments and analysis from both the Committee and Tripp Umbach was then provided to the Committee and Tripp Umbach for final review and comment.
- ◆ On June 9, 2008, committee members and Tripp Umbach met via teleconference to discuss the draft report. The Committee then provided its consent for the release of this report to UCHC.

SECTION 1: CASE PROJECT COMMITTEE COMMENTS

The Project Committee recognizes that the “Vision and Guiding Principles” document outlines a broad and lofty perspective of what might be achieved in Connecticut’s medical healthcare and education system, and the “Solicitation of Interest” document is consistent with this vision. The UConn documents reflect, among other things, a recasting of the Connecticut medical education, research and clinical delivery system, which does seem wise given the history and the circumstances.

However, the documents seem to express a traditional reiteration of needs and requirements. It appears that the aspiration is for a strong medical school that needs inpatient care facilities at John Dempsey Hospital. Although it has been reported that the development of the documents involved a fairly extensive consultative process with UCHC’s regional teaching hospital partners, including their review of draft documents provided for CASE’s review, the “Vision and Guiding Principles” document appears to be UCHC-centric and not a mutually developed vision statement.

It is suggested that to the extent possible, the “Solicitation of Interest” should provide an opportunity for creativity and innovation. Proposers should be encouraged to identify ideas and solutions for the various issues that will need to be taken into consideration – both through new teaching hospital affiliation agreements, as well as in the development, operation and management of clinical care facilities on the UCHC campus. The documents and the process will need to reflect this goal to ensure that the proposers clearly understand the need for innovation and change to achieve the desired vision and mission.

Other comments for consideration are as follows:

1. It would seem that to achieve the elements of this new vision, the overall level of resources envisioned must be higher than what is currently supportable by any of the entities involved in the recasting. Additional financial modeling would be helpful in both documents, though it is understood that detailed financial arrangements would be developed during the actual affiliation process. There should be a better explanation of what financial environment would be necessary to accommodate the UConn vision and what the role of the state government would need to be to fulfill that vision. Financial details may need to emerge as part of the proposal process, with that process providing the opportunity and flexibility for potential partners to identify concepts and innovative approaches to the financial aspects of the relationships – concepts and approaches that will need to evolve for success.
2. The potential benefits to the principal affiliate(s) should be more clearly defined. It is not clear from either of the documents what the reward would be for the potential clinical care hospital principal affiliate(s). It appears that apart from eliminating a large, state-supported competitor, a principal affiliate would (a) gain the revenues, but would also be responsible for the expenses of John Dempsey Hospital in its current deficit operating state, (b) keep the state employees, and (c) return a fee to UConn.
3. It is not clear how this vision and model of implementation expands the economic base and the health and well-being of Connecticut.

4. Population health is mentioned, but the manner in which a new delivery system and organization would make this happen is not addressed.

In summary, the documents provide a window to real progress, but to achieve the proposed vision and mission will require some discipline in implementation. That discipline includes consideration not only of the resources that must be applied to the vision, but the sources of those resources as well. Also, it should be expected that a more comprehensive treatment of the financial issues will be needed in the affiliate selection process. Information regarding UCHC's financial operations as they relate to the proposal process for the selection of a clinical care hospital partner would be most helpful for any proposer's review and consideration.

Also, it is suggested that consideration be given to referencing the finding from the UCHC Study report in the "Vision and Guiding Principles" that *"it is critical to note that UCHC, as the state-owned and operated academic health center, should be expected to require continued financial support from the State to maintain its education and research missions."*

It is also suggested that the "Vision and Guiding Principles" document that will result from this process should be considered a "working" version. It should be re-visited upon completion of the affiliation selection process to ensure that it reflects the ideas and concepts that emerge from the selection process.

In addition, the Project Committee is in agreement with Tripp Umbach's analysis of the draft documents that are provided in Section 2 of this report.

SECTION 2: TRIPP UMBACH COMMENTS

Tripp Umbach Comments: Vision and Guiding Principles for Establishment of Affiliation Agreements

Upon thorough review, Tripp Umbach believes that it is important to clarify the process utilized to develop this document. Providing clear information about the “who, what, when, where and how” is critical to showing collaboration between UCHC and the regional hospitals. Tripp Umbach recommends providing background data about the consensus building process. Tripp Umbach’s recommends that the document be sent to the hospitals once more for review and comment so that it is fully vetted in order to set the stage for all future affiliation agreements (Phase II).

Specific comments/questions about the document:

1. Please add page numbers.
2. The document is very broad and all encompassing which is to be expected for a document of this nature. Perhaps what seems demonstrably absent from this a one to two line statement of the vision for the whole process of affiliation between UCHC and its clinical affiliates. Or, even a vision statement of how the clinical, research and education pieces will be enhanced through potential partnership. Perhaps it is oversimplification considering the complexities of academic medicine but a general statement “of moving UCHC, clinical partners and the State of Connecticut to the forefront of academic medicine” should be considered. Oftentimes, one clear statement of a vision can effectively guide an entire process and keep the concept of the “end-game” at the forefront.
3. *Role in the State, Region and Community:* Tripp Umbach believes that this should be fleshed out a bit more in order to describe the “how” this would be accomplished. While it is understood that this is not an exhaustive report of UCHC’s performance measures, it is important to understand a bit more about these aspects. For example, what kinds of community health relationships are there?
4. *Value of and Potential Expansion of Undergraduate and Graduate Medical Education:* Tripp Umbach recommends listing the current clinical education sites utilized by UCHC for relationship building purposes. Also, list the fact that there are joint appointments between the institutions. It is critical that UCHC continuously recognize the fact that they are not “going it alone.” Also, this section does not really go into detail about the value of expanding medical education and graduate medical education as the title of the section suggests. While having full-time faculty is one critical aspect in growing medical education - what value does the growth of medical education bring to the state? Potential affiliates? UCHC?
5. *Educational Programs with Allied Health Professional Schools and Public Health Professionals:* It would be great to have a clear vision of the goals of this - why is it important to do this? How will it change the delivery of education for allied and public health professionals?

6. *Identification of What is Needed to Strengthen Academic Medical Education in the State:* On the last page – are these the “Guiding Principles” – if they are – shouldn’t they be labeled as such?

Overall, the document needs to be a bit more cohesive and clear with regard to vision and guiding principles.

Tripp Umbach Comments on Solicitation of Interest Document:

Tripp Umbach acknowledges that this document has been viewed and commented on by regional hospitals interested in partnering with UCHC. The goal of our comments is to bring to light ways in which the document could be improved to showcase the opportunity for growing and enhancing academic medicine in the State of Connecticut.

While it is understandable that UCHC has a clear list of issues/needs that must be addressed (faculty, financial support of medical education, union issues, and etc.) to support medical education, the voices of the regional hospitals are not currently reflected in this document. The document does not reflect that collaboration between UCHC and the regional hospitals has occurred, and without that clearly explained, it seems as if the document was created independently by UCHC.

If the document were reworded to clearly define the issues at play within UCHC as opposed to already laying out the solutions to the problems, the document would be more effective in kicking off Phase II. For example, instead of UCHC saying how the financial, faculty and labor issues are going to be structured, allow the regional hospitals to understand the state of affairs at UCHC and give them the opportunity to provide solutions. If all interested parties already mutually agreed upon these solutions, then it should be stated clearly within the document.

While data about UCHC may have been distributed to the regional hospitals during the Phase I process, an informational document sets the stage for everyone to understand what would need to be addressed in the affiliation agreements. Below is a list of topics that could be included in the document without proposing solutions.

1. Profiling the current UCHC clinical faculty: number, specialty, educational role, research projects and talking about how they need to continue to be supported and have a clinical home to practice.
2. Describe the current labor situation at UCHC, existing contracts and etc. and the importance of addressing this issue.
3. Current financial state of UCHC and what it takes to educate the students, operate JDH, pay faculty, support research, etc.
4. Financial relationship between the Primary Clinical Affiliate and UCHC
5. Describe the current research and its funding streams.
6. Organizational Structure of UCHC (graphical depictions and clear reporting lines)
7. Clearly defined metrics with regard to depth and breadth of organizational, financial and research commitments that will need to be made to be successful in partnering UCHC as a clinical affiliate (primary or secondary). Specifically, what would a clinical affiliate need to have in place at their institution to be successful in this role? In addition, Tripp Umbach believes that UCHC should also request information as a part of this solicitation of interest document from its potential clinical affiliates with regard to their financial status, strategic plans and performance metrics.

The key to the process being successful is that everyone's ideas are considered and presented. In Tripp Umbach's opinion, the original intent of creating new clinical arrangements with the regional hospitals to support UCHC was to look at new and innovative ideas to grow and enhance medical education in the State of Connecticut. Tripp Umbach understands that UCHC **must** ultimately negotiate terms with clinical affiliate(s) but allowing creativity and new idea generation is essential for the success of this process.

There is a great deal of attention in this document paid to the financial responsibilities of the clinical affiliate, and what UCHC will get out of the deal but little mentioned about how this relationship will benefit a clinical affiliate. It also lays out a framework for how the reporting structures and organizational structures will be structured. It would be valuable to provide the potential benefits to a clinical affiliate to promote the partnership and show how the blending of the organization(s) would enhance public academic medical education in the State of Connecticut. Tripp Umbach recalls that UCHC was having a financial audit/review completed during the initial CASE process. The key findings of this report should be distributed to the potential affiliates for their consideration and discussion.

The document in its current draft appears to be more of internal document that should be used by UCHC for negotiating with its potential clinical affiliate(s) as opposed to being a starting point for a solicitation of interest/affiliation agreement process. The original intent of this process was to stimulate new thinking and energy into bolstering and enhancing academic medical education in the State of Connecticut rather than just getting UCHC's financial demands met.

It is Tripp Umbach's opinion that this document should be sent to the potential clinical affiliates once more for review, comment and further revision by UCHC. This document seems to be very UCHC-centric and does not outline the benefits and opportunities of being a primary clinical affiliate. Perhaps clearly describing the document vetting process and meetings between UCHC and potential partners would show to any reader the collaborative nature of the process. It is very important to demonstrate that the meetings with the regional hospitals led up to the development of this document.

Tripp Umbach would recommend changing this document to highlight what the opportunities are to enhance UCHC at all levels (financial, organization, education and clinical) and allow potential clinical affiliates to respond with their ideas. The whole purpose of this process was to find a partner or partners for UCHC to move them into the future and to change the face of public academic medicine in the state of Connecticut. This document does not seem to convey the excitement or the opportunity that UCHC and the regional hospitals share.

APPENDIX A

REVIEW AND ANALYSIS OF DRAFT PHASE 1 DOCUMENTS: IMPLEMENTATION OF CASE UCHC STUDY RECOMMENDATIONS

UCHC RESPONSE



University of Connecticut
Office of the President

Michael J. Hogan
President

July 9, 2008

Dr. Myron Genel, Vice President/President-Elect
Mr. Richard H. Strauss, Executive Director
Connecticut Academy of Sciences and Engineering
179 Allyn Street, Suite 512
Hartford, CT 06103-1422

Dear Dr. Genel and Mr. Strauss:

I would like to provide you with a brief update on the Solicitation of Interest process in which we are currently engaged.

- 1) We very much appreciate the quick and diligent review that you and the CASE Committee members conducted on the draft Vision and Guiding Principles and Solicitation of Interest documents. We have incorporated many of the Committee's Comments as follows:

Vision and Guiding Principles document:

Page 1 second paragraph – at the end we have incorporated the concept of review of Vision after process as CASE has recommended.

Page 2 top paragraph – added language about economic development tying it back to the CASE Study.

Page 3 first full paragraph last sentence – re-emphasizing the goal of better health care delivery (recommended by CASE).

Page 6 second bullet – Added language directly from CASE comments and CASE Study about continued financial support from the State.

Solicitation of Interest document:

Page 5 first paragraph – sentence at end re-emphasizing the population health component (recommended in CASE comments).

Page 7 last paragraph – re-emphasizing the need for creativity and innovation in responses (recommended in CASE comments).

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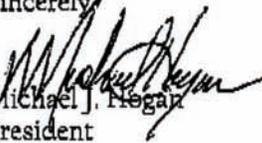
52 Mansfield Road Unit 2048
Hartford, Connecticut 06269-2048
Telephone: (860) 486-2537
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- 2) In the cover letter, we incorporated several of the Committee's suggestions, and sent it directly to Bristol Hospital, Connecticut Children's Medical Center, Hartford Hospital, Hospital of Central Connecticut, and St. Francis Hospital, along with the Vision and Guiding Principles and Solicitation of Interest documents. I requested that those institutions inform me by July 2nd if they wished to modify or add to the Vision and Guiding Principles. I am very happy to say that I received comments from CCMC and Hospital of Central Connecticut which, in both cases, were supportive and offered no changes. I am sending copies of these letters with this correspondence. While we have not received anything in writing from Hartford Hospital and St. Francis, we have met with them and received no indication of concern about the Vision and Principles document. With that, I believe we are finished with the Vision and Guiding Principles phase as contemplated in your report and the ensuing legislation and we continue the process as recommended by CASE.

As Phase II continues, I will keep you and your Committee informed of our progress.

Sincerely,


Michael J. Hogan
President

laz
enclosures

*Thanks for all
your help!*



July 2, 2008

Bruce Carlson
University of Connecticut Health Center
283 Farmington Ave.
Farmington, CT 06032

Dear Mr. Carlson:

I was pleased to receive President Hogan's letter and accompanying documents concerning the University of Connecticut Health Center's proposed collaboration with area healthcare institutions. In his letter, President Hogan requested that I forward to you any comments or additions to the "Principles" document by July 2, 2008.

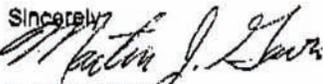
In response to that request, I would like to convey my support for the proposed "Vision and Guiding Principles for Establishment of Affiliation Agreements." As you know, the relationship between the University of Connecticut School of Medicine and Connecticut Children's Medical Center is a vital component of the vision and mission of both organizations.

As an affiliated institution, Connecticut Children's is the major resource for the Medical School in all aspects of undergraduate and graduate medical education and training in pediatrics. A formal educational agreement between the School of Medicine and Connecticut Children's acknowledges the latter as the headquarters for the pediatric residency program and the home for the Department of Pediatrics and enables the School of Medicine to support the efforts of Connecticut Children's-based faculty in undergraduate medical education based on their curricular contributions.

In addition, Connecticut Children's Medical Center is already a strong collaborator in research as our faculty actively pursues their research in UCHC labs in collaboration with Health Center investigators. While recognizing the benefits of our research collaborative, we believe a formal partnership within the Clinical and Transitional Science Institute and a formal research agreement between UCHC and Connecticut Children's will both strengthen our research productivity and serve as a model for research partnerships with other affiliated organizations.

Consistent with research and education, there is an opportunity to also align our clinical activities to ensure that Connecticut Children's Medical Center is the preferred partner in all aspects of child health - education, research and clinical care. We further see the opportunity to address certain limitations inherent to clinical service delivery in our region.

I appreciate this opportunity to offer my thoughts and look forward to an energizing and productive process.

Sincerely,

Martin J. Gavin
President and CEO



**The Hospital of
Central Connecticut**

at New Britain General and Bradley Memorial

100 Grand Street
New Britain, CT 06050
860-224-5011

81 Meriden Avenue
Southington, CT 06489
860-276-5000

www.thocc.org
Laurence A. Tanner, President

July 2, 2008

Mr. Bruce Carlson
Chief of Staff
University of Connecticut Health Center
263 Farmington Avenue
Farmington, Connecticut 06030

Dear Mr. Carlson:

I am sending you this letter in response to Dr. Hogan's Solicitation of Interest I received on June 18th, 2008. At this time The Hospital of Central Connecticut has no comments or additions to make on the shorter document titled, "Vision and Guiding Principles for Establishment of Affiliation Agreements." As a long time medical education partner and provider of care, HCC shares many of the same guiding principles and vision expressed by the UCONN Health Center.

I would like to inform you that we are excited at the opportunity to work with the University of Connecticut Health Center at developing a partnership that will strengthen health care provided in the region through robust clinical programs, advanced research and world-class medical education. We anticipate having a proposal ready by August 1, 2008

Sincerely,

Laurence A. Tanner
President

A member of the Central Connecticut Health Alliance, Inc.

APPENDIX C-1

VISION AND GUIDING PRINCIPLES FOR ESTABLISHMENT OF AFFILIATION AGREEMENTS

**VISION AND GUIDING PRINCIPLES
FOR
ESTABLISHMENT OF AFFILIATION AGREEMENTS**

Introduction

The CASE study recommended that a vision and a set of guiding principles be developed, to serve as the basis for establishment of affiliation agreements between UCHC and its partners. More specifically, the vision and principles are to encompass:

- UCHC’s role in the state, region, and community
- The value of undergraduate (dental and medical) and graduate medical education and the potential expansion of both programs
- Potential cross-educational programs with allied health professional schools located at UConn’s Storrs Campus and public health professionals, and development of new ways to team train all healthcare students
- Potential of research and how research collaboration could elevate the entire economy of the region and state
- Identification of what is necessary to strengthen academic medical education in the state

Over the past several months, UCHC and its teaching affiliate hospitals have been in the informal stage of exploring new relationships. During that process, working understandings of principles which address much of what is recommended by CASE have emerged. This document will in part re-cast those working understandings to more directly respond to the CASE recommendations. It is anticipated that these principles will then be reflected in the Solicitation of Interest document described as the second step recommended by the CASE study. This document is intended as a working document, to be revised as the affiliation evaluation proceeds and eventually concludes.

UCHC’s Role in the State, Region, and Community

UCHC must first be understood across its missions of education, research, and patient care. UCHC must also be understood in the context of its relationships with its affiliated organizations.

In the education realm, UCHC serves as Connecticut’s public Schools of Medicine and Dental Medicine, providing a point of educational access for Connecticut’s future health professionals. The graduates of these programs, along with the Graduate Medical Education programs of UCHC, are an important source of the future health professional workforce for Connecticut.

Academic health centers drive economic development through their research enterprises. UCHC's role in this regard is vital to Connecticut. The University of Connecticut, more broadly, is focusing on becoming a more research intensive University. UCHC will be a vital part of that initiative, contributing to the economic vitality of Connecticut into the future. The CASE Study made it clear that UCHC was underperforming in this role when compared to other Academic Medical Centers around the country. Part of our vision in seeking clinical affiliations is to realize the potential that is described in that Study.

UCHC also plays important roles in improving the health status of Connecticut through its patient care programs. The faculty at UCHC, in conjunction with John Dempsey Hospital, the affiliated teaching hospitals, and the community based faculty, offer distinctive patient care services across a broad range of programs. The translation of basic and clinical research into clinical practice and innovative patient care programs is a distinctive role for UCHC, in concert with its partners. Patient care programs of UCHC are important as a point of local health care access for people of the Farmington Valley, as well as those who seek care from a broader geographic region.

Finally, UCHC serves a special role in community health for Connecticut. Through its multiple relationships with other state agencies, UCHC seeks to improve the overall health status of Connecticut from a community health perspective.

Value of and Potential Expansion of Undergraduate and Graduate Medical Education

It is important to emphasize that while much of the focus of the CASE report, and of this document, is most directly on John Dempsey Hospital, an academic health center's primary purpose is medical education. This is an opportunity to redesign medical education.

The University of Connecticut Health Center (UCHC) has fundamental missions of producing new physicians and dentists for Connecticut, and advancing knowledge in disease prevention, treatment, and health improvement. These fundamental missions of education and research are integrally linked to the delivery of patient care by the UCHC faculty in the School of Medicine. Education and research in medicine happen in the patient care setting.

A successful full time faculty is essential to a high quality medical school. At UCHC, the medical student and graduate medical education (resident) clinical experiences are highly distributed across a broad range of clinical education sites. UCHC benefits greatly from the time committed from part time or volunteer teachers at these sites. These contributions notwithstanding, the critical mass of full time faculty at UCHC shapes the quality of the School of Medicine. UCHC must maintain and enhance the quality of the full time faculty if the School of Medicine is to continue to advance and grow its undergraduate and graduate medical and dental education programs.

The curriculum of the School of Medicine is viewed nationally as a model. The School should continue to be an innovator in education as it moves toward a vision of a "top tier" medical school.

Educational Programs with Allied Health Professional Schools and Public Health Professionals

The development of a principal clinical affiliate relationship will lead to enhanced opportunities for the development of interdisciplinary health professional education. This is an opportunity to redesign integrated health professional curriculum and clinical education. The Institute of Medicine's report, "Crossing the Quality Chasm: A New Health System for the 21st Century" indicated that there is a need to redesign the way health professionals are trained, including placing more emphasis on evidence-based practice and providing more opportunities for interdisciplinary training. The ultimate goal is enhanced quality in health care delivery by the future health professionals.

The access to a more closely aligned and broader base of clinical sites will result in increased opportunities for integrated clinical training and increased presence of health professional students (and potential future staff recruits) from UCHC and the UConn Storrs campus at the affiliated clinical training sites.

Through clinical applied research and outcomes based research, UCHC has relationships with public health professionals and other state agencies to advance the health status of the citizens of Connecticut. This critical role and mission will be maintained and enhanced through participation in system wide clinical program planning that is responsive to community needs.

Potential of Research and Research Collaboration

The School of Medicine competes successfully nationally for sponsored research funding, currently ranking 63rd of 123 medical schools in the country who receive NIH funding. UCHC is pursuing a Clinical and Translational Science Award, which would be a major achievement as recognition by the National Institutes of Health as one of the nation's leading biomedical research enterprises, with an emphasis on the application of research to improvement of health.

Molecular medicine will be a major emphasis of UCHC's future research enterprise, as well as the clinical programs of UCHC. Research into the genetics of human disease, the early biology of disease, preventive medicine (on an individualized genetic basis), and personalized medicine (the tailoring of treatment based on an individual's genetic profile) will distinguish UCHC's research efforts. These research efforts will be translated into clinical practice in a manner which will distinguish UCHC and its clinical affiliates and create value and improved health for the people of Connecticut.

The preventive and personalized medicine theme will carry over into two related arenas of research and service: chronic disease management and population health improvement. There is increasing evidence that both population health and individual health can be maximized through more effective disease prevention and chronic disease management. UCHC intends to take a regional leadership position in these arenas, ideally in conjunction with its principal clinical

affiliate(s). As health care costs and quality become increasingly important social issues, UCHC views it as essential that it provide leadership for Connecticut in creating better health care value. We envision our principle partner(s) as embracing this priority and working collaboratively with UCHC in improving Connecticut's health outcomes and value.

The University of Connecticut is engaged in the development of a strategic plan for enhancement and augmentation of its academic priorities over the next five years. This plan will stress a number of important research initiatives across all campuses of the University. In particular, in the area of biomedical sciences at UCHC, the University will be placing special emphasis on areas such as Nanomedicine, Genomics, Molecular Medicine, Biomedical Imaging, Biomedical Engineering, and Stem Cell Biology.

Expansion of the research enterprise is essential as UCHC pursues an aspiration of a top tier academic health center.

Identification of What is Needed to Strengthen Academic Medical Education in the State:
Guiding Principles

Historically the primary practice base for the UCHC faculty has revolved around John Dempsey Hospital. JDH is highly regarded for its patient care quality and its several signature programs, as evidenced by its selection in 2007 as a Solucient "Top 100 Hospital: Performance Improvement Leader". JDH was also awarded a CareScience Select Practice National Quality Award from Premier in 2007 for superior patient outcomes in quality and efficiency. JDH enjoys a geographic location in a growing part of the greater Hartford community. However, JDH is the second smallest University Hospital in the country and is at a point in its life cycle where significant capital investment will be required. The small current size of JDH presents capacity constraints for the patient care programs of the faculty. As the health care system evolves and the market evidences greater demand for services at JDH, the need for capital investment grows. The ability of JDH to generate the capital resources as an "independent" entity is questionable, however.

Without a) significant additional investment in JDH with debt guarantees by the State or another system, and b) fundamental change in the position of JDH in the health care delivery system of the Hartford region, it is unlikely that JDH will be able to continue to serve in a stable role as the primary teaching hospital for the faculty, and as a stable work environment for the JDH employees.

Education, research, and patient care are linked in medical schools from an economic perspective— the faculty of the School of Medicine, like the faculty in all US medical schools, are supported in substantial part from income derived from clinical practice. The School of Medicine faculty linkage to a successful clinical enterprise is therefore critical from both an academic mission and an economic perspective.

UCHC must maintain and enhance the quality of the full time faculty if the School of Medicine is to continue to advance. Because both the academic mission and the economics of the School

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of Medicine are integrally linked to successful clinical programs, the UCHC faculty must be part of a successful clinical enterprise. Health system affiliations involving substantial commitment to the clinical success of the full time faculty are critical in this regard.

As UCHC is considering alternatives in terms of affiliation relationships, the following will serve as priority reference points and outcomes against which the alternatives will be evaluated:

- Ability to sustain and grow the scope and quality of education programs, including the possibility of expanding the student base of the School of Medicine and the School of Dental Medicine, along with potential expansion of GME programs, directed at meeting Connecticut's health workforce needs.
- Generation of enhanced resources to grow and invest in the academic enterprise of UCHC.
- Advancement of the translational and clinical research programs of the faculty.
- Commitment to continuation of a significant clinical presence and a stable clinical program in the Farmington Valley, including both ambulatory and inpatient components, with renewed inpatient facilities.
- Recognition of the importance of workforce issues and collective bargaining agreements
- Ability to enable the clinical success of the full time faculty.
- Alignment of incentives such that the academic, clinical, and economic interests of UCHC are substantially overlapping with those of the principal affiliate(s).
- Governance, policy making, and leadership structures and linkages which reflect the aligned incentives described above.
- Likelihood of enhancing research and economic development for the state.

Beyond these reference points for clinical affiliations, the critical success factors for strengthening academic medical education in the State include:

- A vision of a higher level of benefit to be generated by the State's top tier public academic health center; a vision supported by key stakeholders.
- A broad set of affiliations for purposes of education, as has been the case in the past.
- A principal affiliate relationship between the School of Medicine and a health system affiliate, as described in the CASE report.

- Continuing financial commitment from the State. As noted in the CASE study, “UCHC, as the state-owned and operated academic health center, should be expected to require continued financial support from the State to maintain its education and research missions”.

In summary, the vision is one of a top tier academic health center, involving UConn and its clinical partners, in service to Connecticut.

APPENDIX C-2

UNIVERSITY OF CONNECTICUT HEALTH CENTER SOLICITATION OF INTEREST: HEALTH CENTER AFFILIATIONS

University of Connecticut Health Center

Solicitation of Interest: Health System Affiliations

I. Background

The recent report by the Connecticut Academy of Science and Engineering (CASE) on the value of a public academic medical center and the role of a university hospital in providing medical and dental education of excellence creates an opportunity to pursue a new vision for academic medicine, health professional education, and health care delivery in Connecticut. The vision and change process recommended in the CASE study has the potential to create a profound impact. It is a vision of UCHC as a top tier academic medical center with a top flight medical and dental school and an academically based biomedical research enterprise that will create greater economic vitality for the State, especially the Hartford region. In order to fulfill this vision CASE recommends that UCHC collaborate in new ways with the private, non-profit sector of Hartford's health care delivery system to better serve both the local Hartford community and the broader region as a destination site for patient care. To quote from the CASE study report:

“A continuation of the status quo...jeopardizes the General Assembly's goal of UCHC achieving excellence in academic medicine and is not in the best interests of the state.”

“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.”

It is important to emphasize that while much of the focus of the CASE report, and of this document, is most directly on John Dempsey Hospital, an academic health center is much more than a hospital. This is an opportunity to redesign medical education. This is an opportunity to create a platform for expanded research. This is an opportunity to stimulate economic development in ways that are distinct to an academic health center in other parts of the country but has been stunted here in Connecticut. The CASE study reports that “UCHC's overall (economic) impact has not increased between 2000 and 2007.” Other states are looking to their public universities, especially their academic health centers, to lead economic growth and diversification. Connecticut can and should do the same. To do so, new approaches to collaboration need to be pursued.

The University of Connecticut Health Center (UCHC) has fundamental missions of producing new physicians and dentists for Connecticut, and advancing knowledge in disease prevention, treatment, and health improvement. These fundamental missions of education and research are integrally linked to the delivery of patient care by the UCHC faculty in the School of Medicine. Education and research in medicine happen in the patient care setting. Education, research, and patient care are also linked in medical schools from an economic perspective – the faculty of the

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School of Medicine, like the faculty in all US medical schools, are supported in substantial part from income derived from clinical practice. The School of Medicine faculty linkage to a successful clinical enterprise is therefore critical from both an academic mission and an economic perspective.

A successful full time faculty is essential to a high quality medical school. At UCHC, the medical student and graduate medical education (resident) clinical experiences are highly distributed across a broad range of clinical education sites. UCHC benefits greatly from the time committed from part time or volunteer teachers at these sites. These contributions notwithstanding, the critical mass of full time faculty at UCHC shapes the quality of the School of Medicine.

UCHC must maintain and enhance the quality of the full time faculty if the School of Medicine is to continue to advance. Because both the academic mission and the economics of the School of Medicine are integrally linked to successful clinical programs, the UCHC faculty must be part of a successful clinical enterprise. Health system affiliations involving substantial commitment to the clinical success of the full time faculty are critical in this regard.

Historically the primary practice base for the UCHC faculty has revolved around John Dempsey Hospital. JDH is highly regarded for its patient care quality and its several signature programs, as evidenced by its selection in 2007 as a Solucient “Top 100 Hospital: Performance Improvement Leader”. JDH was also awarded a CareScience Select Practice National Quality Award from Premier in 2007 for superior patient outcomes in quality and efficiency. JDH enjoys a geographic location in a growing part of the greater Hartford community. However, JDH is the second smallest University Hospital in the country and is at a point in its life cycle where significant capital investment will be required. The small current size of JDH presents capacity constraints for the patient care programs of the faculty. As the health care system evolves and the market evidences greater demand for services at JDH, the need for capital investment grows. The ability of JDH to generate the capital resources as an “independent” entity is questionable, however.

Without a) significant additional investment in JDH with debt guarantees by the State or another system, and b) fundamental change in the position of JDH in the health care delivery system of the Hartford region, it is unlikely that JDH will be able to continue to serve in a stable role as the primary teaching hospital for the faculty, and as a stable work environment for the JDH employees.

The complexity and importance of this issue has been recognized by the State of Connecticut, as evidenced by the study commissioned by the Connecticut General Assembly and conducted through the Connecticut Academy of Science and Engineering (CASE). The CASE study provides important guidance to State policy makers, the University, and the hospital systems relative to the future of medical education for Connecticut.

Given all of the preceding perspectives, and consistent with the direction outlined by the CASE study, the University of Connecticut has concluded that alternatives to the current situation need

to be carefully evaluated. More specifically, closer affiliations with other community-based health systems, beyond the education program relationships currently in place, should be considered.

II. Priorities

As UCHC is considering alternatives in terms of affiliation relationships, the following will serve as priority reference points and outcomes against which the alternatives will be evaluated:

- Ability to sustain and grow the scope and quality of education programs to meet the vision of being a top tier medical center, including the possibility of expanding the student base of the School of Medicine and the School of Dental Medicine, along with potential expansion of GME programs, directed at meeting Connecticut's health workforce needs.
- Generation of enhanced resources to grow and invest in the academic enterprise of UCHC.
- Advancement of the translational and clinical research programs of the faculty.
- Commitment to continuation of a significant clinical presence and a stable clinical program in the Farmington Valley, including both ambulatory and inpatient components, with renewed inpatient facilities.
- Recognition of the importance of workforce issues and collective bargaining agreements
- Ability to enable the clinical success of the full time faculty.
- Alignment of incentives such that the academic, clinical, and economic interests of UCHC are substantially overlapping with those of the principal affiliate(s).
- Governance, policy making, and leadership structures and linkages which reflect the aligned incentives described above.
- Likelihood of enhancing research and economic development for the state.

III. Vision

Leadership throughout Connecticut – elected officials, health system executives, Board members, and University leaders – have consistently expressed the importance of a strong University of Connecticut School of Medicine. Medical schools are an important source of the future physician workforce to meet the growing health care needs of the population. Medical

schools drive economic development through their research enterprises. Medical schools and their Graduate Medical Education programs improve the delivery of care and health care access at the affiliated teaching hospitals. Medical schools improve the health status of their communities through the new knowledge and providers they produce, and through the specialty referral and community-based programs which they offer, often to those most in need. These social contributions from UCHC need to be maintained and enhanced. The future vision for UCHC is grounded in the value which UCHC provides for Connecticut. UCHC intends to be a top tier public academic health center, serving as a destination for students, faculty, and patients, thereby creating greater benefit for the State.

Education

The School of Medicine at UCHC is highly regarded nationally for innovation and quality in its educational programs. This is reflected in the quality of students enrolled in UCHC's undergraduate and graduate medical education programs, and the performance of the students and residents in USMLE rankings, residency matches, and specialty Board examinations. UCHC's vision for the education programs is to enhance its national leadership position, with a focus on growing programs which are responsive to Connecticut's physician workforce needs.

While UCHC envisions the establishment of principal clinical affiliation(s) (as described later in this document), we also envision continuation of the important educational affiliations core to our mission. We recognize that the quality of our education programs, which accrue substantially to the benefit of Connecticut, are highly dependent on maintenance of the significantly distributed programs which are in place with key affiliated teaching hospitals. Similarly, we recognize the importance of Graduate Medical Education, from both a quality and financial perspective, to the affiliated teaching hospitals.

Research

The School of Medicine competes successfully nationally for sponsored research funding, currently ranking 63rd of 123 medical schools in the country who receive NIH funding. UCHC is pursuing a Clinical and Translational Science Award, which would be a major achievement as recognition by the National Institutes of Health as one of the nation's leading biomedical research enterprises, with an emphasis on the application of research to improvement of health.

Molecular medicine will be a major emphasis of UCHC's future research enterprise, as well as the clinical programs of UCHC. Research into the genetics of human disease, the early biology of disease, preventive medicine (on an individualized genetic basis), and personalized medicine (the tailoring of treatment based on an individual's genetic profile) will distinguish UCHC's research efforts. These research efforts will be translated into clinical practice in a manner which will distinguish UCHC and its clinical affiliates and create value and improved health for the people of Connecticut.

The preventive and personalized medicine theme will carry over into two related arenas of research and service: chronic disease management and population health improvement. There is

increasing evidence that both population health and individual health can be maximized through more effective disease prevention and chronic disease management. UCHC intends to take a regional leadership position in these arenas, ideally in conjunction with its principal clinical affiliate(s). As health care costs and quality become increasingly important social issues, UCHC views it as essential that it provide leadership for Connecticut in creating better health care value. We envision our primary partner(s) as embracing this priority and working collaboratively with UCHC in improving Connecticut's health outcomes and value. A key component of the strategic plan to be developed between UCHC and its primary partner(s) should involve an expanded focus on population health improvement, especially addressing health inequities and diverse populations.

The University of Connecticut is engaged in the development of a strategic plan for enhancement and augmentation of its academic priorities over the next five years. This plan will stress a number of important research initiatives across all campuses of the University. In particular, in the area of biomedical sciences at UCHC, the University will be placing special emphasis on areas such as Nanomedicine, Genomics, Molecular Medicine, Biomedical Imaging, Biomedical Engineering, and Stem Cell Biology.

Specific to Stem Cell Biology, the State and UCHC have made a major commitment to stem cell research and therapy, evidenced by the State's commitment of \$100M of research and technology transfer funding over the next 10 years. While stem cell therapy has been proven successful primarily in the treatment of hematologic malignancies, there is growing evidence that stem cell related therapeutic technologies may eventually play a major role in the prevention and treatment of a broad range of diseases. UCHC intends to be at the forefront of those efforts from both a research and clinical perspective.

Clinical Services

We envision UCHC and its principal clinical affiliate(s) as together providing the highest quality, most community responsive clinical programs in the region. The specific configuration and location of those programs should be determined based on service and access for patients and physicians, along with operating cost and capital investment synergy opportunities. As noted earlier, there is an expectation that JDH will be maintained in a meaningful way as both an ambulatory and inpatient clinical campus, given its excellent geographic location and co-location with the UCHC faculty's academic programs. The specific clinical configuration and market role for JDH is expected to reflect the results of the system wide planning process described in the following paragraph. Similarly, the capital investment associated with that configuration will also be defined through that system wide planning process.

We envision collaboration between UCHC and the principal clinical affiliate(s) in system wide clinical program planning to build clinical programs of excellence to serve the region. Providing value in these clinical services, in the context of the prevention and chronic disease management dimensions noted earlier, is an important part of the vision. Linkage of the programs to UCHC's "Signature Program" initiatives, inclusive of the research activities, is a priority; those Signature Programs for UCHC include musculoskeletal diseases, cancer, cardiovascular medicine and

public health. We envision a joint, system wide strategic capital planning process to define the role and programs for JDH and the Principal Affiliate, from a clinical program and facility perspective. A joint system wide assessment of current and future market need, operating and capital cost synergies, physician relationships, academic program relationships, and faculty productivity is envisioned. The future role and capital investment plans for JDH, and possibly the Principal Affiliate, are expected to be defined through this process.

We recognize that collaboration with the private practice physician community will be an important element of success. While those private practice groups often are not able or willing to make a commitment to “alignment” with a system, we envision the UConn Medical Group (UMG) making such a commitment as an integral part of the affiliation. In turn, we would anticipate that the affiliate organization(s) demonstrate an appreciation of the value of a strategic alignment with a full time, academically oriented group of physicians, and that there will be a commitment to jointly grow the scope of services for the system (especially at the primary teaching sites) in conjunction with UMG.

The physician support for the affiliated health system(s) will presumably encompass private practice physicians, system employed physicians, and the full time faculty in UMG. We will want to jointly craft the most productive academic and clinical relationships possible; to the extent that system employed physicians play significant roles in teaching programs, we will be open to new or enhanced relationships with those physicians. Similarly, we envision UMG and the principal health system affiliate(s) being able to act as an integrated delivery system, toward the goal of providing the highest quality, highest value patient care programs possible.

A key component of an integrated delivery system is an integrated Electronic Health Record (EHR). We recognize that the local health care systems have already made significant investment in this regard. We envision use and application of an EHR on a system wide basis, utilizing this asset as a foundation of patient care safety and quality.

Our vision, in summary, is to serve Connecticut through our multiple missions in education, research, patient care, and community service. In doing so, we will work through a reconfigured set of affiliation relationships, creating value for our principal clinical affiliate(s) as well.

IV. General Description of Proposed Affiliation Relationship

The University of Connecticut seeks an affiliation with one or more health systems which will have three major features:

- A combination of the income statements and operations of the affiliated health system(s) and John Dempsey Hospital through a lease/joint operating agreement or other similar long term arrangement (a full asset merger is not contemplated).
- A collaborative relationship between the affiliated health system(s) and the UConn Medical Group, the group practice organization of the clinical faculty at UConn Health Center.
- A nonexclusive set of academic program relationships, in both education and research, between the School of Medicine and the affiliated health system(s).

The University's primary goal in pursuing the proposed affiliation relationship(s) is enhancement of the quality and stability of the teaching and research programs of the UConn Health Center.

The University has three important sub-objectives in pursuing the proposed affiliation relationship(s):

- Enabling the clinical success of the full time clinical faculty of the School of Medicine (and the School of Dental Medicine, where applicable).
- Financial support for the academic programs of the School of Medicine (and the School of Dental Medicine, where applicable).
- Access to a stable in-patient facility and a care system which is highly supportive of the teaching and clinical research activities associated with patient care delivery by the clinical faculty.

The University has a strong preference that the proposed affiliation relationship result in continuation of significant in-patient clinical programs at the UConn Health Center campus in Farmington, Connecticut. Outpatient clinical programs including faculty clinics at UCHC will continue to be conducted by the UConn Medical Group and are an important priority.

The University is open to creative and innovative approaches, which may differ from the traditional or the status quo, as the above objectives and priorities are considered.

The University believes that its objectives are most likely to be achieved through an affiliation agreement with a principal affiliate health system. By principal affiliate health system, the University means:

- a. The system which assumes responsibility for operation of John Dempsey Hospital, as part of their system wide operations.
- b. The system which agrees to support the clinical practice and clinical research success of the faculty.
- c. The system which provides the substantial financial support to the School of Medicine

If two or more of the local health systems wish to propose serving, in combination, in the principal affiliate role described above, the University will consider such proposals. When the term “principal affiliate” is used throughout this document, the term could apply to a) a relationship with a single health system, or b) a relationship with a combination of health systems serving in the principal affiliate role.

The education program component of the affiliation relationship will be on a non-exclusive basis, as the University’s education program needs are such that multiple educational affiliations will be required into the foreseeable future. We expect to continue significant and important relationships as educational affiliates with systems which are not playing the role of principal affiliate.

The University anticipates maintaining its current, highly positive relationship with Connecticut Children’s Medical Center. The principal affiliate health system relationship described above is therefore largely shaped around services for adult patients. At the same time, it is anticipated that some form of collaborative relationship between UCHC, the principal affiliate health system, and CCMC would be crafted.

V. UCHC Operating Revenues and Expenses Proposed for Inclusion in the Affiliation Relationship

- All inpatient revenues currently generated by John Dempsey Hospital, including Medicare IME and DME payments and Correctional Managed Care contract payments for inpatient services at John Dempsey Hospital.
- Outpatient revenues currently generated by John Dempsey Hospital.
- Operating expenses associated with delivery of inpatient and outpatient services at John Dempsey Hospital, including related staff, supplies, patient care services, ancillary services, support services, and facility expenses.

- Salaries, fringe benefits, and related support costs for graduate medical education programs operated at the John Dempsey Hospital.

The principal affiliate health system will control the above operating revenues and expenses within the parameters of the definitive joint operating and affiliation agreements to be negotiated between the parties.

The UCHC employees involved in the affected operations will remain as State employees. Management of these employees will be in keeping with the existing collective bargaining agreements and under the supervision of the principal affiliate health system. Faculty employed by UCHC will also remain as employees of the University, under the authority of the Health Center leadership.

It is not envisioned that a change in asset ownership or debt obligations relative to the involved operations will result from the proposed affiliation, except that cash flow for the capital investment costs associated with involved facilities and equipment will be provided to the University in the form of a lease payment as a condition of the joint operating agreement.

Certain services (steam, utilities, etc.) will need to be purchased by the principal affiliate health system from the Health Center as a component of the operating agreement.

VI. Excluded Revenues and Expenses

The following Health Center revenues are not to be considered as direct components of the affiliation relationship:

- Professional fees and ancillary revenues billed by the UConn Medical Group (at least initially, UMG is anticipated to remain in its current structure).
- Research funds generated by the faculty at the Health Center.
- State funds received by the Health Center.
- Donor funds generated by the Health Center.
- Interest income and non-operating income generated by the Health Center.
- Correctional managed care revenues, other than those that are provided as payment for inpatient and outpatient services at John Dempsey Hospital.

The expenses associated with the above revenues will also not be considered as direct components of the affiliation agreement.

VII. System Wide Strategic Capital Planning, Capital Expenditures, and Capital Investment at JDH

As noted earlier, the eventual clinical program configuration of JDH is expected to be determined through a principal affiliate/UCHC system wide evaluation of current and future market need, operating and capital cost synergies, physician access and relationships, academic program relationships and faculty productivity, and other factors. We expect, because of the growing population in the area served primarily by JDH, and because of faculty productivity objectives, that a significant ambulatory and inpatient presence at the UCHC campus will result from this system wide planning process. As a result, and given the current need for capital investment at JDH, the University also anticipates the need for major capital investment in JDH in the relatively near-term future.

The University recognizes that the source of financing for this anticipated major capital expenditure will be a critical consideration in the relationship with the principal affiliate health system. This is particularly true given the structure of the affiliate relationship, i.e., a lease of the JDH facilities. We anticipate the need to engage the State of Connecticut in this element of the discussion in particular. We recognize that the principal affiliate health system's relationship with UCHC cannot be a barrier to capital access for the other capital needs of the principal affiliate health system.

VIII. Employee Matters

UCHC employees involved in the affected operations will remain as State employees. Management of these employees will be in keeping with the existing collective bargaining agreements and under the supervision of the principal affiliate health system.

Faculty employed by UCHC will also remain as employees of the University, under the authority of the Health Center leadership.

IX. Academic Program Relationships

The University will retain control of all policy matters related to the conduct of undergraduate and graduate medical education programs, including but not limited to curriculum, student selection and evaluation, program director and faculty appointments and evaluations, scope, size, and location of education programs, and related policy matters. Similarly, the University will retain control of all policy matters related to the research activities of UCHC.

The principal affiliate health system will be expected to express, as part of its mission, a commitment to medical education and research.

The principal affiliate health system will be expected to express a fiduciary responsibility and obligation for support of medical and dental education and research, to be translated through negotiated academic support payments.

The principal affiliate health system will be expected to express a commitment to operation of at least one of the hospital facilities under control of the health system as a high quality, intensive, and extensive teaching and research facility offering a broad range of specialty referral services. The University will have a strong preference that the John Dempsey Hospital play a continuing role in the education and research programs of the School of Medicine and School of Dental Medicine, as well as for a component of the inpatient and outpatient clinical activity of the clinical faculty (see earlier section regarding capital investment).

In addition, it is expected that the system-wide facilities and programs of the principal affiliate health system be made accessible to and supportive of the teaching and research programs of the School of Medicine.

The heads of the academic clinical departments (or their designees) in the School of Medicine will generally be appointed as the chiefs of clinical services in the correlate clinical departments at John Dempsey Hospital and/or other principal teaching hospitals.

The School of Medicine and the principal affiliate health system will develop a joint strategic plan for support of education and research within the system (in addition to the clinical program and facility planning referenced earlier).

As part of the mission level commitments and fiduciary opportunities and responsibilities assumed by the principal affiliate health system, and as recognition of the value created by the affiliation agreement, the University expects that a substantial portion of this value will be returned to the University in the form of annual academic program support payments. The University is targeting an annual payment of approximately \$15 million as a component of the affiliation agreement, to be increased over time with inflation. The funds will be utilized primarily for faculty and program development.

The principal affiliate health system will be expected to provide an educational environment for a specified number of undergraduate medical and dental students and other health professional students at John Dempsey Hospital and elsewhere within the principal affiliate health system. Similarly, the principal affiliate health system will be expected to provide an educational environment and appropriate financial support for graduate medical and dental education programs to be operated at John Dempsey Hospital and elsewhere within the principal affiliate health system. The University, in collaboration with the principal affiliate health system, will further define its education program support needs.

As a component of the academic affiliation agreement, it is expected that the principal affiliate health system will be supportive of the clinical faculty of the University through relationships

with the UConn Medical Group (UMG). All relationships between the principal affiliate health system and UMG will be in compliance with applicable federal and state laws and regulations.

UMG will be included in the managed care contracting activity of the principal affiliate health system in the same manner as the health system's other affiliated, employed, or aligned physician groups. If the affiliated health system has a Physician Hospital Organization (PHO), which contracts jointly with health plans in the marketplace, in place, UMG will become a member of that PHO.

UMG will consider a Management Services Organization (MSO) relationship with the principal affiliate health system, assuming the health system provides management services such as clinic operations, billing, and information systems, to large multi-specialty group practice organizations. Other more integrated relationships could evolve in the future. An integrated Electronic Health Record is anticipated.

The principal affiliate health system will contract for "hospital based" physician services from the "hospital based" physicians of the UConn Medical Group at the hospital or hospitals which serve as primary teaching sites and where the residents in the applicable hospital based specialties are primarily assigned based on the curriculum of the program.

X. School of Dental Medicine

The School of Dental Medicine is an important component of UCHC, and an essential part of UCHC's mission of producing the health care workforce for Connecticut. While the relationships between the School of Dental Medicine and the principal affiliate health system will not be as broad as will be the case between the School of Medicine and the affiliated health system, there will be important points of interface in the affiliation relationship relative to the School of Dental Medicine.

More specifically, the ambulatory clinics of the School of Dental Medicine are a component of the operation and economics of John Dempsey Hospital. As part of this structure, substantial funding for the Graduate Dental Education programs flows into JDH and the School of Dental Medicine. It is important to the mission of the School of Dental Medicine that an appropriate structure be crafted as part of the principal affiliate health system relationship. Matters of Graduate Dental Education fund flow, Dental Clinic management responsibility, Dental Clinic budgeting, and Dental Clinic facility improvement responsibility will need to be addressed as the broader relationship between UCHC and the principal affiliate health system is defined.

XI. Governance

The University, as the academic partner of the principal affiliate health system, anticipates having a defined position in the governing board structure of the principal affiliate health system. This will include appointment of the Dean of the School of Medicine or other similar UCHC leader to the governing board of the principal affiliate health system. In addition, it is expected that other Board positions will be made available to the University.

The University would expect to have a defined position on key governing board committees and key medical staff committees.

It is expected that a Research and Education Committee of the Board of the principal affiliate health system will be formed, if such a committee does not already exist, to reflect the mission level commitments of the principal affiliate health system to teaching and research. The University would anticipate that at least 50% of the members of this committee would be nominated or endorsed by the University.

Depending on the corporate structure of the principal affiliate health system and the specific nature of the relationship created for the affiliation with the University, a divisional or subsidiary board may need to be created for the clinical activities at the John Dempsey Hospital. The University would expect to nominate at least 50% of the members of this divisional or subsidiary Board.

The University will have specified reserved powers/super majority rights relative to certain matters, including major change in program configuration at John Dempsey Hospital, dilution of the rights negotiated through the affiliation agreements as a result of change in corporate structure of the principal affiliate health system, and sale of the assets of the principal affiliate health system. The University will have substantial input into the appointment and evaluation of the CEO of the principal affiliate health system, and endorsement authority for the operating officer assigned to the UConn Health Center campus.

It would be the University's intention that the principal affiliate health system will have a seat on the Board of Directors of the University of Connecticut Health Center, in recognition of the academic and economic alignment created through the principal clinical affiliation relationship. Similarly, the principal affiliate health system would participate actively in the search process for the Deanship of the School of Medicine, and for key clinical department leadership positions.

A dispute resolution process will be defined for resolution of disagreements which may arise between the University and the principal affiliate health system in the future.

XII. Management

The University, as noted above, will have significant input relative to appointment of the principal affiliate system chief executive officer, should that position become vacant.

The University will have endorsement authority for the appointment of the operating officer assigned to the John Dempsey Hospital by the principal affiliate health system. The principal affiliate health system will have endorsement authority for an administrative officer in the School of Medicine who will also serve as the system officer who will be responsible for fulfilling the health system's commitments relative to education and research conducted in the health system facilities.

APPENDIX D

CONNECTICUT ACADEMY OF SCIENCE AND ENGINEERING INDEPENDENT MONITOR PROJECT IMPLEMENTATION OF UCHC STUDY RECOMMENDATIONS

PHASE I: PROGRESS REPORTS

CONNECTICUT ACADEMY OF SCIENCE AND ENGINEERING
INDEPENDENT MONITOR PROJECT
IMPLEMENTATION OF UCHC STUDY RECOMMENDATIONS
PHASE 1: PROGRESS REPORT #1

Date: June 5, 2008

CASE was engaged as an independent monitor, at the request of and acting on behalf of the Connecticut General Assembly in accordance with Special Act 08-4, to monitor and report on progress regarding the implementation of recommendations from the “Needs-Based Analysis of the University of Connecticut Health Center Facilities Plan” study.

On May 5, 2008, CASE entered into a contract to provide related services for Phase I – Monitoring and Technical Assistance through the Office of Legislative Management (Contract #: JCLM08PSA0058) with a term of May 9, 2008 – June 13, 2008, unless extended by the Connecticut General Assembly.

The following represents initial progress made during Phase 1 of the project:

- CASE established a Project Committee to oversee the work required by the Academy as Independent Monitor. The Committee is comprised of most of the members of the original Study Committee for the study completed in March 2008. A list of the members of the Project Committee is attached.
- CASE selected Tripp Umbach (Study Consultant for UCHC Study) to serve as Project Consultant for Phase 1 of the Monitoring project. Services are limited to one day of consulting due to the limited available funding. Tripp Umbach will review the draft documents provided by UCHC and provide their comments to CASE for inclusion in its response to UCHC.
- On May 9, CASE met with UCHC to discuss progress made to date by UCHC on the implementation of recommendations of the UCHC Study, including tasks related to Phase 1 of this project. It was agreed that upon signing of the legislation naming CASE as Independent Monitor by the Governor, UCHC would provide draft documents prepared by UCHC in consultation with regional hospitals partners to CASE for its review.
- On May 29, the Governor announced the signing of Special Act 08-4 into law naming CASE as Independent Monitor for the purpose of reporting in progress regarding the implementation of UCHC Study recommendations.
- On May 29, 2008 University of Connecticut President Michael J. Hogan presented CASE with two draft documents for its review and comment:
 1. A statement of **Vision and Guiding Principles** for Establishment of Affiliation Agreements
 2. A **Solicitation of Interest** for Health System Affiliations

- On May 29, CASE transmitted the UCHC draft documents to its Project Committee and Project Consultant for their review and comment. CASE will provide its comments to UCHC for their consideration on or before June 13, the project work completion deadline.
- On June 3, 2008, CASE met with UCHC to review project progress. UCHC advised that they have made significant preliminary progress on their efforts regarding the work to be completed in Phase 1.
 - UCHC reported that the draft documents provided to CASE for review were developed as a result of meetings and discussions with UCHC's hospital partners (Hartford Hospital, St. Francis Hospital, Hospital of Central Connecticut and CT Children's Medical Center). These meetings and discussions took place from fall 2007 through winter 2008 and involved each hospital. The resulting draft documents were also provided by UCHC to the hospitals for their review and comment; and the drafts provided to CASE for review reflect this process, including the input and comments of the regional hospitals. UCHC also met with Bristol Hospital who specifically requested an opportunity to meet with UCHC.
 - A summary of the process and progress regarding the implementation of recommendations of the UCHC Study provided by UCHC is attached.
- As stated above, the work completion deadline for Phase 1 of this project is June 13, unless an extension is granted.
- Phase 2 of the project (*Articulation of Affiliation Agreements with Hospital Partners*) will begin upon completion of Phase 1 and is expected to last approximately 6 months. Funding for Phase 2 is estimated at \$90,000 (*Base project fee is estimated at approximately \$45,000, and consulting services, budgeted at approximately \$45,000, would be used only if necessary.*) Currently, funds for Phase 2 are not in place and CASE is not under contract to continue its services under Phase 2 of this project. The issuance of the **Solicitation of Interest** document to interested hospital partners will trigger the beginning of Phase 2 of the project.
- CASE will submit a final report to the General Assembly's Project Oversight Committee no later than the June 13 Phase 1 deadline summarizing the activities of Phase 1 of this project, unless an extension for the completion of Phase 1 is granted.

INDEPENDENT MONITOR REPORT:
IMPLEMENTATION OF UCHC STUDY RECOMMENDATIONS
APPENDICES



University of Connecticut
Office of the President

Michael J. Hogan
President

June 5, 2008

Richard A. Strauss, Executive Director
Connecticut Academy of Science and Engineering
179 Allyn Street, Suite 512
Hartford, CT 06103-1422

Dear Mr. Strauss,

I have been informed by Bruce Carlson that in the review of the documents that were transmitted to CASE last week, members of your Committee have requested additional information about how the consensus around the Vision and Principles document was formed. Below is a more detailed accounting of what happened over the last nine months to achieve that consensus.

A preliminary round of meetings with Board leadership of the major regional teaching affiliate hospitals (Hartford Hospital, St. Francis Hospital, Connecticut Children's Medical Center, and Hospital of Central Connecticut) in the summer of 2007 verified to Drs. Rowe and Burrow that the hospitals were interested in exploring what might be possible in the form of clinical affiliations. Following that preliminary round of meetings, further meetings were established for the fall of 2007. Those meetings in the fall included both the Board leadership and the CEOs of the major regional teaching affiliates.

In addition, UCHC engaged Larson Allen to assist in these discussions. Larson Allen is a national consulting firm on hospital issues and has successfully worked with institutions around the country in designing clinical affiliations. Greg Hart, a partner at Larson Allen, knows the Hartford hospital market well, having had experience at both the UConn Health Center and Hartford Hospital within the last decade, and having been engaged by all the regional affiliates in 2006 to facilitate the discussions that those hospitals leaders had with President Austin and Dr. Deckers. At the meetings in the fall of 2007, Greg Hart was also in attendance and talked about the type of clinical affiliations that he viewed as possible in the Hartford area.

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Based on the feedback from those meetings, Larson Allen and the University leadership developed a PowerPoint presentation that further refined the options and began to establish where the common ground was with the major regional educational affiliates on vision and principles. This PowerPoint was shared early in 2008 with the Board leadership and CEOs of the hospitals. Following that round of meetings and further feedback from the affiliates that the meetings generated, the first draft of the Vision and Principles document was created. That document, in draft form, was shared with the same leadership groups from the hospitals and was further modified based on the input received from those institutions. I should note that we have also shared the document in draft form with the leadership of Bristol Hospital.

In the last two months, the Health Center has also hosted tours of the John Dempsey Hospital for the management and engaged consultants of Hartford Hospital, St. Francis Hospital, and the Hospital of Central Connecticut. Under the direction of Larson Allen, UCHC has also identified a set of data about its operation that has been made available to each of the hospitals and their consultants so that they can be up to speed when they receive the Solicitation of Interest document and respond in a timely manner.

As you can see, our process to reach consensus on these documents has been consultative, extensive, and iterative. I hope this responds to the questions that your committee has raised.

Sincerely,



Michael J. Hogan
President

CONNECTICUT ACADEMY OF SCIENCE AND ENGINEERING
INDEPENDENT MONITOR PROJECT
IMPLEMENTATION OF UCHC STUDY RECOMMENDATIONS
PHASE 1: PROGRESS REPORT #2

Date: June 13, 2008

CASE was engaged as an independent monitor, at the request of and acting on behalf of the Connecticut General Assembly in accordance with Special Act 08-4, to monitor and report on progress regarding the implementation of recommendations from the study entitled, "A Needs-Based Analysis of the University of Connecticut Health Center Facilities Plan."

On May 5, 2008, CASE entered into a contract to provide related services for Phase I – Monitoring and Technical Assistance through the Office of Legislative Management (Contract #: JCLM08PSA0058) with a term of May 9, 2008 – June 13, 2008, unless extended by the Connecticut General Assembly.

The Phase 1 Progress Report #1 that was issued on June 5, 2008 included project activities during the period of May 9 through June 5, 2008.

This report, Progress Report #2, includes Phase 1 project activities during the period of June 6 through June 13:

- The CASE Project Committee ("Committee") and Tripp Umbach, Project Consultant, completed their review of UCHC's draft "**Vision and Guiding Principles**" and "**Solicitation of Interest**" documents. Draft comments developed by the Committee and Tripp Umbach were then provided to the Committee and Tripp Umbach for review.
- On June 9, the Committee and Tripp Umbach met via teleconference to discuss the CASE draft comments. The Committee then provided its consent for the release of the CASE comments to UCHC.
- On June 11 CASE delivered its comments to UCHC for their review and consideration. Additionally, a meeting was held with UCHC's Chief of Staff Bruce Carlson to review and discuss CASE's comments.
- On June 12 CASE representatives (CASE Project Committee Chairman, Myron Genel and CASE Executive Director, Rick Strauss) met via teleconference with UConn President Michael Hogan, UConn Chief of Staff, Lisa Troyer, UCHC Chief of Staff Bruce Carlson, and UCHC Consultant, Greg Hart, Larsen-Allen, to discuss the comments provided by CASE to UConn for their review and consideration.
- On June 13, UConn provided the attached letter of acknowledgement of receipt of the CASE comments that includes their timetable for the issuance of the "**Vision and Guiding Principles**" and "**Solicitation of Interest**" documents to interested hospital partners, by

then end of next week, June 20, 2008. The issuance of the “**Solicitation of Interest**” document to interested hospital partners will trigger the beginning of Phase 2 of the project.

- The Phase 2 – “*Articulation of Affiliation Agreements with Hospital Partners*” project process timeline will be provided to the General Assembly Project Oversight Committee in the next Progress Report.
- Funding for CASE for Phase 2 services is estimated at \$90,000 (*Base project fee is estimated at approximately \$45,000, and consulting services, budgeted at approximately \$45,000, would be used only if necessary.*) Currently, funds for Phase 2 are not in place and CASE is not under contract to continue its services under Phase 2 of this project. Contracting for Phase 2 services is currently under review by the General Assembly.

INDEPENDENT MONITOR REPORT:
IMPLEMENTATION OF UCHC STUDY RECOMMENDATIONS
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University of Connecticut
Office of the President

Michael J. Hogan
President

June 13, 2008

Mr. Richard A. Strauss, Executive Director
Dr. Myron Genel, Project Committee Chairman
Connecticut Academy of Science and Engineering
179 Allyn Street, Suite 512
Hartford, CT 06103-1422

Dear Mr. Strauss and Dr. Genel,

I am in receipt of the Connecticut Academy of Science and Engineering's (CASE) Committee Report commenting on the draft Vision & Guiding Principles and Solicitation of Interest documents that the Committee reviewed. The Committee's comments are quite helpful and we will be modifying these draft documents based on them.

Once modified, we intend to send the Vision & Guiding Principles and the Solicitation of Interest documents to the major regional educational affiliates (Connecticut Children's Medical Center, Hartford Hospital, Hospital of Central Connecticut, and St. Francis Hospital) and to Bristol Hospital. We anticipate delivering these documents by the end of next week. I will also be informing the CEO's of the other hospitals in Connecticut about the availability of the documents should they have an interest.

As always, the University appreciates your diligent work on this project and we look forward to working with CASE as the monitor throughout the process.

Sincerely,

A handwritten signature in black ink that reads "Michael J. Hogan". The signature is fluid and cursive, with a long horizontal stroke at the end.

Michael J. Hogan
President

An Equal Opportunity Employer

352 Mansfield Road Unit 2048
Storrs, Connecticut 06269-2048

Telephone: (860) 486-2337
Facsimile: (860) 486-2627
e-mail: Mike.Hogan@uconn.edu

CONNECTICUT ACADEMY OF SCIENCE AND ENGINEERING
INDEPENDENT MONITOR PROJECT
IMPLEMENTATION OF UCHC STUDY RECOMMENDATIONS
PHASE 1: PROGRESS REPORT #3 (FINAL)

Date: June 18, 2008

On June 18, 2008 the University of Connecticut issued its “Vision and Guiding Principles” and “Solicitation of Interest” regarding the University of Connecticut Health Center. The issuance of these documents completes Phase 1 of the implementation of recommendations from the CASE UCHC Study as specified in Special Act 08-4. This action also triggers the beginning of Phase 2 of the legislation.

A letter to “Interested Parties” from UCONN President Michael J. Hogan and the referenced documents are now available on the UCHC website at:
<http://www.uchc.edu/solicitation/index.html>

The deadline date for the submittal of proposals from interested hospital partners is August 1, 2008.

APPENDIX E

CONNECTICUT ACADEMY OF SCIENCE AND ENGINEERING INDEPENDENT MONITOR PROJECT IMPLEMENTATION OF UCHC STUDY RECOMMENDATIONS

PHASE 2: PROGRESS REPORTS

CONNECTICUT ACADEMY OF SCIENCE AND ENGINEERING
INDEPENDENT MONITOR PROJECT
IMPLEMENTATION OF UCHC STUDY RECOMMENDATIONS
PHASE 2: PROGRESS REPORT #1

Date: August 27, 2008

CASE was engaged as an independent monitor, at the request of and acting on behalf of the Connecticut General Assembly in accordance with Special Act 08-4, to monitor and report on progress regarding the implementation of recommendations from the "Needs-Based Analysis of the University of Connecticut Health Center Facilities Plan" study.

This legislation requires that the recommendations of the CASE study shall be implemented in accordance with a two phase process as follows:

Phase 1- Summary (Completed – June 18, 2008):

UCHC and a regional hospital or hospitals were requested to develop a mutually agreed upon vision and set of guiding principles that will form the basis for establishing affiliation agreements between the health center and such regional hospital or hospitals as partners.

This was accomplished by UCHC in consultation with hospital partners and completed following review and comment by CASE serving as independent monitor for Phase 1 of the study implementation process. Tripp Umbach, project consultant assisted CASE in its review. The Phase 1 project was completed on June 13, 2008. On June 18, 2008 the University of Connecticut issued its "Vision and Guiding Principles" and "Solicitation of Interest". The issuance of these documents completes Phase 1 of the implementation of recommendations from the CASE UCHC Study as specified in Special Act 08-4. This action also triggers the beginning of Phase 2 of the legislation. A letter to "Interested Parties" from UCONN President Michael J. Hogan and the referenced documents are available on the UCHC website at: <http://www.uchc.edu/solicitation/index.html>. The deadline date for the submittal of proposals from interested hospital partners was August 1, 2008.

Phase 2

Phase 2 requires that UCHC and a regional hospital or hospitals articulate affiliation agreements that detail the working relationships between the health center and a regional hospital or hospitals as partners to support excellence in medical education in the state.

On Aug. 4, 2008, CASE entered into a contract to provide related services for Phase 2 – Monitoring and Technical Assistance through the Office of Legislative Management (Contract #: JCLM09PSA0011) with a term of August 4, 2008 – January 31, 2008, unless extended by the Connecticut General Assembly.

As part of the implementation of Phase 2 of this process, UCHC and a regional hospital or hospitals shall seek to articulate affiliation agreements that detail the working relationships between UCHC and a hospital or hospitals as partners to support excellence in medical education. Such agreements shall:

1. Clearly define:
 - a. The governance structures between UCHC and the regional hospital partner or partners.

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- b. Financial commitments between UCHC and regional hospital partner or partners.
 - c. Commitments from a regional hospital partner or partners to the academic and research mission of UCHC.
2. Include decisions concerning the availability and type of clinical facilities and clinical services on the UCHC campus that should be constructed or renovated and how any such facilities would be financed, operated and managed by UCHC and a regional hospital partner or partners.

The following represents initial progress made during Phase 2, “*Articulation of Affiliation Agreements with Hospital Partners*” and a summary of the action plan regarding CASE’s role as independent Monitor for the Phase 2 process:

- August 1: UCHC received four proposals from five regional hospitals: Bristol Hospital; Connecticut Children’s Medical Center; Hartford Health Care Corporation (*parent of Hartford Hospital*) in collaboration with The Hospital of Central Connecticut; and St. Francis Hospital and Medical Center. CASE attended the public opening of the proposals at UCHC on August 1.
- August 25: CASE met with UCHC Chief of Staff Bruce Carlson to discuss progress regarding UCHC’s review of the proposals and a draft action plan for Phase 2.
 - a. UCHC established a faculty committee and an administration committee that conducted a preliminary review of the proposals.
 - b. Additionally, Dr. Michael Hogan, UConn President; Dr. Jack Rowe, Chairman, UConn Board of Governors and Dr. Gerard Burrow, Chairman, UCHC Board of Directors, were also involved in the proposal review process.
 - c. Following the preliminary proposal review, President Hogan, Dr. Cato Laurencin, UCHC Vice President & Dean, School of Medicine, and Larsen-Allen, UCHC’s consultant, met with the CEOs of each of the hospitals that submitted proposals. The purpose of these introductory meetings was for UCHC to gain better understanding of the details of each of the proposals.
 - d. The goal of the review process is to assure that the resulting affiliation agreements meet the goals established by the General Assembly; the foundation of which is the implementation of recommendations of the CASE Study Report.
 - e. The details regarding the roles envisioned by each of the proposers is integral to the proposal review process. The result of the Phase 2 review process will determine how each of the selected partners will participate in UCHC’s medical education, research and clinical care missions.
 - f. In support of the Phase 2 process, CASE as independent monitor is required to:
 - Periodically report on progress and outcomes of the process of implementing the recommendations of Phase 2 to the General Assembly to ensure that the best interests of the state are taken into consideration.

ACTIONS: CASE will issue periodic written progress reports to the General Assembly's Project Oversight Committee following, at a minimum, its monthly and other meetings with UCHC and others as specified in Items 2 and 3 below.

- Attend meetings between UCHC and the regional hospital or hospitals, as appropriate.

ACTIONS: When requested by UCHC, CASE will attend meetings related to the discussion of issues related to review and development of articulation agreements between UCHC and proposed regional hospital partners including proposals concerning the construction, operation and management of clinical care facilities on the UCHC campus.

- Attend meetings concerning the progress of implementing such recommendations with UCHC, at least monthly.

ACTIONS: UCHC/CASE will schedule monthly meetings and others as necessary throughout the Phase 2 process -- from August until Phase 2 completion -- to discuss progress with regard to the development and implementation of articulation agreements between UCHC and its selected regional hospital partners and the review and consideration of proposals for the construction, operation, and management of clinical care facilities on the UCHC campus.

- Provide information, upon request, to UCHC and the regional hospital or hospitals concerning issues under discussion as part of the implementation of such recommendations, including, but not limited to, national benchmarking data and practices, provided the requester pays the monitor for the provision of such information.

ACTIONS: CASE will provide requested information on an as needed and funded basis as required by legislation.

- Review and provide comments on any draft concerning detailed affiliation agreements between UCHC and any regional hospital partner as a result of or in the analysis of proposals submitted to UCHC through its Solicitation of Interest process.

ACTIONS: UCHC will conduct a Briefing Session(s) for the CASE Project Committee regarding the results of the Solicitation of Interest process. This Briefing(s) should include:

- Identification of proposers
- Identification of the nature and details of the affiliations proposed by each proposer including governance, financial, and research commitments as required by the enabling Phase 2 legislation.
- If any, the details of any proposal that includes the construction, operation, and management of clinical care facilities on the UCHC campus.
- Other issues that need to be resolved for the successful execution of articulation agreements between UCHC and its selected hospital

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partners; and for the execution of agreement(s) that provide for the construction, operation, and management of clinical care facilities on the UCHC campus.

- Not later than January 30, 2009, the independent monitor shall issue a report, in accordance with the provisions of section 11-4a of the general statutes, detailing the process of implementation of the recommendation described as Phase 2 including the role played by the independent monitor in such implementation, to the joint standing committees of the General Assembly having cognizance of matters relating to higher education, public health, finance, revenue and bonding, and appropriations and to UCHC, OPM, and any regional hospital involved in the implementation of the recommendation described as Phase 2.

ACTIONS: CASE will deliver a final written report to those identified in the legislation by the deadline of January 30, 2009 and schedule a Briefing for the committees of the General Assembly and others coincident with deliver of the final report.

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INDEPENDENT MONITORING PROJECT
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PHASE 2: PROGRESS REPORT #2

Date: September 30, 2008

PROJECT OVERVIEW

CASE was engaged as an independent monitor, at the request of and acting on behalf of the Connecticut General Assembly in accordance with Special Act 08-4, to monitor and report on progress regarding the implementation of recommendations from the “Needs-Based Analysis of the University of Connecticut Health Center Facilities Plan” study.

Phase 2 of this process requires that UCHC and a regional hospital or hospitals articulate affiliation agreements that detail the working relationships between the health center and a regional hospital or hospitals as partners to support excellence in medical education in the state.

Phase 2 – Progress Report #1 Summary:

Refer to Progress Report #1 of August 27, 2008 for:

- A summary of Phase 1 activity
- A summary of requirements of said affiliation agreements between UCHC and regional hospitals partners, as outlined in the CASE study report.
- A summary of CASE’s role as Independent Monitor, as outlined in legislation Special Act 08-4.

PHASE 2 – PROGRESS REPORT #2 FOR THE PERIOD OF SEPTEMBER 2008

On Sept. 22, 2008, CASE and UCHC representatives met to discuss continued progress made during Phase 2, “Articulation of Affiliation Agreements with Hospital Partners” during the month of September 2008:

- UCHC’s internal review of the proposals continued. Resource groups in key areas, comprised of UCHC faculty, management and staff, have been formed for the purpose of examining the proposals in further detail, including discussions regarding the programmatic aspects of each proposal.
- UCHC leadership completed a second round of meetings with representatives of each proposing hospital.
- UCHC Vice President Dr. Cato Laurencin met with the medical staff of each proposing hospital.
- UCHC Vice President Laurencin conducted a “town meeting” with the UCHC staff for the purposes of:
 - Articulating his vision for how the proposals from the regional hospitals can work together;
 - Responding to staff questions.
- A meeting of the CASE Independent Monitoring Project Committee has been scheduled for October 14. The Committee will receive a briefing on Phase 2 progress and next steps from UConn President Michael Hogan and UCHC Vice President Laurencin.

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PHASE 2: PROGRESS REPORT #3
MID-PROJECT PROGRESS REPORT

Date: October 31, 2008

On Oct. 14, 2008, the CASE UCHC Independent Monitoring Project Committee was briefed by UConn President Michael Hogan and UCHC Vice President Cato Laurencin on progress to date in negotiations between UCHC and the five proposing hospitals that includes one joint proposal having been submitted by Hartford Hospital and the Hospital of Central Connecticut.

A review and assessment of each proposal has been completed, including an exploration of each proposal through UCHC discussions with each proposer.

It was reported that UCHC is conducting individual negotiations with each proposer. Negotiations are moving forward and the general attitude toward the process is one of cautious optimism with the expectation that there will be challenging issues to resolve. Also, it was indicated that the UCONN Board of Trustees, the UCHC Board of Directors and the Board members of some of the proposing hospitals have been involved in the process.

The joint proposal from Hartford Hospital/Hospital of Central Connecticut has emerged as having clinical care facility, education and research components. Consequently, leadership from UCHC and these hospitals are meeting on a weekly basis. Currently, negotiations are at a critical juncture as the formidable issues including the following are now being addressed:

- Governance
- Integration of Medical Staffs
- Academic Mission and Preservation
- Human Resources
- Financial Relationships and Implications
- Cultural Issues between Hospitals
- Communications and Government Relations

UCHC and these hospitals are working closely together to create a plan that satisfactorily addresses these issues in the context of the draft vision and mission, and guiding principles that were developed in Phase 1 of the Monitoring Project. Working Groups comprising representatives from various departments at UCHC have been given the responsibility to work with their counterparts to develop recommendations on these issues.

Additionally, UCHC and each of the proposing hospitals are striving to finalize the necessary details that will form the basis for new affiliation and operational agreements in accordance with the Phase 2 reporting schedule as established by the General Assembly that provides for a report to be issued to the General Assembly no later than January 30, 2009.

It was also reported that each of the proposals are complementary to each other and there is an expectation that it will be possible to involve all proposers in creating a new affiliation system that provides for involvement of each institution at a level consistent with its interests.

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1. The Hartford Hospital/Hospital of Central Connecticut joint proposal addresses their interest in developing a clinical care relationship with UCHC that includes having a University Hospital that incorporates two campuses with the possible construction/operation of clinical care facilities on the UCHC Campus as well as having a university hospital campus at Hartford Hospital. Additionally, the proposers indicated their interest in participating as partners in UCHC's education and research missions.
2. The proposals from, Connecticut Children's Medical Center and St. Francis Hospital are focused on teaching and research collaboration. UCHC is exploring how best to incorporate and reinforce the interests of these hospitals into UCHC's education and research missions.
3. It was also reported that St. Francis Hospital has an interest in being regarded as a university clinical campus, while CCMC is interested in aligning with the neonatal program at UCHC.
4. The Bristol Hospital proposal expressed interest in working with the clinical partnership that would include the other proposing hospitals, once it is framed.

Also, interest has been expressed in developing regional collaborative initiatives including:

- An expression of interest and a willingness to develop a Clinical and Transitional Science Awards (CTSA) National Institutes of Health (NIH) joint proposal.
- Discussions regarding collaboration in the area of public health
- Potential for a creating a regional simulation center for training.

UCHC reinforced that they are working with each of proposer to formulate a global agreement that will work interchangeably among the hospitals. It was stated that the draft framework (vision and mission and guiding principles) developed during the Phase 1 process has greatly aided the process and continues to provide a guiding structure for the continuing negotiations.

Members of the CASE Independent Monitoring Project Committee indicated that the proposers' interest in forming new relationships with UCHC was encouraging. Further, it appeared that all parties were engaged in the negotiation process with a goal of using their best efforts to complete the negotiation process in a timely manner in accordance with the requirements as established by the General Assembly.

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PHASE 2: PROGRESS REPORT #4
PROJECT PROGRESS REPORT

Date: December 5, 2008

This report will summarize progress made by UCHC and its prospective partners regarding their articulation of relationships and responsibilities for clinical care, research and education during the month of November 2008.

On Nov. 21 2008, UConn President Michael Hogan released the following documents to leadership of the General Assembly, including the General Assembly's UCHC Monitoring Project Oversight Committee, and the media:

- **"Transforming Health Education, Research and Clinical Care in the Greater Hartford Region: A Conceptual Framework."** The introduction of this document articulates the formation of key relationships and provides a foundation for the development of detailed agreements that will be the result of the Phase 2 process of implementation of the UCHC Study recommendations. The document states:

*"(1) The University of Connecticut and Hartford Hospital have joined with the other regional hospitals in an unprecedented effort to transform the Connecticut healthcare landscape. Their vision has two key components: the **Connecticut Health Collaborative**, which will include UConn, Hartford Healthcare Corporation, St. Francis Hospital and Medical Center, The Hospital of Central Connecticut, and Connecticut Children's Medical Center; and (2) the **Principal Partnership** between Hartford Healthcare Corporation (the parent company of Hartford Hospital) and the University of Connecticut Health Center (and its John Dempsey Hospital).*

Together, these two newly established relationships will bring significant energy, capacity and focus to the enhancement of healthcare delivery, medical education and research, and economic development in the Hartford region and, indeed, the entire state."

- **A letter from UCHC Vice President of Health Affairs Dr. Cato Laurencin inviting leaders at the collaborating hospitals to serve on the newly appointed Connecticut Health Education and Research Collaborative [also referred to as the "Connecticut Health Collaborative"].** This document asks Collaborative members to consider questions that included, among others, future plans, priorities, program improvements, administrative structures, and further collaborative opportunities. The letter also outlines some of the Collaborative's purview, including the statement that its, "focus should be on education, research, and the overlap with public health improvement. The Collaborative is not intended to be involved in clinical program planning or operations."

Both documents are attached for your convenience, reference and review, along with President Hogan's attendant cover e-mail.

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In a Nov. 25 meeting between representatives of UCHC and CASE, UCHC indicated that significant progress has been made in the discussions and negotiations for the development of the Connecticut Health Education and Research Collaborative, and the Principal Partnership is on schedule to be completed by year's end. Leadership from the collaborative hospitals and UCHC are meeting on a weekly basis. In addition, leaders from UCHC and the Hartford Healthcare Corporation (*Hartford Hospital*) meet *at least* weekly with regard to the development of the Principal Partnership. It is anticipated that UCHC and its partners will be able to reach agreements for the development of the Collaborative and the Principal Partnership by the end of the year. A Memorandum of Understanding will be developed by the Principal Partnership that will articulate the partners' working relationships and the details regarding the operation and management of the proposed University Hospital. It was noted that the Principal Partnership also includes The Hospital of Central Connecticut; however, the University Hospital campuses are currently proposed to include only Hartford Hospital and UCHC (John Dempsey).

The draft framework for the Principal Partnership includes the following concepts:

- The University Hospital (Hartford Hospital and the Hospital at UCHC) would be operated and managed by a University Hospital Board and overseen by the Hartford Healthcare Corporation (HHC) Board.
- It is anticipated that the agreement would include provisions for HHC to lease the hospital facilities at UCHC as well as the state employees to operate the hospital;
- The size of the proposed hospital has not yet been determined, but it would be within the total number of licensed beds of John Dempsey Hospital and Hartford Hospital.
- The University Hospital at UCHC would be responsible for hospital operating costs and will receive all revenues from hospital services.
- Support from the state would be needed for the construction of the new hospital at UCHC, as well as for providing for the acquisition of any new equipment as necessary. The level of state financial support that is necessary may be commensurate with what would have been needed if this process were not occurring.
- Potential economic benefit to the region and state was highlighted, both in the short, intermediate and long term with regard to construction jobs, other job opportunities and the overall benefit of a stronger regional medical education and healthcare system.

Additionally, progress regarding the development of the Connecticut Health Education and Research Collaborative was also reviewed:

- It was indicated that the underlying principle of the collaborative, is to transform UCHC from being one of the smallest to one of the largest academic medical centers in the U.S., replicating a model that is active in other parts of the country. The greater reach and resources of the Collaborative is expected to provide the opportunity to attract clinical scientists and researchers to practice at participating collaborating hospitals. The regional healthcare network, that includes both the proposed clinical operations and the

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education and research collaborative initiative, is expected provide an opportunity for increased medical research, serving as a driver for future healthcare and economic benefits for the region and the state.

- Participating hospitals in the Collaborative are expected to include Connecticut Children’s Medical Center, The Hospital of Central Connecticut, and St. Francis Hospital. Bristol Hospital’s role in the Collaborative is also being considered.

The CASE Independent Monitoring Project Committee will meet with UCHC and Hartford Hospital leadership on December 16 for an update on project progress.

Additionally, a final meeting with UCHC and its hospital partners is being scheduled for mid-January to present the results of the deliberations to the CASE Independent Monitoring Project Committee in preparation for the development of the Academy’s final project report to the General Assembly.

From: Hogan, Michael [mailto:mike.hogan@uconn.edu]

Sent: Friday, November 21, 2008 1:54 PM

To: Attorney General Richard Blumenthal; Comptroller Nancy Wyman; Governor M. Jodi Rell; M. Lisa Moody; Rep. Andrew Fleischmann; Rep. Antonio Guerrero; Rep. Beth Bye; Rep. Cameron Staples; Rep. Christopher Donovan; Rep. Craig Miner; Rep. David McCluskey; Rep. Demetrios Giannaros; Rep. Denise Merrill; Rep. Douglas McCrory; Rep. Elizabeth Boukus; Rep. Frank Nicaastro; Rep. Henry Genga; Rep. John Geragosian; Rep. Kelvin Roldan; Rep. Kenneth Green; Rep. Kevin DelGobbo; Rep. Kevin Witkos; Rep. Lawrence Cafero; Rep. Linda Schofield; Rep. Marie Kirkley-Bey; Rep. Marilyn Giuliano; Rep. Mary Ann Carson; Rep. Michael Christ; Rep. Minnie Gonzalez; Rep. Peggy Sayers; Rep. Peter Tercyak; Rep. Roberta Willis; Rep. Sandy Nafis; Rep. Timothy O'Brien; Rep. William Hamzy; Rick Strauss; Secretary Robert Genuario; Senator Andrew Roraback; Senator Dan Debicella; Senator Donald DeFronzo; Senator Donald Williams; Senator Eileen Daily; Senator Eric Coleman; Senator Gary LeBeau; Senator Joan Hartley; Senator John Fonfara; Senator John McKinney; Senator Jonathan Harris; Senator Martin Looney; Senator Mary Ann Handley; Senator Paul Doyle; Senator Thomas Colapietro; Senator Toni Harp; Treasurer Denise Nappier

Cc: Ejoseph@harthosp.org; Chris Dadlez; MJGavin@ccmckids.org; ltanner@thocc.org; kbarwis@bristolhospital.org; Laurencin, Cato T.

Subject: UConn Health Center Hospital Discussions and Plans

Earlier this year the General Assembly passed legislation that charged the University with developing a plan with the area's hospitals that would, through cooperation and collaboration, transform the Greater Hartford region into a hub of medical education, leading-edge research, health care delivery, and biomedical business activity.

In response, the University issued a Solicitation of Interest that sought proposals from interested organizations by August 1. Four responses were received from St. Francis Hospital and Medical Center, Connecticut Children's Medical Center, Bristol Hospital, and a combined response from Hartford Hospital and The Hospital of Central Connecticut.

Dr. Laurencin, Dean of the Medical School and VP of the Health Center, and I have been deeply involved in discussions with the leaders of all the responding hospitals. As you might expect, there are many perspectives to consider, yet I'm pleased the discussions thus far have been quite encouraging and productive.

Of the four responses, the one from Hartford Hospital and The Hospital of Central Connecticut was the most comprehensive. Accordingly, we have spent more time in discussions with their leadership. From these discussions, we have developed a Conceptual Framework document that is attached. The document identifies Hartford Hospital as UConn's principal partner. This partnership will form the nucleus of a restructured clinical enterprise.

The Conceptual Framework also delineates a Connecticut Health Collaborative, comprised of a broad network of affiliates, including St. Francis Hospital, The Hospital of Central Connecticut, Connecticut Children's Medical Center, Hartford Hospital and UConn Health Center. These hospitals, through the collaborative, would seek to support the educational and research mission of all the affiliates. This will be accomplished by expanding interactions with UConn's medical and dental students, interns and residents and broadening access to emerging science through the transfer of new knowledge to each hospital's workforce. The collaborative will also support efforts to organize and grow bio-medical research in the region. Also attached is correspondence from Dr. Laurencin to academic leaders of the affiliates that requests their

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assistance in determining how best to achieve these objectives, thereby enhancing medical education and research for all affiliated hospitals.

The Conceptual Framework represents our thinking to date and describes a collaborative model of working with the University that involves and benefits all the responding hospitals. Without question, moving it forward will not be easy. Many difficult issues, including financial, need to be resolved and significant challenges lie ahead.

I remain convinced that cooperative arrangements among our region's hospitals as described in the Conceptual Framework provide the best opportunity to transform healthcare delivery, medical education and research while simultaneously generating increased economic activity throughout the Greater Hartford area.

Your reactions to these documents are very important to me. To that end, we will be contacting your office to schedule an opportunity to discuss these issues in greater depth. In the interim, please do not hesitate to contact me.

Your ongoing interest and support of the UConn Health Center is very much appreciated.

Sincerely

Michael J. Hogan
President
University of Connecticut
352 Mansfield Road, Unit 2048
Storrs, CT 06269-2048
P: 860-486-2337
F: 860-486-2627

Transforming Health Education, Research and Clinical Care in the Greater Hartford Region: A Conceptual Framework

- (1) The University of Connecticut and Hartford Hospital have joined with the other regional hospitals in an unprecedented effort to transform the Connecticut healthcare landscape. Their vision has two key components: the **Connecticut Health Collaborative**, which will include UConn, Hartford Healthcare Corporation, St. Francis Hospital and Medical Center, The Hospital of Central Connecticut, and Connecticut Children's Medical Center ; and
- (2) the **Principal Partnership** between Hartford Healthcare Corporation (the parent company of Hartford Hospital) and the University of Connecticut Health Center (and its John Dempsey Hospital). Together, these two newly established relationships will bring significant energy, capacity and focus to the enhancement of healthcare delivery, medical education and research, and economic development in the Hartford region and, indeed, the entire state.

The Collaborative, to be comprised of a broad network of affiliates, will seek to support the educational and research mission of all affiliates by expanding their interaction with medical and dental students, interns and residents, and enhancing their access to emerging science through the systematic transfer of state-of-the-art knowledge to each hospital's workforce. It will also support the UConn School of Medicine in its efforts to secure (through the National Institutes of Health) a Clinical and Translational Science Award. This award would help to fund a new Connecticut Institute of Clinical and Translational Science, which will embody a shared commitment among the partners to organize, expand, and deepen biomedical research in the region. In addition, the Collaborative will also explore cooperative initiatives in allied health education and will undertake new efforts to enhance the health status of Connecticut citizens by using research to develop and disseminate new and successful models of care, particularly for underserved populations.

The Partnership will form the nucleus of the restructured clinical enterprise of the UConn Health Center. This will include the development of a University Hospital, located on two campuses: Hartford and Farmington. The Farmington facility will be owned by UConn, and will be operated by Hartford Healthcare; the Hartford facility will continue to be owned and operated by Hartford Healthcare. This University Hospital will have as an explicit goal its evolution into one of the nation's premier academic medical centers. It will be both the state's academic hospital and the core of Hartford Healthcare, attracting world class physicians, dentists, and other health care professionals, and will become a destination for patients seeking medical care that is informed by the most current developments in science. The University Hospital will be instrumental in advancing the School of Medicine's educational ranking, sponsored research funding, and clinical reputation. The University Hospital will similarly advance the national reputation and regional presence of Hartford Healthcare.

The University Hospital will maintain and operate its existing licensed beds and will have associated ambulatory care delivery sites. It will be the flagship teaching hospital for the Schools of Medicine and Dental Medicine and the primary site for the clinical research activities of the School of Medicine.

The University Hospital will have one medical staff, maintaining the highest standards of clinical care and clinical education. A model for a combined clinical faculty, with a common practice plan, will be developed. This aspect of the partnership will, in many ways, serve as the blueprint for the uniting of two different cultures through a single, shared vision. Employees of the Farmington facility will remain state employees and maintain their rights under collective bargaining agreements where applicable.

The Partnership will be a major force in moving the School of Medicine to Top Tier status and in establishing the Greater Hartford Region as a medical destination and a biomedical research powerhouse over the next decade. To achieve this Top Tier status, the School of Medicine, working with the Collaborative, will need to grow significantly its research activity, including clinical trials, thereby creating many more research-related jobs in the region. Through shared governance, the partners will plan together, in furtherance of a new future in clinical education, research and patient care.

The Partnership will strengthen the economic vitality of all related facilities, the clinical faculty, the voluntary physicians, and the Schools of Medicine and Dental Medicine. In the short term, Hartford Healthcare will provide financial resources essential to the transformation of the academic programs in the Schools of Medicine and Dental Medicine; in the long term, the partners will negotiate the annual academic financial support to be provided by Hartford Healthcare and other sources.

The State of Connecticut will be a key contributor to, and a key beneficiary of, these collaborative efforts. The support of the State of Connecticut will be essential to the success of the endeavor. This will include investment, potentially in the form of capital financing for the replacement of John Dempsey Hospital (JDH) and operating support for the academic and research enterprise, as well as certain state-related expenses of JDH. The return on this State investment will be far-ranging: health workforce growth and enhancement; broader economic development spurred by bio-medical research; and improved health outcomes for Connecticut citizens.

Significant investments will also be made by Hartford Healthcare to address the needs of the Hartford and Farmington campuses. Investments by the State will lead to a mutually beneficial cycle of growth and financial sustainability in education, research and patient care which, in turn, will support the continued success of the new University Hospital, the Schools of Medicine and Dental Medicine, and regional health care, research and economic development. In addition to the existing national recognition of its innovative curriculum, the School of Medicine will achieve a level of research funding that would place it among the top 30 schools in national rankings. The elevation of both the School

of Medicine and the School of Dental Medicine will be complemented by an expansion of their student enrollments, with each adding 20 members per class to their current student bodies.

The plan is as straightforward as it is complex: a joint venture of the state's academic medical center and the region's health care infrastructure to transform the Greater Hartford Region into a hub of health care delivery, medical education, leading-edge research and biomedical economic activity. The translation of the plan from vision into reality will not be easy. It requires a break from tradition and a commitment to innovative models of cooperation. Challenges lie ahead, but the potential for the state and for the City of Hartford is too great to let this opportunity slip through our grasp.



University of Connecticut Health Center
School of Medicine

Office of the Executive Vice
President for Health Affairs

Date: November 19, 2008

Dean, School of Medicine

To:	Bruce Koeppen, M.D. (Chair)	UCHC
	Robert Bona, M.D.	UCHC
	Kiki Nissen, M.D.	UCHC
	Bruce Liang, M.D.	UCHC
	Greg Makoul, Ph.D.	St. Francis
	Rolf Knoll, M.D.	St. Francis
	Neal Yestin, M.D.	Hartford Hospital
	Michael Lindberg, M.D.	Hartford Hospital
	Paul Thompson, M.D.	Hartford Hospital
	Christine Finck, M.D.	CCMC
	Fran DiMario, M.D.	CCMC
	Thomas Lane, M.D.	HOCC

From: Cato T. Laurencin, M.D., Ph.D. 
Vice President for Health Affairs
Dean, School of Medicine
Albert & Wilda Van Dusen Chair in Academic Medicine
Distinguished Professor of Orthopaedic Surgery and
Chemical, Materials and Biomolecular Engineering
The University of Connecticut

Re: Appointment of Connecticut Health Education and Research
Collaborative

I am writing to ask you to serve as a member of the newly appointed Connecticut Health Education and Research Collaborative.

By way of background, the UConn School of Medicine has defined a vision of growth to "Top Tier" status. The need for and value of enhancement of the School of Medicine has been discussed in meetings between the School of Medicine and each of the School's major teaching hospital affiliates. This vision was also expressed in UConn's "Solicitation of Interest" document distributed several months ago. The State, through the CASE study, has also articulated the importance of moving medical education and research in the State to a new level.

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Farmington, Connecticut 06030-3800

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Facsimile: (860) 679-1255

1

A key theme in all of the above communications has been that of collaboration. The School of Medicine has long standing, highly valued relationships with each of the major teaching hospitals: Connecticut Childrens Medical Center, Hartford Hospital, the Hospital of Central Connecticut, and St. Francis Medical Center. The School of Medicine and teaching hospital affiliates need to collaborate more actively and effectively if we are together going to be able to meet the mandate expressed in the CASE study and in the Top Tier vision. The appointment of the Connecticut Health Education and Research Collaborative is intended to create the forum for this essential collaboration.

I would ask that the members of the Collaborative consider the following questions as the charge of the group:

- What are the key needs of the State in terms of physician workforce, and how should those needs impact the plans for growth of class size and GME?
- What should the plans be for School of Medicine growth in class size? Timing? Clinical rotation requirements?
- Where should the priorities be for growth and expansion of Graduate Medical Education programs? What are the interests of the teaching hospitals in that regard?
- What qualitative improvements in the education programs should receive priority?
- Can the administrative structure for the education programs across the institutions be streamlined?
- How can the institutions best collaborate in advancement of the CICATS application?
- How can the institutions best pursue other opportunities for clinical research?
- Can the administrative structure for the research programs across the institutions be streamlined?
- How can the institutions best contribute to public health improvement, especially for vulnerable populations, through the Collaborative work in education and research?
- Are there collaborative opportunities for allied health education expansion that should be pursued?

The Collaborative may define other related questions which the members believe are important to evaluate.

I would note three important “boundaries” for the work of the Collaborative that I would ask that you be sensitive to:

- The School of Medicine retains responsibility and authority for matters of accreditation, thus many of the recommendations from the group will need to be forwarded to the School of Medicine for decision-making.
- Similarly each of the members of the Collaborative will need to receive and act upon some of the recommendations from the Collaborative.
- The Collaborative’s focus should be on education, research, and the overlap with public health improvement. The Collaborative is not intended to be involved in clinical program planning or operations.

While there is not an intent that the Collaborative be time limited, I would ask that the group provide a report on its work, including any recommendations to date and a future work plan, by December 10, 2008.

Thank you for your willingness to serve in this important effort to advance Connecticut’s health education and research programs.

CC: Chris Dadlez
Marty Gavin
Elliot Joseph
Larry Tanner

CONNECTICUT ACADEMY OF SCIENCE AND ENGINEERING
INDEPENDENT MONITORING PROJECT
IMPLEMENTATION OF UCHC STUDY RECOMMENDATIONS
PHASE 2: PROGRESS REPORT #5: DECEMBER 2008
PROJECT PROGRESS REPORT

Report Date: January 19, 2009

On December 16, 2008, the CASE Independent Monitoring Project Committee met with UConn President Michael Hogan, Dean of the School of Medicine Cato Laurencin and President and CEO Elliott Joseph of the Hartford Healthcare Corporation (HHC). CASE staff also met with UConn Health Center (UCHC) staff on December 22nd for its regular monthly project update. This report will summarize reported progress made during the month of December regarding the articulation of relationships and responsibilities for clinical care, research and education between UCHC and its prospective partners.

UCHC and HHC indicated that they hope to complete a draft agreement for HHC to serve as UCHC's principal clinical care hospital affiliate on or before January 19, the next scheduled meeting with the CASE Project Committee. UCHC/HHC resource teams have been working in parallel on all outstanding issues. This will enable CASE to complete its report to the General Assembly by the legislatively mandated deadline of January 30, 2009.

Overview

During the December 16 meeting, President Hogan reviewed the process timeline, dating back to the release of the CASE UCHC Study Report (March 2008), to the current negotiations among UConn and the five prospective hospital (four proposals) partners. He reiterated that the HHC/Hartford Hospital (HH) proposal was the only comprehensive proposal received by UCHC that included serving as UCHC's the primary clinical care hospital partner (in conjunction with the Hospital of Central Connecticut [HCC]). He also explained that Bristol Hospital (BH), based on initial discussions with UCHC, submitted additional information to UCHC that clarified BH's interest in working with UCHC in an educational collaboration relationship primarily with regard to the 1st, 2nd and 3rd year medical students, with a possible focus on primary care opportunities.

UCHC's presentation outlined the primary aspects of the new proposed structure: These issues were also highlighted in CASE's November report following the release of UCHC's document, "Transforming Health Education, Research and Clinical Care in the Greater Hartford Region: A Conceptual Framework."

- **The Collaborative** - The Connecticut Health Research and Education Collaborative among CCMC, HH, HCC, Saint Francis, and possibly BH. Additional comments were made regarding:
 - All graduate programs will fall under the UConn Medical School
 - Plans to increase dental and medical school class size
 - Development of a regional Simulation Center

- **The Primary Partnership** - Between UCHC and HHC creating one *University Hospital* on two campuses.
 - Combines HH and JDH licensed bed capacity (does not increase the number of licensed beds - 1,095 total). A new hospital to be constructed on the UCHC campus with approximately 240 beds will be proposed.
 - Plans to create single medical staff are being developed.

According to UCHC, the regional hospitals seeking to participate as partners in the regional education and research collaborative are supportive of the proposed plans and comfortable with their roles. An article by

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Christopher Dadlez, President & CEO, St. Francis Hospital regarding support for the proposed education and research collaborative was published in the Hartford Courant on December 28, 2008 (see attached).

President Hogan and President Joseph both stated that the process has been open with all parties working hard to resolve challenges. President Joseph said that the HHC/HH board of directors has been fully engaged and President Hogan reported the same for UConn's board of trustees and UCHC's board of directors.

Outstanding Issues

President Hogan identified issues that were still under discussion as of the December 16th meeting, including faculty relationships; employee matters, governance and finances. Financial negotiations include discussion of facility lease payments from the new University Hospital organization to UCHC for the use of hospital facilities at UCHC

The development of the final faculty organizational structure is still under discussion. The goals include: (1) combining full-time and voluntary faculty into one faculty organization with one set of department chairs; (2) being respectful of history, but with an understanding that there is a need to move forward with the proposed vision. With regard to the School of Dental Medicine, Dean Laurencin cited the highly successful recent accreditation visit and indicated that, since the dental school's work commitment is approximately 80% teaching, issues regarding work arrangements are less significant for dental school faculty.

Opportunities and Other Details

- ***Expanded Class Size*** -- UCHC reported that the planned medical education collaborative, along with the selection of a principal clinical care partner and the development of the University Hospital, will enable UCHC to expand its medical school class size which will help in meeting future expected need for doctors in the state in anticipation of physician shortages in Connecticut, as well as around the US. Plans are to increase medical school class size by 10-15%, to 100, through the next medical school accreditation visit in 2010. Under the current system, UCHC reported, class expansion would be difficult due to facility constraints and would most probably involve fundamental changes in the curriculum. Plans also call for increasing the dental school class size to 50-55 students.
- ***Site-based Specializations*** -- Dean Laurencin said that the University Hospital concept provides opportunities for developing site-based specializations for clinical care. However, the details have not yet been determined.
- ***Nursing School***: UCHC reported that the new Health Collaborative will include opportunities for educational and professional development for nurses. Because nursing staffs will be combined, the question of Hartford Hospital's magnet status arose. President Joseph reported that HH would not be re-applying for magnet status.
- ***Department of Corrections***: Plans call for UCHC to continue to manage medical care services for inmates incarcerated in the state's prison system. Hospital facilities would be provided at the proposed University Hospital on the UCHC campus and medical services would be contracted for by UCHC through the University Hospital.

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- *Neonatal Intensive Care* -- Discussions regarding CCMC's interest, in accordance with their proposal, in having all NICU services provided by CCMC, as compared to maintaining separate units at CCMC and John Dempsey Hospital are in process. Plans are to reach a decision on this issue in parallel with finalizing other outstanding issues by mid-January

- *Financial*
 - ◆ **Construction of New Hospital:** President Hogan reported that UCHC discussed the draft proposal with government leaders (*see list below*) regarding the state providing a financial commitment of \$475 million through bonding authorization for construction of a replacement hospital; and the need for the state to cover the fringe benefits differential (*difference between fringe benefits paid by the state to John Dempsey Hospital employees as compared to the average fringe benefit rate paid to employees of area hospitals*) – approximately \$12-13 million per year. President Hogan cited the following to support this request:
 - 1) The project provides economic stimulus for Connecticut; and would serve as a valuable economic development asset, providing positive impacts on the quality of health care in the region and the ability to recruit physicians to practice in the region to support the clinical care, education and research missions of UCHC;
 - 2) The proposed plan to have HHC operate and manage the new University Hospital relieves the state of continuing to support and fund operational expenses associated with managing a hospital
 - 3) If the original concept of UCHC building and operating its own hospital were necessary, it would require construction of a replacement hospital -- of equal or higher cost -- to meet UCHC's hospital needs to support its mission.

Initial Meetings with State Government Officials

President Hogan reported that he/UCHC leadership has met or plans to meet with the following government representatives to discuss progress and plans regarding the process and the potential role of the State:

- Governor's Office: Lisa Moody, Chief of Staff
- OPM: Robert Genuario, Secretary
- Attorney General Blumenthal
- Comptroller: Nancy Wyman
- Treasurer: Denise Napier
- Office of Health Care Access: Christine Vogel
- General Assembly
 - Incoming House Speaker: Christopher Donovan
 - Senate President: Donald Williams
 - Committee chairs and ranking members of committees of cognizance
 - ✓ Senator Harp, Appropriations; Senator Dailey and Rep. Staples, Finance, Revenue and Bonding; Senator Hartley and Representative Willis, Higher Education; Senator Handley, Public Health (*incoming Co-Chair of Higher Education*), and an aide to Senator Roraback, Public Health (*incoming Ranking Member Finance, Revenue and Bonding*)

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- ✓ Additional meetings with the legislative leadership, including the house and senate minority leaders and the house and senate majority leaders, as well as additional committee chairs and ranking members, are in the process of being scheduled.
- ◆ HHC/HH Financial Commitments: President Joseph indicated that conceptually and strategically HHC/HH is committed to serving as UCHC's principal clinical care hospital affiliate including the operation and management of hospital facilities on the UCHC campus. HHC plans to provide approximately \$85 million in funding for initiatives and projects identified in its proposal. Their proposal also includes a commitment of possible construction of outpatient facilities on the UCHC campus or in the Farmington area, to be funded through a facility developer. Additionally, HHC is planning capital improvements and renovations to HH of around \$300 million. However, these projects are on hold until the UCHC process is completed.
- Use of federal economic stimulus funding: The replacement hospital project is not a "shovel ready" project. However, UConn 2000 projects that have been approved and funded by the state are "shovel ready" and could qualify for the anticipated federal economic stimulus funding. Therefore, it may be possible to use federal economic stimulus incentive funding for UConn 2000 projects, with funding committed for those projects being transferred to fund the replacement hospital. A copy of a December 28, 2008 letter from President Hogan to Governor Rell outlining this proposal is attached.
- Plans for the renovation of John Dempsey Hospital when vacated after opening of new University Hospital at UCHC: Currently, UCHC has not developed any specific plans or cost of renovation of JDH for education and research purposes in their proposed plans. The renovation of JDH for other purposes would be addressed following acceptance of UCHC's plan of action through this process.

NEXT STEPS

- During the month of January, UCHC and hospital partners will finalize draft affiliation agreements.
- CASE Independent Monitoring Project Committee is scheduled to meet with UCHC and its regional hospital partners on January 19 to present final plans. Based on results of this meeting, CASE will prepare its final project report.
- A project briefing for General Assembly Committees and regional hospitals is scheduled for February 3, 2009, 10am - 12 noon, Legislative Office Building, Room to be announced. Briefing will include presentation by CASE and UConn/UCHC with regional hospital partners also being available.



University of Connecticut
Office of the President

Michael J. Hogan
President

December 23, 2008

The Honorable Governor M. Jodi Rell
Office of the Governor
State Capitol
210 Capitol Avenue
Hartford, CT 06106

Dear Governor Rell,

Because you are working with the Connecticut Congressional delegation on the federal economic stimulus package, I want to share with you a list of “shovel-ready” UCONN 2000 projects in case public higher education projects are eligible for funding in such a package.

Funding “shovel-ready” UCONN 2000 projects in the economic stimulus package would keep Connecticut’s construction industry strong and provide a tremendous long-term economic benefit to our state. The UCONN 2000 program has helped build a public university that continues to fuel Connecticut’s economy. We are producing a talented workforce of doctors, dentists, nurses, engineers, teachers, lawyers, pharmacists and scientists, who contribute daily to our state’s economic development. Further, our nationally renowned research in stem cells, fuel cells and nanotechnology, coupled with our commercialization and technology transfer efforts is fostering innovation and strengthening industry in the region.

This proven record of success could be accelerated if UCONN 2000 “shovel-ready” projects were funded in the federal economic stimulus package. Attached you will find a list of projects that are in various phases of design or procurement. We have included all projects that are currently scheduled to be awarded for start of construction during 2009. These projects include new building construction, renovations, deferred maintenance and infrastructure.

Please know that funding these projects through a federal economic stimulus package could provide another critical economic benefit to the state, the Greater Hartford region, and the University. By shifting UCONN 2000 projects to the federal economic stimulus package, the “freed-up” capacity of UCONN 2000 could be applied to help finance the construction of a new hospital to replace our Health Center’s John Dempsey Hospital. Our ongoing discussions with

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INDEPENDENT MONITOR REPORT:
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Hartford Hospital envision a clinical partnership that would create a University hospital with 1100 beds on our two campuses. (We are also working with all of the area hospitals to promote medical education and research activities through the establishment of the “Connecticut Health Collaborative.”) Construction of a replacement hospital for John Dempsey Hospital is a critical element of our effort to turn our region into a dynamic economic force by creating a nationally recognized biomedical research and education hub and a clinical destination for patients.

The University appreciates your assistance on this important issue and your continued support. Please let me know if you require any additional information.

Sincerely,



Michael J. Hogan
President

encl.

c: Robert Genuario
Lisa Moody



Architectural and Engineering Services - Project and Program Management

PROJECT LISTING BY CONSTRUCTION START DATE

Period From January 1, 2009 To December 31, 2009

<u>Project Number and Name</u>	<u>Estimated Project Cost</u>
901366 Farm Buildings Repairs/Replacement- Roof, Façade and Other Repairs	\$2,000,000
901249 OSFM Code Remediation - Hosmerr Hall	\$430,000
201378 Northwood Apartments Structural Repairs	\$213,880
901383 Hazardous Waste Storage Facility Repairs	\$285,000
901197 Central Utility Plant Emergency Generator System	\$1,355,000
901132 400 Farmington Avenue Renovations	\$52,000,000
901287 Avery Point Precast Panel Repairs	\$60,000
Gant Roof and Façade Repair	\$90,000
901318 Street Construction/Sidewalk Repair/Related imp	\$2,000,000
901322 W - Lot Water Improvements	\$100,000
901455 Window Replacement Central Utility Plant	\$425,000
901409 Miscellaneous Msonry, Façade and Roof Repairs	\$500,000
901285 West Hartford Campus Improvements - Roof, Façade & Other Repairs	\$1,500,000
UCHC 0015 CLAC Holding Room Renovations	\$425,000
201439 DEPOT Field Renovations/Expansion	\$804,900
901365 Family Studies (DRM) Renovation - Elevator Replacement	\$1,285,000
901188 Law School Roof Repair - Hosmer, Chase, Knight & Starr	\$76,140
901385 Rosebrooks House Repairs	\$285,000
901187 Starr Hall Repointing P1	\$62,860
901097 Waterbury Property Transfer	\$725,000
UCHC 0003 Campus Landscape Plan Improvments - Phase I	\$1,000,000
UCHC 0004 Campus Parking Paving/Bus Shelters	\$1,150,000
901384 Mobile Command Center Garage (MCCG)	\$400,000
901328 Structural Evaluation and Design for Relocation of Emergency Notification Devices	\$74,525
901213 Mansfield Training School Improvements - Merritt	\$3,250,000
08601.01 ARB Heat Pipe Renovations	\$1,300,000
901227 Family Studies (DRM) Renovations - Elevator Replacement	\$800,000
unk Grad, Shippee and Northwood Apartments Window Replacement	\$3,000,000
901421 Infirmary/CUP Steam and Condensate Replacement	\$850,000

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<u>Project Number and Name</u>	<u>Estimated Project Cost</u>
901453 Residence Life Facilities - Switchgear - Ellsworth Hall	\$450,000
901284 Residential Life Facilities - Sprinkler Installation and Miscellaneous Repairs at Mansfield Apartment Complex	\$4,000,000
901283 Residential Life Facilities - Sprinkler Installation and Miscellaneous Repairs at Northwood Apartment Complex	\$3,000,000
901372 South Campus Steam & Condensate Loop	\$2,075,000
901321 Upgrade & Replace Chemical House Design	\$3,500,000
901293 Family Studies (DRM) Window Replacement and Façade Repair	\$1,200,000
901263 Benton State Art Museum Addition	\$1,700,000
901311 Replacement of Two Water Towers	\$2,500,000
901450 Residential Life Facilities - Window Replacement for Holcomb, Whitney and Sprague	\$3,000,000
901280 Gentry Completion	\$10,000,000
UCHC 0013 800 NRM Installation	\$800,000
UCHC 0017 Day Care Playscape Replacement	\$195,000
UCHC 0011 Day Care Roof, RTU, and Siding Replacement	\$300,000
UCHC 0012 Fire House Improvements	\$200,000
901454 Spring Hill Manor Farm Demolition	\$50,500
UCHC 0008 Academic Building Roof Replacement	\$1,200,000
901410 Parking Garage Repair and Upgrade	\$1,305,000
901395 Atwater Built-Up Roof Replacement	\$150,000
901278A Avery Point Campus Library Building Envelope Repair (Child Project)	\$230,000
901278B Avery Point Campus Library Building Roof Replacement (Child Project)	\$200,000
901398 Babbidge Roof	\$275,000
901273 Beach Hall Renovations	\$2,500,000
901377 Budds Building Window Replacement	\$650,000
901403 Field House Built Up Roof Replacement-Repair Standing Seam	\$150,000
901404 Gampel Pavilion Roof Repairs	\$200,000
901274 Jorgensen Renovation	\$1,600,000
901259 OSFM Legacy Code Remediation	\$7,500,000
901449 Residential Life Facilities - Shippee Hall Elevator Replacement	\$600,000
901178 South Garage Slope and Ramp Repair	\$600,000
901439 Stadium Road Stair Replacement	\$100,000
901317 Steam Pit Replacements	\$2,600,000
901412 Whetten Built Up Roof Replacement	\$150,000
901180 White Building Roof and Façade Repair	\$225,000
901471 Holcomb, Whitney, Sprague Façade Repair	\$675,000

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<u>Project Number and Name</u>		<u>Estimated Project Cost</u>
901303	Misc Masonry Repair	\$250,000
UCHC 0010	Building A & L Water Heater Replacement	\$350,000
901268	Compost Facility	\$600,000
UCHC 0005	Dental School Renovations (pre-clinical labs)	\$3,750,000
UCHC 0007	Electrical Infrastructure Improvements - Phase I	\$1,500,000
UCHC 0006	Main Building Façade Sealant Replacement	\$3,300,000
	Psychology Condensate Repairs	\$250,000
901396	Awater Crawl Space Piping Replacement/Electrical Conduit	\$100,000
901289	Castleman Building Drainage Repair	\$500,000
901178b	Emergency Repair - S. Garage Ramp	\$50,000
901407	Gulley Hall Drainage	\$700,000
901368	Installation of Filter Press	\$500,000
901206	Mansfield Road Realignment	\$700,000
901352	Ratcliffe Hicks Arena - Corrective Action Plan/Renovation	\$25,000
901179	Waterbury Downtown Campus	\$800,000
UCHC 0014	Building 20 Roof/RTU Replacement	\$450,000
UCHC 0016	Dental School Research Center Renovations	\$310,000
901440	Student Union Quadrangle - Phase II	\$1,000,000
901467	Babbidge Library Plaza Investigation	\$10,000
901399	Babbidge Library Window Flashing Investigation	\$300,000
	Identified Roof Replacement Projects	\$925,000
901422	New 16" Water Main - Towers/Glenbrook/N. Eagleville	\$1,060,000
901397	Awater Window Replacement	\$650,000
901400	Budds Building Façade repointing	\$75,000
	Data Center Improvements	\$1,500,000
901380	Biobehavioral complex Replacement (Renovation)	\$2,000,000
	Identified Boiler Replacement Projects	\$1,300,000
901298a	Koons Façade Clean/Repoint/Seal	\$150,000
901379	Koons Hall Renovation/Addition	\$1,000,000
901316	South Campus Express Line Modifications	\$500,000
UCHC 0002	CLAC Building Renovations - Phase I	\$14,000,000
901126	Arjona & Monteith (new classrooms) SSHB /NCB	\$95,000,000
901416	Backfeed Loop - north Eagleville To Parking Garage to Storrs Road	\$700,000
901432	Historic House Renovations - Phase I	\$1,400,000
901375	Torrington Campus Improvements	\$500,000

Period From January 1, 2009 To December 31, 2009

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INDEPENDENT MONITOR REPORT:
IMPLEMENTATION OF UHC STUDY RECOMMENDATIONS
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<u>Project Number and Name</u>		<u>Estimated Project Cost</u>
901286	West Hartford Renovation Improvements - Electrical	\$200,000
901387	Bishop Renovation	\$1,000,000
		<u>TOTAL</u>
		<u>\$267,732,805</u>

On Curing Healthcare

NINETEENTH IN A SERIES



Christopher M. Dadlez
President and
Chief Executive Officer
Saint Francis Hospital and
Medical Center

Collaboration Is Key

There is unanimous agreement that UConn and its major teaching hospitals can form a world-class academic medical center only by working together. Indeed, collaboration was the essence of our response to the UConn Health Center's *Solicitation of Interest*.

We are a strong proponent of the *Connecticut Health Education and Research Collaborative*. With representatives from UConn, Connecticut Children's Medical Center, Hartford Hospital, the Hospital of Central Connecticut, and Saint Francis, this initiative can deliver tangible results that are free of bricks-and-mortar considerations for Dempsey Hospital.

We believe the *Collaborative* will:

- Enhance the coordination of medical and dental education across the continuum of training and practice.
- Support efforts to expand research and research funding through the Connecticut Institute for Clinical and Translational Science (CICATS).
- Champion new efforts to develop and disseminate proven models of care, particularly for our underserved populations.
- Work to develop a state-of-the-art patient simulation program for teaching, assessment, and research.
- Facilitate recruitment and retention of outstanding faculty to advance the educational and research missions.
- Offer combined strategies for biomedical research and development that will create a vital economic engine in the region.

We applaud the leadership of Dr. Michael J. Hogan, UConn's president, and Dr. Cato T. Laurencin, the School of Medicine's dean, for their vision and commitment to this effort.

Given the renewed spirit of collaboration between UConn and the region's major teaching hospitals, we are confident that the *Connecticut Health Education and Research Collaborative* will be a catalyst for the academic excellence and strategic coherence that are hallmarks of a world-class academic medical center.



SAINT FRANCIS
Hospital and Medical Center

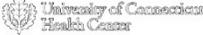
APPENDIX F

UNIVERSITY OF CONNECTICUT HEALTH CENTER INFORMATION PROVIDED TO THE UCHC INDEPENDENT MONITORING PROJECT COMMITTEE OF THE CONNECTICUT ACADEMY OF SCIENCE AND ENGINEERING

STATUS REPORTS FROM JANUARY 19, 2009 CASE PROJECT COMMITTEE MEETING

Update to the Connecticut Academy of Science and Engineering:
Principal Partnership between University of Connecticut Health Center &
Hartford Healthcare Corporation

CASE Request for Additional Information – The Collaborative
including
Connecticut Health Education and Research Collaborative: Phase I Report

Update to the Connecticut Academy of
Science & Engineering:
Principal Partnership between
University of Connecticut Health Center &
Hartford Healthcare Corporation



CASE Guidance & Background

- John Dempsey Hospital (JDH) – Current State
 - Losing \$\$ annually – JDH & School of Medicine at risk
 - School of Medicine has not realized its potential
 - Difficulty recruiting & retaining top-tier faculty & doctors
 - Prior failed partnership attempts compound likelihood of JDH closure
- Consequences of JDH Failure
 - Significant job loss
 - Inability of School of Medicine to move to top-tier
 - Migration of patients to Boston, New York, Cleveland,
 - Lost economic opportunity to develop biomedical sector

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CASE Guidance & Background

- March 2008 CASE Report
 - UCHC has strong impact on State economy
 - JDH Facilities are outdated, small – need replacement
 - Schools of Medicine & Dental Medicine need to grow
 - UCHC should define new role with regional partners
 - Additional licensed beds in Greater-Hartford region are not needed
- 2008 UConn Solicitation of Interest (SOI)
 - Open & inclusive - designed to bring regional planning around a systemic solution to fruition

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CASE Guidance & Background

- 2008 UConn Solicitation of Interest (SOI)
 - Hartford Healthcare Corporation (HHCC) and Hospital of Central Connecticut (HOCC) submit the only comprehensive response
 - Assumes responsibility for operation of John Dempsey Hospital as part of system-wide operations
 - Supports clinical practice & clinical research success of faculty
 - Provides substantial financial support for UConn School of Medicine
 - Compliments CCMC collaboration with School of Medicine
 - All parties play a role through Connecticut Collaborative

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CASE Guidance & Background

Health Center Solution
UConn Hospital's Health • Regional Partnership on the Table
November 26, 2008 – *The Hartford Courant*

“A proposed merger between the University of Connecticut Health Center and Hartford Hospital may be just what the doctor ordered to stop untenable fiscal bleeding at the health center’s John Dempsey Hospital.”

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**UConn - Hartford Health Care Corporation
Principal Partnership: Shared Vision**

- Shared Vision Meeting CASE Recommendations
 - Top-Tier Schools of Medicine and Dental Medicine
 - World-Class 1,000+ Bed Academic Medical Center
 - Path-Breaking Research That Differentiates Clinical Care
 - Driver for Economic Development

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**UConn - Hartford Health Care Corporation
Principal Partnership: Shared Vision**

- Shared Vision Meeting CASE Recommendations
 - Respond to Physician Shortage & Increase Number of Primary Care Physicians
 - Retain Physicians in the State of Connecticut
 - Achieve Financial Predictability for Taxpayers
 - Integrate Research Administration & Operations
 - Achieve Regionalized Healthcare Delivery System

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**UConn - Hartford Health Care Corporation
Principal Partnership: Benefits**

- Good for Taxpayers, Employees, & Regional Healthcare Providers
 - Costs considerably less than costs to the State of continuing to operate JDH independently
 - Improves healthcare for the region
 - Creates a world-class University Hospital
 - Generates certainty regarding future finances
 - People don’t have to travel to NY, Boston, Cleveland

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**UConn - Hartford Health Care Corporation
Principal Partnership: Benefits**

- Good for Taxpayers, Employees, & Regional Healthcare Providers
 - Generates opportunity for millions in private investment
 - Enhances growth in jobs in Farmington and tax base through business development
 - Retains existing union jobs as State employees
 - Provides path that increases likelihood of securing current JDH jobs
 - Creates new jobs (via construction & growth)

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**UConn - Hartford Health Care Corporation
Principal Partnership: Benefits**

- Good for Taxpayers, Employees, & Regional Healthcare Providers
 - Does not create new beds for the region
 - Academic medical center becomes destination attracting patient volume for all area providers
 - Creates biomedical hub generating millions in funding
 - Top-tier status generating millions in research grants
 - Achieve national reputation through additional funding

Hartford Becomes a Medical Destination

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**UConn - Hartford Health Care Corporation
Principal Partnership: Shared Vision**

- One University Hospital – Two Campuses
 - Construct new hospital in Farmington
 - Rebuild Hartford Hospital as part of Academic Med Ctr.
 - Create a 1,100 bed University Hospital for half the cost to the State than is possible for UConn alone
 - From 2nd smallest university hospital to one of the largest
 - HHCC contributes tertiary/quaternary capabilities to the existing “State Hospital”:
 - Level 1 Trauma Center, LifeStar, & Interventional Neuroradiology, Transplant Services

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**UConn - Hartford Health Care Corporation
Principal Partnership: Shared Vision**

- One University Hospital – Two Campuses
 - Develop nationally renowned clinical programs
 - Single medical staff, allowing for recruitment of world-class physicians, with sufficient patient base in specialty areas
 - Medical education & research
 - Collaboration of all local providers to grow the UConn School of Medicine & School of Dental Medicine
 - Increase clinical translational research funding & strengthen Connecticut Institute of Clinical & Translational Science (CICaTS)

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Principal Partnership

- **Integration Agreement (95% Complete)**
 - Articulates the Principal Partnership Relationship:
 - Integration
 - Academic, Research, & Clinical Missions
 - Governance
 - Financial Matters
 - Employee Matters
 - State Action
 - Representations/Warranties/Closing Conditions
 - New Articles of Incorporation, bylaws; approximately 15 sub-agreements are under development and will also be needed

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Integration: University Hospital & University Physicians

- **New Corporation: University Hospital, Inc.**
 - **HHCC: Sole member & parent of 2 licensed affiliates:**
 - University Hospital – Hartford Campus, Inc. (UH-HC)
 - Owns & operates Hartford Campus
 - University Hospital – Farmington Campus, Inc. (UH-FC)
 - Leases JDH from UConn & operates UH-FC
 - JDH employees remain State employees
 - Services purchased by University Hospital
 - **University Hospital Medical Staff**
 - School of Medicine faculty
 - Hartford Hospital full-time employed physicians
 - Hartford Hospital voluntary physicians

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Integration: University Hospital & University Physicians

- **New Practice Faculty Plan: University Physicians, Inc.**
 - 2 Members (each with reserve powers)
 - University Hospital, Inc.
 - UConn School of Medicine
 - Requires Extensive Collaboration between Members

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Integration: University Hospital & University Physicians

- **New Faculty Practice Plan: University Physicians, Inc.**
 - Combines Practices of Full-Time Employed Clinical Faculty at UCHC and HH
 - **New Faculty Hires are Dually Employed:**
 - School of Medicine for academic purposes
 - Current faculty may remain exclusively SoM employed
 - University Physicians for clinical purposes

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Governance
<ul style="list-style-type: none">• University Hospital<ul style="list-style-type: none">• Cross-Representation on Boards<ul style="list-style-type: none">• UConn: Two ex-officio appointees, each with vote on HHCC Board of Directors• HHCC Two ex-officio appointees, each with vote on UCHC Board of Directors• New Board for University Hospital<ul style="list-style-type: none">• Ex-officio with vote: HHCC President & CEO, HHCC Appointee, UConn President, UConn Dean of School of Medicine

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Governance
<ul style="list-style-type: none">• University Physicians<ul style="list-style-type: none">• University Physicians Board of Directors<ul style="list-style-type: none">• President & CEO of University Hospital, ex-officio with vote• Dean of School of Medicine, ex-officio with vote• Two other directors, one additional appointee of each• University Physicians President<ul style="list-style-type: none">• Jointly appointed by University Hospital President & CEO and Dean of School of Medicine

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Governance
<ul style="list-style-type: none">• University Physicians<ul style="list-style-type: none">• Reserve Powers: University Hospital President & CEO:<ul style="list-style-type: none">• Clinical priorities of employed clinical faculty• Appointments & discharge medical directors• Clinical care productivity & compensation of employed clinical faculty• Contracts with 3rd-party payors• Costs of operating University Physicians• Contracts for administrative services• Clinical care operating & quality standards• Operating & capital budgets for University Physicians

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Governance
<ul style="list-style-type: none">• University Physicians<ul style="list-style-type: none">• Reserve Powers: School of Medicine Dean<ul style="list-style-type: none">• Educational and research priorities of employed clinical faculty• Academic appointments for employed clinical faculty and voluntary physicians• Clinical education & research productivity standards and compensation plans for employed clinical faculty• Contracts with 3rd-parties for clinical research• Educational & research operating and quality standards

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Financial Matters

- HHCC Commitment
 - Financial risk/reward for operations of University Hospital & University Physicians
 - Funding for major new downtown bed tower project
 - Academic support
 - Funding for growth of clinical faculty
 - Biomedical technology investments
 - Working capital for transition
 - Research enterprise is integrated with School of Med.

HHCC Assumes Financial Risk for Combined Enterprise

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Financial Matters

- State Commitment
 - Continued Funding of UCHC/School of Medicine at current levels (with inflation adjustments)
 - Fringe Differential
 - Replacement Hospital

State is No Longer Responsible for Unpredictability of JDH Financial Performance

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Employee Matters

- School of Medicine employed clinical faculty are State employees for clinical teaching & research missions
- Employed clinical faculty become employed by University Physicians for clinical care mission
 - Except those who remain exclusively State employees in School of Medicine & whose services are provided to University Physicians via a Faculty Physician Services Agreement

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Employee Matters

- Support Staff
 - Non-unionized staff managers may remain State employees or choose to be employed directly by UH-FC
 - New non-unionized UH-FC staff managers become UH-FC employees (not State employees)
 - Unionized staff supervisors & professional employees (UHP bargaining unit) would remain State employees
 - New hires for same positions would remain UHP members
 - State-wide Bargaining Unit employees (1199, CEUI, AFSCME) would remain State employees
 - New hires for same positions remain bargaining unit employees

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Probable State Actions Required

- Employee Fringe Benefit Funding
- Commitment to Finance Replacement Hospital
- Approval for School of Medicine to be a Member of University Physicians
- Approval to Lease JDH & Replacement Hospital
- Labor Matters
- Potential Others to be Determined

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Findings & Response to March 2008 CASE Report

- CASE: UCHC has strong impact on state economy
 - Partnership will be significant economic stimulus:
 - Thousands of construction jobs in near-term
 - Top-tier School of Medicine bringing in additional research & clinical faculty
 - Biomedical investment fund to develop new businesses
 - Creation of significant clinical trial base

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Findings & Response to March 2008 CASE Report

- CASE: Current relationships between UCHC & regional partners are neither sufficiently defined nor adequately developed to support ability to achieve excellence in medical education
 - Proposed partnership & collaborative defines the role of hospital partners in teaming with UCHC to achieve excellence in medical & dental education.

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Findings & Response to March 2008 CASE Report

- CASE: JDH facilities are outdated & too small to support goal of achieving excellence in academic medicine
 - A University Hospital with nearly 1,100 beds allows for needed growth to achieve academic excellence

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Findings & Response to March 2008 CASE Report

- CASE: Continuation of status quo jeopardizes goal of UCHC excellence in medical education explicitly
 - The proposed partnership and collaboration changes the status quo to an opportunity to reach top-tier status among academic medical centers nationally

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Findings & Response to March 2008 CASE Report

- CASE: Additional licensed beds in the Greater-Hartford region are not needed at this time or for the foreseeable future
 - The proposed partnership and collaboration does not involve creating new licensed beds, but does increase regional access to state-of-the-art healthcare offered by the state's only academic medical center.

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Next Steps

- Resolve remaining open issues and refine language for the Integration Agreement (95% complete)
- Continue to engage with unions
- Increase dialogue with State officials and legislators
- Maintain ongoing discussion with faculty
- Refine needed sub-agreements
- Complete anti-trust and other regulatory analysis
- Obtain Board action on Term Sheet: February 2009
- Offer Board briefings as necessary
- Additional Board action following Legislative Session

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Conclusion

- State of Connecticut is Faced with a Choice
 - Status quo will fail and jobs will be lost
 - Partnership is a major economic stimulus for the region
 - Change isn't free, but cost of doing nothing is far higher

Proposed Partnership & Collaborative Developed from CASE Recommendations Yields a Much Brighter Future for Connecticut



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CASE Request for Additional Information – The Collaborative

“Summary of progress regarding development of the Connecticut Health Education and Research Collaborative and plans for finalizing the Collaborative with a schedule, if possible. It would also be good to address how the development of the Collaborative became the focus and the foundation and framework of the effort to create separate affiliation agreements with each partner, since that was the charge as specified in the legislation”.

Background regarding Affiliation Agreements

Since its establishment, the School of Medicine has had separate affiliation agreements with multiple institutions across the state. A standard and common affiliation agreement exists with each of our major affiliated hospitals, which we are now calling the “Collaborative Institutions” (Connecticut Children’s Medical Center, Hartford Hospital, Hospital of Central Connecticut, John Dempsey Hospital, and St. Francis Hospital and Medical Center). It should be noted that Bristol Hospital had previously not been a major affiliated hospital of the School of Medicine, but will be going forward as a “Collaborative Institution”.

The affiliation agreements currently in effect were last revised in 2004/05 when the school of Medicine changed the definition of “voting faculty” to include full-time paid faculty at the affiliated hospitals. These agreements define expectations and responsibilities of the School of Medicine and the affiliated hospital in the following general areas:

- Medical student education (Undergraduate Medical Education)
- Resident and fellow education (Graduate Medical Education)
- Continuing Medical Education
- Education of non-physician healthcare providers
- Research
- Patient care
- Faculty appointments
- Selection of clinical chiefs of service
- Designation of an Assistant Dean for Education at the affiliated hospital

As part of the School of Medicine’s re-accreditation, it will be necessary to revise these agreements, as the Liaison Committee on Medical Education (LCME) has changed the requirements for such agreement. The current LCME requirements are:

ER-9: There must be written and signed affiliation agreements between the medical school and its clinical affiliates that define, at a minimum, the responsibilities of each party related to the educational program for medical students.

Annotation: Written agreements are necessary with hospitals that are used regularly as inpatient sites for core clinical clerkships. Additionally, affiliation agreements may be warranted with other clinical sites that have a significant role in the clinical education program. Affiliation agreements should address, at a minimum, the following topics:

- The assurance of student and faculty access to appropriate resources for medical student education.
- The primacy of the medical school over academic affairs and the education/evaluation of students.
- The role of the medical school in appointment/assignment of faculty members with responsibility for medical student teaching.
- Specification of the responsibility for treatment and follow-up when students are exposed to infectious or environmental hazards or other occupational injuries.

If department heads of the school are not also the clinical service chiefs at affiliated institutions, the affiliation agreement must confirm the authority of the department head to assure faculty and student access to appropriate resources for medical student education.

The LCME should be advised of anticipated changes in affiliation status of a program's clinical facilities.

History, Current Status and Future Development of the Collaborative

On November 19, 2008, Dr. Laurencin appointed faculty from the Health Center, Connecticut Children's Medical Center, Hartford Hospital, Hospital of Central Connecticut, and St. Francis Hospital and Medical Center to develop the Collaborative. These individuals meet weekly, and delivered a report (Phase-1 report) on December 22, 2008 (see attached).

Phase-1 was designed to layout some high level principles that would form the basis upon which the Collaborative would be structured and function. With endorsement in January 2009 of these principles by the CEO's of the Collaborative Institutions, Phase-2 planning can now begin (Note: Bristol Hospital was not represented in the Phase-1 planning process, but will be included in Phase-2). In Phase-2, current governance structures related to educational and research program policy development and operations will be reviewed, and revised to incorporate and reflect the Collaborative principles articulated in the Phase-1 planning process. It is expected that this step can be completed by April 1, 2009. Subsequently, the existing affiliation agreements will be revised. The content of the affiliation agreements will not only reflect Collaborative-related requirements, but also requirements of the LCME and Accreditation Councils for Graduate Medical Education and Continuing Medical Education. Fully executed affiliation agrees should be signed no later

than August 1, 2009. Beginning with the new academic year (August 2009), work can then begin with implementation of specific recommendations (e.g., elimination of free-standing residency programs, merging of duplicate residency programs, etc.). The precise timeline for completing these tasks will be dictated by accrediting body requirements.

In addition, during the 2009/10 academic year a plan, with resource needs and timeline for completion, will be developed for the following initiatives:

- Expansion of class size and residency programs
- Faculty development
- Centralized research support serves and IRB
- Collaborative-wide web-based patient information and registry for clinical trials
- Creation of a Collaborative Public Health entity
- CICATS
- Development of a Collaborative-wide clinical skills and simulation center
- Development of initiatives to train and recruit non-physician healthcare providers to the Collaborative institutions

The development and implementation of these initiatives will be assigned to the appropriate educational or research governance committee/structure, or if necessary, an *ad hoc* group of individuals with appropriate expertise will be charged with development of an initiative's implementation plan.

**Connecticut Health Education and Research Collaborative
Phase I Report**

UConn Representations

Bruce Koeppen, M.D., Ph.D.
Bruce Liang, M.D.
Kiki (Jacqueline) Nissen, M.D.
Robert Bona, M.D.
R. Lamont (Monty) MacNeil, D.D.S.

Hartford Healthcare Representatives

Neil Yeston, M.D.
Paul Thompson, M.D.
Mike Lindberg, M.D.
Tom Lane, M.D.

St. Francis Hospital and Medical Center Representatives

Greg Makoul, Ph.D.
Rolf Knoll, M.D.

Connecticut Children's Medical Center Representatives

Christine Finck, M.D.
Fran DiMario, M.D.

Members of the Collaborative have been meeting on a weekly basis in order to address the charges to the committee. This interim report represents progress to date. It is expected that the committee will complete its work by the end of December.

It is important to note that because of the School of Medicine's accreditation self-study process, which will include an in-depth analysis of the plan to add 20 students to the medical and dental classes, this charge to the Collaborative has not been addressed. Once recommendations related to a class size increase are available, the Collaborative will reconvene to evaluate those recommendations and develop an implementation plan.

The members of the Collaborative believe that the initiatives described below will not only strengthen the educational and research missions of the school but in so doing will; also elevate the standard of care in the greater Hartford region, and enhance the regional and national reputation of the participating institutions. This mutual benefit must be realized, even if a clinical partnership between Hartford Healthcare and the University of Connecticut Health Center (John Dempsey Hospital) does not occur.

What are the key needs of the State in terms of physician workforce, and how should these needs impact plans for growth of class size and GME?

It is noted that there is a critical need for primary care physicians in the State, and that Connecticut is not unique in this regard. While changes in the reimbursement system for primary care serves on a national level would help address this issue, it is felt that by working with the State, incentives might be developed that could cause increased numbers of UConn students and residents to practice primary care in the State. For

example, the State could fund a loan repayment program. This program would target UConn students who train in a UConn-sponsored residency program, and then practice in Connecticut for a defined period of time (e.g., 5 years). Other programs, such as the school's recently implemented Urban Service Track could be another mechanism to address this issue.

Where should the priorities be for growth and expansion of Graduate Medical Education programs? What are the interests of the teaching hospitals in that regard?

As noted above, the greatest need is in the primary care disciplines. Thus, efforts should be directed at supporting and appropriately increasing the size of the following programs: Family Medicine, Internal Medicine and Pediatrics. Other programs that should be targeted for growth are Acute Care Surgery (new program being developed) and Emergency Medicine. Other programs that should be evaluated are:

Anesthesiology

Dermatology

Orthopedic Surgery (have already requested an increase in resident compliment)

Neurosurgery (develop a program)

Ophthalmology (develop a program)

Allergy and Immunology (develop a program)

As further effort is devoted to examining physician needs by specialty it will be important to benchmark against national trends (e.g., AAMC publication *Physician Specialty Data – November 2008*).

Related to dental programs, there is a need in the state for general dentists and dentists with advanced training in anesthesia. Current programs in these areas (e.g., AEGD) should be expanded, and new programs developed (e.g., Dental Anesthesia and Chronic Pain Management).

What qualitative improvements in the educational programs should receive priority?

The greatest need at this time is to increase the academic productivity of the faculty. In recent years this has been a frequent citation of residency programs when reviewed by their respective RRCs. Currently, much of the burden of academic productivity falls to a small number of faculty. This productivity needs to be more widespread among the faculty. Efforts to increase productivity need to address:

- *Time for faculty to teach.* Pressures to generate clinical income have become a priority, and faculty who have time designated for teaching often are unable to devote the required time to that effort. Making teaching a priority will

require direct involvement of the leadership of each hospital that is involved the educational programs of the School of Medicine.

- *Faculty Development.* The School has a weak, if nonexistent, faculty development program. A robust program needs to be developed to assist faculty in their academic roles and activities. As with the need to make teaching a high priority, the leadership of the hospitals must also convey to faculty the importance of their involvement in faculty development activities.
- *Establishment of centralized research support services.* Either as part of CICATS, or separately, an infrastructure to support and assist students, residents, and faculty involvement in research must be developed. Given the time commitments and constraints that exist, these research support services should be designed to “make it easier” for anyone to engage in research.

Can the administrative structure for the education programs across the institutions be streamlined?

An important step in streamlining the administrative structure for the educational programs is the elimination of all freestanding residency programs, and having the School of Medicine become the institutional sponsor for these programs. In addition, where duplicate programs currently exist (e.g., Cardiology), or would be created as a result of this change in sponsorship (e.g., Radiology, Ob/Gyn, Psychiatry), integration into a single program should take place. It is recognized that this may be politically difficult in some instances. As a result, the leadership of the institutions involved will need to facilitate these changes. These changes will result in a single integrated GME system with one Designated Institutional Official (DIO), further streamlining the administrative oversight of GME programs.

In addition, there needs to be a single Department Chair across all institutions who is given the responsibility and authority for oversight of the academic activity of all faculty in the department (*Note:* Clinical Chiefs could be appointed at each institution). The Chair could be primarily located at any institution, but he/she would report to the Dean of the School of Medicine.

How can the institutions best collaborate in advancement of the CICATS application?

The committee members are in unanimous agreement that the Connecticut Institute for Clinical and Translational Science (CICATS) will be the mechanism to integrate and support research across all institutions of the Collaborative. All efforts should be made to support the development of the CICATS in a timely manner.

Can the administrative structure for the research programs across the institutions be streamlined?

The greatest opportunity exists in improving the IRB process. A system needs to be developed where only a single IRB approval is needed for studies and clinical trials that may involve multiple institutions. It was also noted that UCHC is developing a web-based system that would allow patients to identify studies and trials currently enrolling patients, and then submit an application for inclusion in the study/trial. When available this system should become a Collaborative-wide resource.

How can the institutions best contribute to public health improvement, especially for vulnerable populations, through the Collaborative work in education and research?

In addition to supporting CICATS in developing and disseminating proven models of care, particularly for vulnerable populations, the Collaborative must take a leadership role in developing a “public health entity” that can lead public health improvement efforts in the region. That entity may be the University’s “Center for Public Health and Health Policy”, or some other related structure. This needs to be a priority for the Collaborative.

Are there collaborative opportunities for allied health education expansion that should be pursued?

The Hartford-area hospitals currently provide training and clinical rotations to a wide range of allied health professionals. Most of these programs are successfully run out of individual departments. Therefore, at this point there seems little need to centralize or coordinate these programs as part of the Collaborative. However, it is the consensus of the committee that training of allied health professionals is a priority, and should be supported. In this regard, it is recognized that there is a current and growing need for advanced practice professionals (e.g., APRN and PA), and that the collaborative could consider the development of such programs, such as a University of Connecticut Physician Assistant program as was proposed a number of years ago. Alternatively, the Collaborative could partner with existing programs to increase the number of these professionals. Related to this should be the development of a regional center for clinical skills training and simulation. This center would be available for use by all members of the Collaborative to enhance the clinical skills of all caregivers and thus improve patient safety.

MAJOR STUDIES OF THE ACADEMY

2008

- Preparing for Connecticut's Energy Future
- Applying Transportation Asset Management in Connecticut
- A Study of Weigh and Inspection Station Technologies
- A Needs-Based Analysis of the University of Connecticut Health Center Facilities Plan

2007

- A Study of the Feasibility of Utilizing Fuel Cells to Generate Power for the New Haven Rail Line
- Guidelines for Developing a Strategic Plan for Connecticut's Stem Cell Research Program

2006

- Energy Alternatives and Conservation
- Evaluating the Impact of Supplementary Science, Technology, Engineering and Mathematics Educational Programs
- Advanced Communications Technologies
- Preparing for the Hydrogen Economy: Transportation
- Improving Winter Highway Maintenance: Case Studies for Connecticut's Consideration
- Information Technology Systems for Use in Incident Management and Work Zones
- An Evaluation of the Geotechnical Engineering and Limited Environmental Assessment of the Beverly Hills Development, New Haven, Connecticut

2005

- Assessment of a Connecticut Technology Seed Capital Fund/Program

- Demonstration and Evaluation of Hybrid Diesel-Electric Transit Buses
- An Evaluation of Asbestos Exposures in Occupied Spaces

2004

- Long Island Sound Symposium: A Study of Benthic Habitats
- A Study of Railcar Lavatories and Waste Management Systems

2003

- An Analysis of Energy Available from Agricultural Byproducts, Phase II: Assessing the Energy Production Processes
- Study Update: Bus Propulsion Technologies Available in Connecticut

2002

- A Study of Fuel Cell Systems
- Transportation Investment Evaluation Methods and Tools
- An Analysis of Energy Available from Agricultural Byproducts, Phase 1: Defining the Latent Energy Available

2001

- A Study of Bus Propulsion Technologies in Connecticut

2000

- Efficacy of the Connecticut Motor Vehicle Emissions Testing Program
- Indoor Air Quality in Connecticut Schools
- Study of Radiation Exposure from the Connecticut Yankee Nuclear Power Plant

1999

- Evaluation of MTBE as a Gasoline Additive

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CONNECTICUT ACADEMY OF SCIENCE AND ENGINEERING

The Connecticut Academy is a non-profit institution patterned after the National Academy of Sciences to identify and study issues and technological advancements that are or should be of concern to the state of Connecticut. It was founded in 1976 by Special Act of the Connecticut General Assembly.

VISION

The Connecticut Academy will foster an environment in Connecticut where scientific and technological creativity can thrive and contribute to Connecticut becoming a leading place in the country to live, work and produce for all its citizens, who will continue to enjoy economic well-being and a high quality of life.

MISSION STATEMENT

The Connecticut Academy will provide expert guidance on science and technology to the people and to the State of Connecticut, and promote its application to human welfare and economic well being.

GOALS

- Provide information and advice on science and technology to the government, industry and people of Connecticut.
- Initiate activities that foster science and engineering education of the highest quality, and promote interest in science and engineering on the part of the public, especially young people.
- Provide opportunities for both specialized and interdisciplinary discourse among its own members, members of the broader technical community, and the community at large.

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