

Appropriations Committee Testimony
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Senator Harp, Representative Walker, Senator Kane, Representative Miner, and members of the Appropriations Committee. I appreciate the opportunity to speak this morning about the University of Connecticut Health Center.

As you well know, the Health Center is the State of Connecticut's only public academic medical center. It is our State's primary source of new physicians and dentists, a key provider of vital health services to some of our most vulnerable citizens, and an engine of economic growth. Our mission as an "integrated academic medical center"—improving the health of Connecticut's people through the innovative integration of education, research, and clinical care—is one that I know all of you support.

This year we celebrate the 50th Anniversary of the UCONN Health Center. The Health Center was first chartered in 1961. We have been successful because of the farsighted wisdom and investments of the State over the years. I want to take this opportunity to thank the legislature for all it has done in the past to make the UCONN Health Center great. I will speak to you today about continuation of these investments in these very challenging times.

By way of background for those of you new to this Committee, the UCONN Health Center is comprised of the Schools of Medicine (SOM) and Dental Medicine (SDM) as well as the Graduate School in Biomedical Sciences with more than 850 students across all schools. The UCONN Health Center operates John Dempsey Hospital (JDH), the only public tertiary care hospital in the State; the UConn Medical Group (UMG), the regions largest multi-specialty practice group; and the UCONN Health Center Dental Clinics. Collectively, our clinical faculty and staff provide care for over 950,000 patient visits each year. In addition, approximately 46,000 dental patient visits occur annually through a well-established partnership with a statewide network of affiliated community clinics, including federally qualified health centers.

The UCONN Health Center's graduates represent a major source of physicians and dentists who practice in the state. In addition, the UCONN Health Center sponsors nearly 700 residents (medical and dental) annually, who work primarily in the greater Hartford region. Not only do Hartford area hospitals rely on our residents to deliver quality patient care at their institutions, but each year these hospitals also obtain important graduate direct and indirect medical education funds from the federal government, which in FY09, totaled \$74.1 million.

Of great importance to the State and its economic development, UCONN Health Center faculty clinicians and researchers earn more than \$100 million in biomedical research support annually, most of it brought in from outside the state. We have renowned individuals with expertise in such areas as musculoskeletal science, genetics, cardiology and stem cell research. When combined with our clinical services, the UCONN Health Center's activities generate nearly \$1 billion in Gross State Product each year.

An important part of our public mission is to provide clinical services to the under- and uninsured. The UCONN Health Center is the largest single provider of dental care to this population. In FY 10, 68.2% of our dental visits were Medicaid patients. That service resulted in a \$2.9 million financial loss to the Health Center, but it is a key responsibility and one that we wish to continue. We are also the mainstay of dental services to adult citizens with developmental disabilities.

And while Connecticut's private physician practices typically accept a minimal amount of Medicaid patients, Medicaid patients comprised 14.9% of our University Medical Group patient visits in FY 2010. In addition, clinical care provided to Correctional Managed Health Care patients accounted for 2.5 percent of the University Medical Group patient visits and is also reimbursed at Medicaid rates. If services to these patients were reimbursed at Medicare levels, that would have resulted in \$3 million of additional revenue. In addition, our hospital ranks among the top four hospitals in the state in Medicaid inpatient days as a percentage of total inpatient days.

In fulfilling our public service mission, UCONN Health Center clinicians and faculty collaborate with numerous state agencies, including the Departments of Public Health, Correction, Mental Health and Addiction Services, Veterans Affairs (in Rocky Hill and West Haven), and Developmental Services. Our medical students examine and provide care to patients at the South Park Inn Medical Clinic in Hartford, Covenant House in Willimantic and our students and faculty provide care to Connecticut's seasonal migrant farm workers. In other words, the Health Center touches multiple branches of State government and citizens all across Connecticut.

Because of the expenses and lost revenues associated with our public service mission, and because John Dempsey Hospital and the University Medical Group have operated in a rapidly changing market environment for more than a decade, well in advance of the State's present fiscal crisis, we—and you—realized that it was imperative to optimize revenues and limit expenses, while maintaining the quality of education programs and clinical care. I would remind the Committee that the Health Center receives just 22.9% of its budget from the State. The remaining 77.1% is generated from clinical revenues, research grants, tuition & fees, and philanthropy. So with guidance provided by PricewaterhouseCoopers (PwC), the Health Center implemented operating expense reductions and revenue enhancements. Despite these ongoing efforts, they do not remedy the root causes of the Health Center's basic fiscal problem or obviate the need for continuing State support. We understood, and PwC confirmed, that what was needed were solutions to JDH's long-term, structural deficiencies. Moreover, in the wake of nearly a decade of flat funding from the State, the consequences of our financial constraints became evident not only in operating deficits, but also in DPH's decision to place JDH on probation in 2008 and in the assessment last year by our Medical School's accrediting agency, the LCME which issued a warning to us.

Over the past four years we have explained in great detail the structural causes of the financial challenges facing the Health Center and why it was experiencing annual deficits. For those of you who are new to the legislature, The UCONN Health Center's financial challenges are directly and primarily attributable to John Dempsey Hospital's structural deficiencies, which are compounded by our public service and teaching missions.

These deficiencies include:

- John Dempsey Hospital's outdated physical plant
- John Dempsey Hospital's relatively small bed capacity (the 2nd smallest academic health center hospital in the country)
- John Dempsey Hospital's few medical/surgical beds, located largely in double bedded rooms (only 119 of our 224 beds are medical surgical beds)
- A disproportionately high percentage of low reimbursement and public mission beds and Medicaid clients (105 beds are attributed to these services and John Dempsey Hospital's is among the top 4 hospitals in the state in Medicaid inpatient days as a percentage of total inpatient days at 25%)
- A fringe benefit rate significantly higher than that of any other hospital in Connecticut, due to John Dempsey Hospital's status as a State institution.

For several years, while we were unsuccessful in building a consensus among key partners around a long term solution to John Dempsey Hospital's structural financial deficiencies, the Health Center requested additional State support to cover its annual deficits. We remain grateful for the financial assistance which you provided in certain key areas. I particularly note two specific actions recently taken by the General Assembly:

- For the first time, in FY2009, John Dempsey Hospital's fringe benefit cost differential was partially acknowledged and fully acknowledged and addressed in FY2010 and FY2011. The fringe benefit differential is the difference between the state fringe benefit rate for John Dempsey Hospital's employees and the average rate for private Connecticut Hospitals. In the current fiscal year, \$13.5 million in the Comptroller's fringe benefit account covers the differential for JDH employees.
- And in recognition of the extended period during which the UCONN Health Center's block grant remained flat funded, the General Assembly approved increases in our block grant. With this support and management action taken to improve revenues and control expenses, UCONN Health Center ended the FY10 fiscal year with a modest operating margin and is on track to break even this year.

But it was this past year that State government, the Hartford-area hospitals, and we at the UCONN Health Center took even more fundamental steps forward in enacting a plan to begin to address John Dempsey Hospital's structural issues. Public Act 10-104 was supported by all of the region's major healthcare providers. It authorized the construction of a new John Dempsey Hospital patient bed tower and adjusted John Dempsey Hospital's bed mix significantly by increasing the number of John Dempsey Hospital's medical/surgical beds by 50 (from 119 to 169, a 42% increase), and the transfer of the license for its neonatal intensive care unit (40 beds) to Connecticut Children's Hospital. The act also approved funding for the establishment of the UCONN Health Network, a series of regional collaborative healthcare

initiatives. This compromise plan reflected the best efforts of many within the health community, State government, and the University of Connecticut.

When implemented, the plan promises to bring much needed financial stability to UCONN Health Center's operations and will, as all the major stakeholders agree, lead to expanded research discoveries and revenue, significant job growth, enhanced tax revenues, and a growing gross State domestic product.

Since the enactment of P.A. 10-104, we have experienced both progress and a temporary set-back. Just a few months ago, the state Office of Health Care Access approved the joint Certificate of Need for the new patient tower and the license transfer of the 50 NICU beds to Connecticut Children's Medical Center. In addition, we retained an architectural firm, and the planning and design process for the new tower is well under way.

We were disappointed to learn that we would not be the recipient of a \$100 million federal grant to support the renewal of the existing John Dempsey Hospital's facility. Pursuant to the provisions of the public act, receipt of funds in that amount from non-state sources is a prerequisite to commencing construction of the new tower. We have been conferring with OPM Secretary Barnes about possible options to move the hospital project forward and will share the outcome once a direction is determined.

Continued operating support through our block grant and assistance with John Dempsey Hospital's fringe benefit differential is essential for the Health Center's financial viability during this period and for the future.

We are very grateful that the Governor's budget includes a provision to permit the Comptroller to continue to fund the \$13.5 million for the fringe benefit differential in FY12 and FY13. The proposed reductions to our block grant, however, are significant. The proposed appropriation for FY12 is \$114 million -- a 14% reduction from our request of \$133 million (which reflects the cost of the 27th payroll period), and is \$5 million less than our FY 11 appropriation (if you include the associated fringe, the reduction is \$8 million). In addition, the proposed budget also includes a number of changes and reductions in several Medicaid programs including non-emergency dental services for adults that will impact reimbursement to our clinical operations. For FY13, the proposed block grant amount is further reduced to \$110 million. The effect of the proposed FY12 block grant creates an approximate deficit in UCONN Health Center's operating budget of \$19.5 million prior to the implementation of any expense reductions. Needless to say, this poses a real challenge and will have an effect on operations at the UCONN Health Center as will the proposed reductions in non-emergency dental services for adults under Medicaid.

We recognize the significant fiscal challenges confronting our state and will be prepared to consider a series of difficult options in an effort to maintain a balanced budget. Should the proposed Health Center's appropriation remain unchanged, it would represent a significant step back from the progress made during the recent legislative sessions. For all the reasons I noted earlier, we are extremely limited in the areas where we can achieve significant savings or reductions. Please be assured that we will continue to explore all avenues available to us to increase revenues. The options likely to be considered include:

Raising Revenue: Consideration will be given to continuing to negotiate improvements in commercial insurer reimbursements, increasing contributions from area hospitals for administration of residency

programs, and increasing student tuition and fees (although not a source of significant revenue; only 2.5% of total revenues come from tuition and fees due to the limited size of our total student body).

Management Efficiencies: Following the completion of the PwC exercise, seeking cost reductions has become part of the culture at UCHC. We continually look for ways to gain efficiencies while making prudent strategic investments and managing financial risk, but we have long since achieved the “easy” wins. We do not anticipate discovering large savings after so many years of close scrutiny. For example, lifting the hospital off probationary status a year ahead of schedule and seeking Magnet status for our nursing program have required and will continue to require smart investments.

Recruitment and Retention: Over the next three years, recruiting 40 new clinicians in key practices areas such as primary care, orthopaedic surgery etc.) is integral to our John Dempsey Hospital renewal plans. In addition, we begin negotiations later this week with the newly formed AAUP bargaining unit on a first contract for our faculty, who as a defined group, are the only state employees who as a group have not received a general wage increase since FY08. While I am sure this is an unintended consequence, reduced State support for the UCONN Health Center will impede our efforts to recruit and retain our faculty – the source of intellectual capital that drives our academic, research and clinical engines.

Elimination of Programs and Services: Through a program by program analysis, we will continue to determine each program’s relevance to the UCONN Health Center’s core mission. Careful consideration will have to be given to any reductions that would adversely affect the quality of our educational, research and clinical programs. Also, this effort could lead to a reduction of services to Medicaid-eligible patients or the elimination of clinical and other programs that are not financially self-supporting. I feel obligated to inform the committee again, that the unfortunate sweep of \$20 million from the UCONN Health Center’s medical malpractice trust fund in the last biennium, renders the UCONN Health Center and ultimately the state with a potential unfunded financial liability. We hope to work with the Administration and the General Assembly to address this matter during the session.

The UConn Health Center remains one of our State’s greatest assets. We are working to improve the quality of healthcare for all Connecticut’s citizens while serving as an engine for economic development. The plan reflected in PA 10-104 allows this work to move to new levels. Specifically it will allow the state to derive significant economic benefits including 5000 new jobs by 2020 and more than 6800 by 2030, and \$1.1 billion in new tax revenue for the State by 2040.

We all appreciate the extremely challenging fiscal environment our Governor and the members of the General Assembly are confronting. As our state’s public policy leaders, you bear the burden of overcoming the immediate magnitude of the current deficit and, simultaneously, have the opportunity to determine how best to ensure a vital economic future for our State. In making these difficult and important decisions, I would respectfully ask that you appreciate the value of your only public academic medical center and what it can uniquely offer in terms of adding to the quality of life of Connecticut residents now and for the foreseeable future.

Thank you for your continued support.

February 28, 2011

UChC represents 1/2 of the University of Connecticut, 1/2 of its budget, 1/2 of its employees and 1/2 of its research portfolio.

UChC'S Mission: Education, Research and Patient Care

Connecticut's only public academic medical center :

- ☐ **3 Schools:**
 - ◆ Medical School (352 students)
 - ◆ Dental School (178 students)
 - ◆ Graduate School of Bio-Medical sciences (339 students)
- ☐ **Residency Training:** 694 residents (medical and dental) who train and provide patient care in local hospitals and community settings in more than 20 communities across the State.
- ☐ **Biomedical Science and Research:** \$100M in federal and other research grants for discovery and innovation to improve patient health and outcomes e.g. Stem Cell research, cancer vaccines, hormone therapies for Osteoporosis, biomaterials and biomedical devices.
- ☐ **Patient Care:** All UChC clinical care venues serve as sites for teaching and learning and are essential for attracting talented faculty who teach, do research and provide patient care
 - ◆ **John Dempsey Hospital (JDH):** a 224 bed acute care university teaching hospital
 - ◆ **UConn Medical Group (UMG):** the region's largest multi-specialty faculty clinical group practice
 - ◆ **University Dentists and UConn Dental Clinics:** Connecticut's single largest provider of dental care for the under and uninsured.

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UCHC: A Worthy Investment

Critical source of the State's health care professionals

- ☑ 35% of School of Medicine graduates practice in the State
- ☑ 47% of School of Dental Medicine graduates practice in the State
- ☑ Connecticut residents comprise 82% of the School of Medicine students and 51% of the School of Dental Medicine students for the entering class of 2010
- ☑ Minority enrollment in both schools is above the National average

Economic driver for the region and state

- ☑ Catalyst for biomedical and biotech jobs, e.g. Stem cell
- ☑ Generates nearly \$1 billion in Gross State Product
- ☑ Incubator space, state-of-the-art labs and offices for small startup businesses
- ☑ Robust clinical enterprise

Major Employer:

- ☑ 5121 employees (78% unionized staff, 11% unionized faculty, 1% non-union faculty, 3% managerial and 7% residents/graduate assistants/student payroll)

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UCHC: Partner & Resource to Other Hospitals

48 UConn Internship/Residency Programs contribute to the quality of service in the participating hospitals & also drive additional Medicare reimbursement

Hospitals FY 09	GME* & IME** Reimbursement
CT Children's	\$3.2M
Hartford Hospital	\$36.8M
Hospital of Central Connecticut	\$7.2M
John Dempsey Hospital	\$20.8M
St. Francis Hospital	<u>\$26.9M</u>
TOTAL	\$94.9M

*GME = Graduate Medical Education

**IME = Indirect Medical Education

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UCHC: Partner & Resource to Other Hospitals, Community and State

- ☐ Trained physicians and staff of Waterbury and St. Mary's for regional cardiac surgery and interventional cardiology program.
- ☐ Trained staff and assisted Eastern Connecticut Health Network in establishing a Level II nursery at Manchester Hospital.
- ☐ Provide the largest amount of dental emergency room services in the state.
- ☐ Provide Pediatric dentistry program at Connecticut Children's Medical Center.
- ☐ Provide Statewide Neonatal Transport Program and Regional Neonatal Intensive Care Unit. In FY10, UConn's Neonatal Transport Program transported 271 neonates to JDH and 12 other hospitals from 75 Connecticut towns.
- ☐ Provide workforce at St. Francis/UConn Burgdorff Clinic (Hartford's north end) and Asylum Hill Family Medicine Practice.
- ☐ Training site for UConn nursing, allied health schools, pharmacy, dental hygiene and assisting programs.

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UCHC: A Resource to the Community and the State

Service to Medicaid Patients in FY10:

- ☐ JDH ranks among the top 4 hospitals in the state in Medicaid inpatient days as a percentage of total inpatient days.
- ☐ UConn dental clinics are the single largest provider of dental services to Medicaid recipients and the under- and uninsured (138,658 Total visits all sites).
 - ◆ 68.2% of patient visits to the UCHC dental clinics are Medicaid clients (Farmington, Burgdorff and Connecticut Children's Medical Center) (93,110 total visits)
 - ◆ Services are provided in 20 community sites across the state (Hartford, New Britain, East Hartford, Manchester, Waterbury, Norwich, New Haven, Derby, Willimantic, Putnam, Bridgeport and Torrington) (45,545 Total visits)
- ☐ 14.9% of UMG visits were Medicaid patients.

Clinical Service Collaboration:

- ☐ Department of Correction: Provide medical and dental care to 19,000 inmates in DOC custody.
- ☐ Departments of Public Health, Mental Health & Addiction Services, Veteran Affairs, and Developmental Services.
- ☐ Telehealth demonstration projects with community health centers.

Statewide Resource:

- ☐ Operate the Connecticut Poison Control Center (per State Statute)

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UCHC: A Resource to the Community and the State

Community Service: UConn physicians and dentists, medical and dental students and our residents provide thousands of hours of free services to Connecticut's most medically vulnerable citizens

- ☐ Migrant Farm Worker Clinic
- ☐ South Park Inn Medical Clinic (Hartford)
- ☐ South Marshall Street Homeless Clinic (Hartford)
- ☐ Connecticut Poison Control Center
- ☐ YMCA Adolescent Girls Medical Clinic (Hartford)
- ☐ Camp Courant Dental Screening Program
- ☐ Covenant House (Willimantic)

Filling the Pipeline: Initiatives to grow the number of under-represented minorities enrolled in healthcare education and increase the number of healthcare professionals practicing in urban settings and other areas across the state:

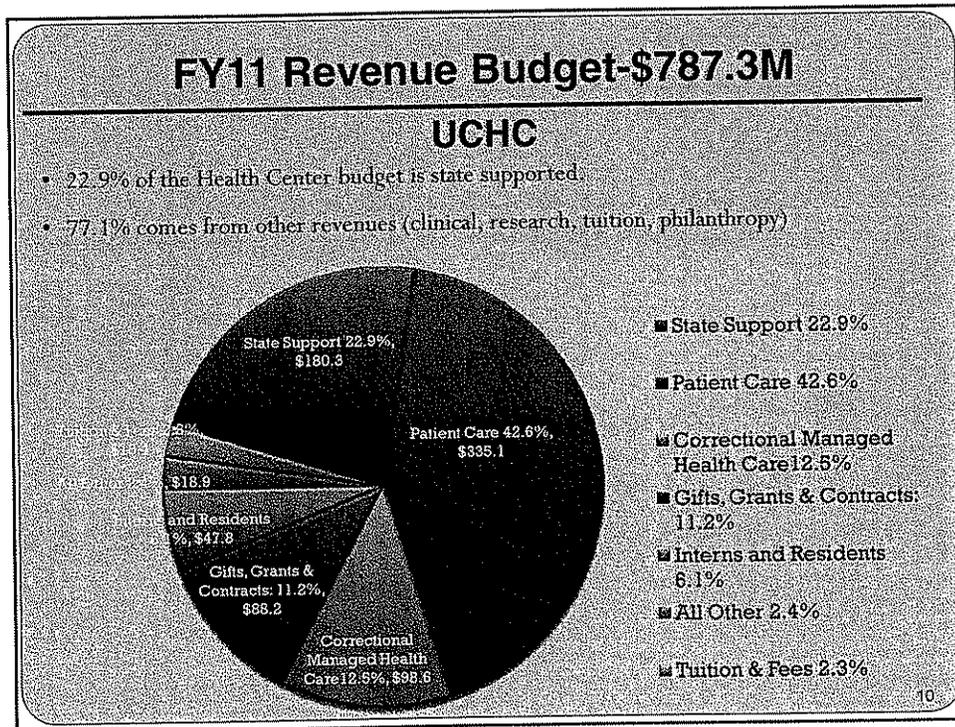
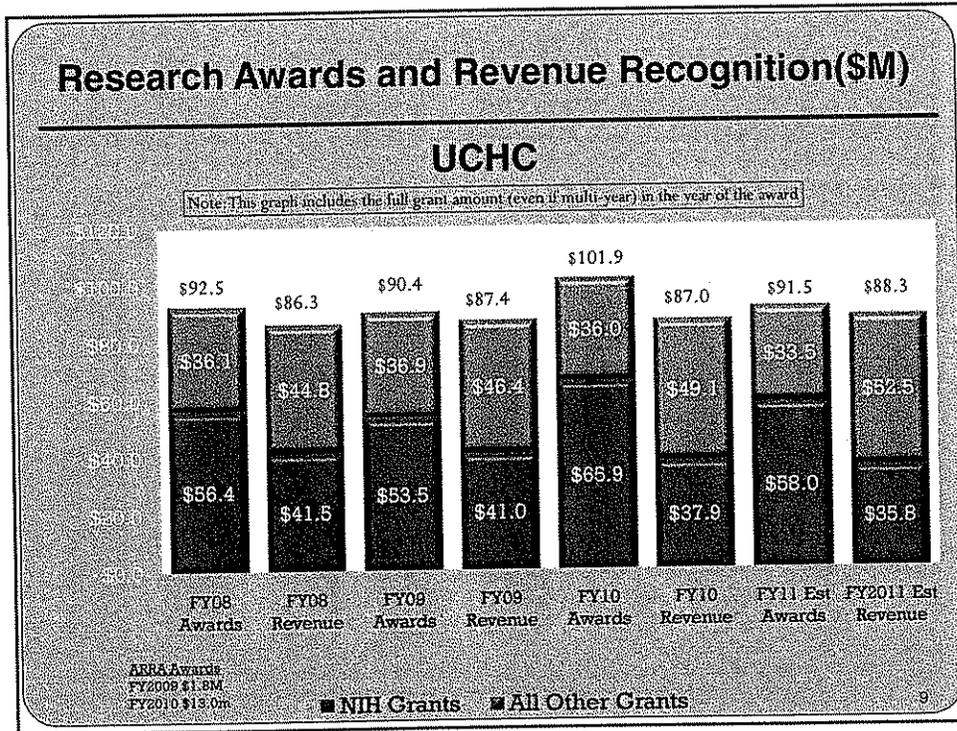
- ☐ AETNA Health Professions Partnership Initiative
- ☐ Area Health Education Collaborative (AHEC), located in Farmington with four regional centers located in Bridgeport, Hartford, Norwich and Waterbury
- ☐ Urban Service Track

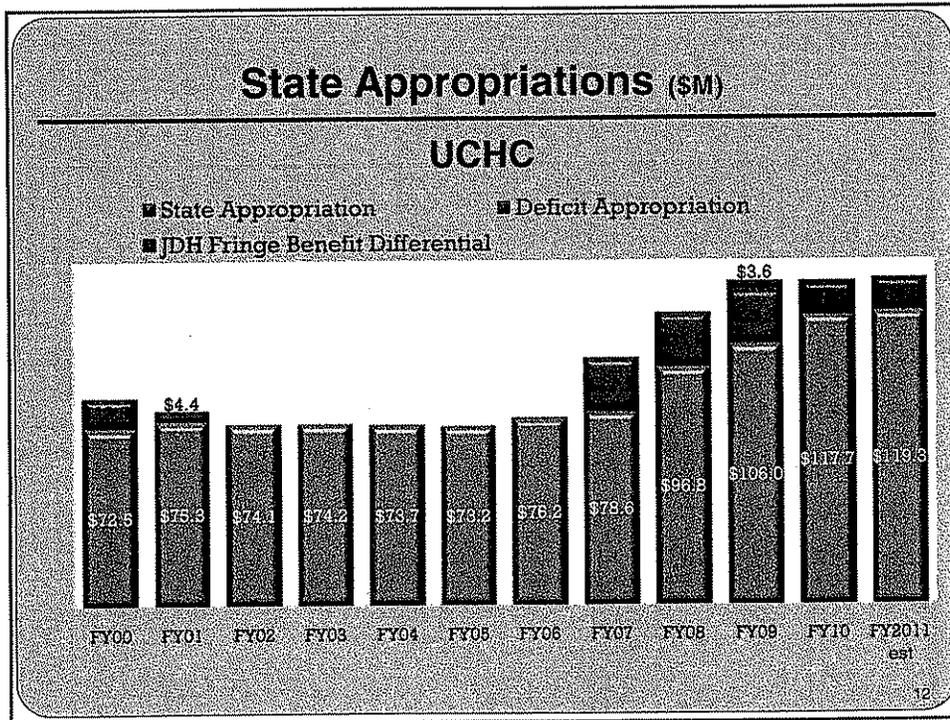
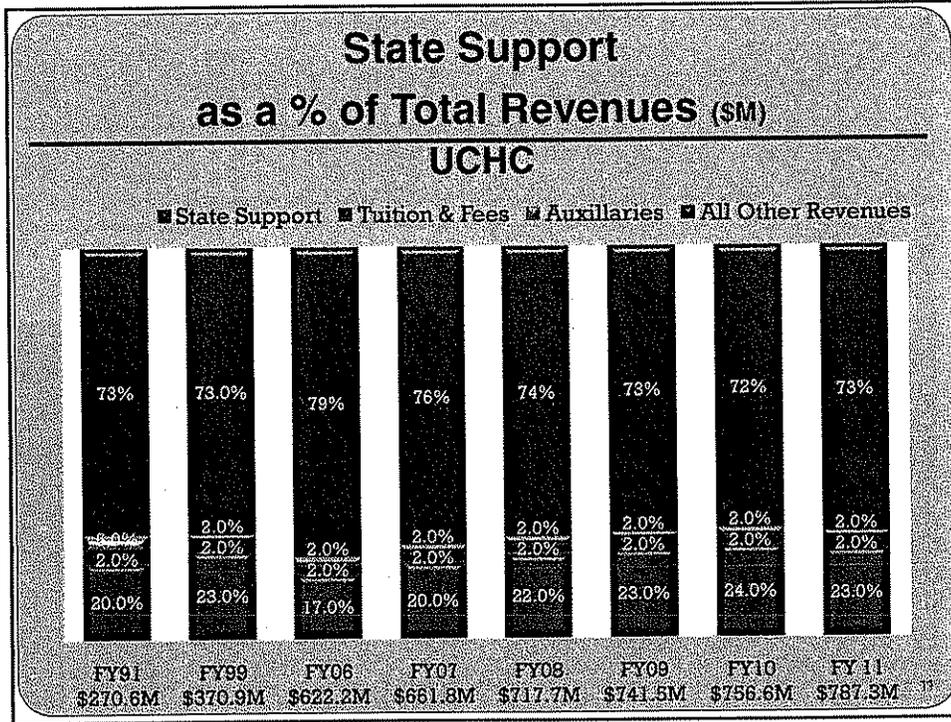
UCHC: Partner & Resource to Other Hospitals & Community

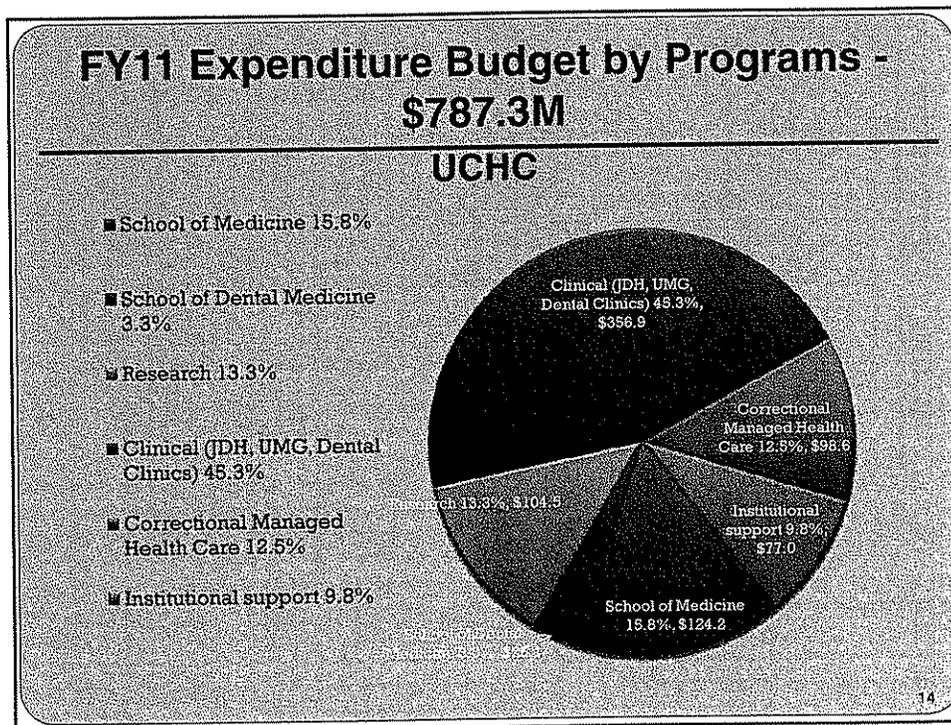
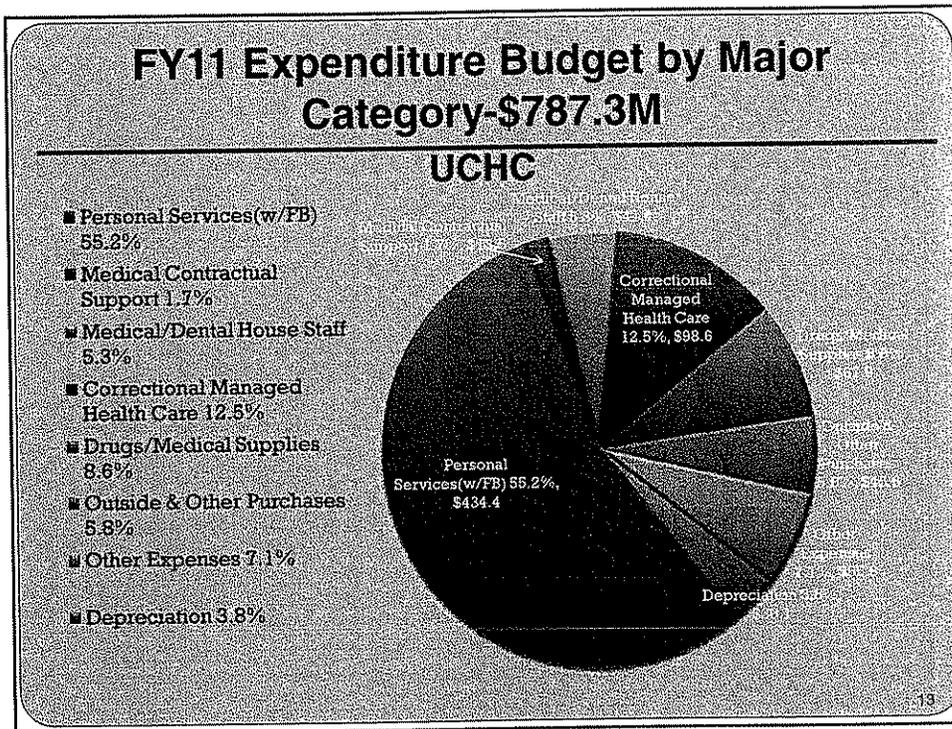
The Connecticut Institute for Clinical and Translational Science (CICATS).

- ☐ CICATS' mission is to:
 - ◆ Educate and nurture new scientists
 - ◆ Increase the number of clinical and translational research projects conducted in the State (T1-translation of bench research to the bedside in clinical trials and, T2- from the bedside to the clinic and community) and other healthcare organizations throughout the Greater Hartford metropolitan area
 - ◆ Collaborative to improve healthcare conditions that are among the leading causes of morbidity, mortality, disability and health disparities in the region and the nation

Partners include: Connecticut Children's Medical Center, Hartford Hospital, St. Francis Hospital and Medical Center, Hospital for Special Care, Hospital of Central Connecticut, Institute for Community Research, Hispanic Health Council and Community Health Association of Connecticut.







About John Dempsey Hospital (JDH)

- ❑ Opened in 1975, JDH is the only public acute care hospital in Connecticut and the 2nd smallest academic health center hospital in the U.S., originally planned as 400 beds, JDH was built at 200 beds. The 2nd tower was never built.
- ❑ Key service statistics (FY10)
 - ◆ 9,513 inpatient admissions
 - ◆ 878,519 outpatient services (\$284,766 JDH and \$593,753 IMG)
 - ◆ 93,110 dental clinic visits
- ❑ 224 staffed and licensed beds, of which 105 are very specialized (Neonatal, Correctional, Psychiatry, Maternity), leaving only 119 medical/surgical (flexible) beds.
- ❑ Medicaid recipients account for 25% of 51,425 JDH inpatient days. JDH is a disproportionate share hospital for Medicaid and Medicare (one of only five).
- ❑ Faces the same set of challenges as the state's other 29 acute care hospitals: Medicaid/Medicare cutbacks, uncompensated care, low reimbursement rates, nursing and other health care profession shortages and the realities of an intensely competitive marketplace.

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UCHC's Financial Viability

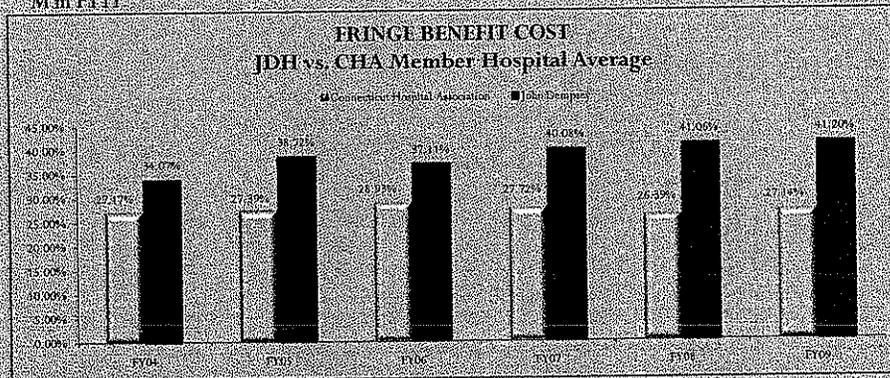
- ❑ Structural financial deficits facing UCHC have been described to the General Assembly over the past four years.
- ❑ The FY 2010-2014 biennial budget temporarily address these structural deficits through an increase in our block grant and fully funding the JDH fringe benefit differential. We are grateful for the General Assembly's recognition and support.
- ❑ Since 2000, the Health Center has achieved over \$100M in cost reduction and revenue enhancements.
- ❑ The most recent Health Center initiatives implemented in FY 2009 and 2010 resulted in cost reduction and revenue enhancements of approximately \$12M.
- ❑ Despite the above, we must not lose sight of the long term structural problem as verified in the March 2008 CASE & PricewaterhouseCooper reports. A long term solution is needed.

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JDH: Fringe Benefit Cost

JDH v. CHA Member Hospital Average

- ❑ As a state entity, JDH has fringe rates significantly higher than other hospitals.
- ❑ JDH has historically absorbed the cost of fringe benefits for its employees.
- ❑ In FY09, \$3.6M in the state comptroller's fringe account was allocated to help offset some of that cost. In FY10 and FY11 that number was raised to \$13.5M.
- ❑ The dollar value of that differential was \$13.2M in FY09, \$14.5M in FY10 and is estimated at \$14.8 M in FY11.



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JDH Physical Plant Status

- ❑ 35-year-old facility with no major upgrades, renovations or improvements since it opened
- ❑ Undersized and becoming increasingly outdated; majority double-bedded rooms
 - ◆ Today's standard of care calls for single-bedded rooms
 - ◆ Patient care areas need updating for next generation standards of care, technologies, privacy concerns, and patient/ provider expectations
 - ◆ Present design precludes efficient staffing ratios or cost-effective renovation

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The Downside

Since 2007, the UCHC has shared with the General Assembly that:

- ❑ Without a new physical plant, our hospital cannot be financially viable, clinically competitive or academically sound
- ❑ Without an integrated academic hospital, the medical school will have increasing difficulty attracting talented faculty, and it will be impossible to maintain current levels of excellence in the education and training of practitioners, increase enrollment and maintain admission standards
- ❑ Healthcare delivery in the region will be adversely affected in two very significant ways: fewer doctors and dentists entering the Connecticut workforce, and fewer doctors from elsewhere being attracted to employment in area hospitals. (Most talented physicians seek an academic association and employment in hospitals with a full complement of well-trained interns and residents)
- ❑ Deteriorating finances will also reduce services to underserved populations, because those services are now subsidized by the UCHC
- ❑ Ultimately, both quality of, and access to, healthcare will suffer
- ❑ Financial and recruitment constraints will cause a downward spiral in the research domain, with a concomitant loss of jobs and related economic activity

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An Act Concerning the University of Connecticut Health Network & Connecticut Bioscience Initiative - Public Act 10-104

In May 2010, the General Assembly passed Public Act 10-104:

The Plan: John Dempsey Hospital

- ❑ A new bed tower (169 single bedrooms; 10 new surgical operating suites)
- ❑ Renovation of other JDH departments existing building (e.g. Dental Clinics, Emergency Department, Cardiology, etc.)
- ❑ Total licensed beds: increased by 10 from the current 224
- ❑ Increased medical surgical capacity of 50 beds
- ❑ Connecticut Children's medical center (CCMC) assumes license and operation of NICU; physical space remains at JDH; obtained CON approval 12/10
- ❑ Projects small positive operating margin for reinvestment in the academic mission
- ❑ Accommodates modest increase in School of Medicine class size and School of Dental Medicine primary care residencies; sets foundation for larger future education program growth
- ❑ Maintains a viable JDH needed to attract faculty to support the academic mission

* Project cannot move to construction until the \$100M in non-state funds is secured, \$25m in planning and design of new hospital tower and JDH renovations can proceed. If non-state funds are not secured by 2015, authorization is cancelled.

Funding Sources	
UConn 21*	\$25M
Century	
Non-State Funds	\$100M
State Bonding	\$207 M*
Total Cost	\$332 M

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UConn Health Network Initiative Projects PA-10-104

- ▣ Transfers JDH Neonatal Intensive Care Unit operations to Connecticut Children's Medical Center (Unit remains at JDH)
- ▣ Simulation Center (at Hartford Hospital)
- ▣ Regional Primary Care Institute (at St. Francis)
- ▣ Institute for Clinical and Translational Sciences
- ▣ Regional Comprehensive Cancer Network
- ▣ Health Disparities Institute (downtown Hartford)
- ▣ A Cancer Treatment Center at the Hospital of Central Connecticut, renovations and upgrades to the oncology unit at HOCC, which may include a permanent regional phase I clinical trials unit
- ▣ Connecticut Institute for Nursing Excellence at the UConn School of Nursing
- ▣ Patient Room Renovations at Bristol Hospital
- ▣ Purchase of medical equipment to provide electronic medical records and develop access to remote treatment and training centers at Charter Oak Health Center, Inc. and Community Health Services, Inc., both in Hartford
- ▣ Renovation and repairs, Hispanic Health Council, Hartford
- ▣ Biosciences Enterprise Zones in Hartford, and parts of Farmington, New Britain and Bristol

Stakeholders: University of Connecticut, State of Connecticut, Connecticut Children's Medical Center, Hartford Hospital, St. Francis Hospital, Hospital of Central Connecticut, Bristol Hospital, Charter Oak Health Center, Inc. and Community Health Services, Inc., Hartford, Hispanic Health Council, Hartford, Federal Government, Biomedical Industry, Venture Capital Firms, and others.

UConn Health Network Initiative Projects PA 10-104

Project	State Bond Authorizations (in millions)
Simulation and Conference center	\$5
Primary care institute	\$5
Institute for Clinical and Translational Science	
Comprehensive cancer center	\$10
Health disparities institute	
Hospital of Central Connecticut	\$5
Institute for nursing excellence	\$3
Bristol Hospital	\$2
Charter Oak Health Center, Inc., Hartford	\$1
Community Health Services, Inc., Hartford	\$1
Hispanic Health Council, Hartford	\$1
TOTAL	\$37

* Projects cannot move forward until the \$100M in non-state funds is raised. If non-state funds are not raised by 2015, authorization is cancelled.

Job Growth & Promoting Economic Development PA10-104

- ☑ More than 5,000 new jobs will be created through the plan by 2020, and more than 6800 by 2030. (Connecticut Center for Economic Analysis 2010)
- ☑ Will generate an estimated:
 - ◆ \$1.5 billion annually in new personal income in 2040 (nominal dollars)
 - ◆ \$1 billion annually in new output (2000 constant dollars) Gross Domestic State Product
 - ◆ \$1.1 billion in new tax revenue for the state
- ☑ The plan will help attract and retain high quality physicians and other health professionals to the region and state, strengthen an emerging bioscience economy, enhance the Schools of Medicine and Dental Medicine, and enhance residency programs which support other hospitals across the region.
- ☑ 2,100 construction jobs will be attributed to the JDH Renewal and construction project.

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The Upside PA 10-104

UHC will be able to:

- ☑ Construct a new 169 bed tower to meet today's standard of care, including single bedded rooms, that also can accommodate today's technology
- ☑ Renovate parts of JDH facility
- ☑ Increase medical/surgical beds by 50 (transferring 40 current NICU beds and 10 new), which is a 42% increase.
- ☑ Hire 50 new clinician-scientists (heavy emphasis in primary care), which is a 30% increase
- ☑ With new facility, additional med/surg beds and additional physicians, UHC will be able to:
 - ◆ maintain and increase access to quality health care
 - ◆ generate a profit that will be used to invest in education and research
 - ◆ successfully recruit and retain outstanding clinician-scientists
 - ◆ modestly grow size of medical school and dental residencies
 - ◆ expand research

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Securing the Future of UCHC and Transforming Health Education, Research and Clinical Care in the Greater Hartford Region	
DATE	ACTION
2007/ Feb-June	University proposes a new hospital; General Assembly requires a needs-based analysis of the plan; retains the Connecticut Academy of Science & Engineering (CASE)
2008/ Mar-Dec	CASE issues its report to the General Assembly; General Assembly requires that UCHC implement CASE plan; University issues Solicitation of Interest (SOI); University receives Expressions of Interest (EOI)/affiliation proposals; University announces a principal partnership with Hartford Hospital and creation of the Connecticut Health Collaborative; University announces a principal partnership with Hartford Hospital and creation of the Connecticut Health Collaborative; University announces plans to obtain support for a new hospital
2009/ Jan-Nov	CASE issues its monitoring report to the General Assembly; University presents replacement hospital and proposed partnership with Hartford Healthcare to the General Assembly; University announces plans to pursue alternative options for clinical facilities at UCHC; Board of Trustees leadership embarks on a listening tour
2010/ Mar-Dec	Governor Rell proposes and General Assembly enacts UConn Health Network and Connecticut Bioscience Initiative; JDH/CT Children's CON application approved; HRSA \$100M grant application not awarded
2011/Jan-	Ongoing communication between University and new administration on the future of the John Dempsey Hospital