



**The University of Texas Medical Branch at Galveston**

**Compact with The University of Texas System  
FY 2006 through FY 2007**

## **I. Introduction: Institutional Mission and Goals**

The University of Texas Medical Branch (UTMB), the oldest of the six health sciences universities in The University of Texas System, was created as a public trust to safeguard and advance the health of all Texans. Our mission is to provide scholarly teaching, innovative scientific investigation, and state-of-the-art patient care in a learning environment. The university is committed to excelling in the generation, dissemination and application of knowledge to better the health of society. For more than a century, UTMB has honored this commitment by remaining true to its core values of *service, education, diversity, innovation, and community*.

UTMB is much more than the sum of its four schools, three institutes, extensive clinical care complex of six hospitals, network of campus-and community-based clinics throughout east and southeast Texas, and numerous research facilities. It is a community of professionals dedicated to healing the sick, regardless of their ability to pay; addressing the health needs of special populations; educating tomorrow's healthcare team; finding answers to biomedical puzzles; and to adding value to the communities the university serves. Over 2,300 faculty (including full-time, part-time, and volunteer) teach more than 2,100 students and over 560 medical residents and fellows.

Educational programs in UTMB's four schools emphasize the creation of a diverse work force of health professionals and scientists who can work as a team to better the lives of patients and improve the quality of life in their communities. Renowned distance education initiatives, including web-based course offerings and complete online curricula, enable UTMB faculty to reach students and practitioners who, because of their remote location, might otherwise be unable to take part in University courses or continuing education programs.

UTMB is also a healthcare system that offers patients from the state, nation, and world a comprehensive approach to quality care. Clinical areas of excellence include cardiology and cardiothoracic surgery, diabetes care, behavioral medicine, geriatric services, and trauma care. UTMB is also dedicated to caring for special populations, including women and their unborn or newly born children, the unsponsored, seniors, and the incarcerated. A pioneer in the field of telemedicine with over 187,000 such consults to its credit, UTMB has established telehealth connections with such diverse groups as special-needs children in East Texas; epilepsy patients; cruise ship passengers; seniors in rural Texas; county, state, and federal inmates; and workers at research bases at the South Pole.

Research programs at UTMB enhance human health by advancing medical knowledge. They are multi-disciplinary, not only to make the best use of available resources, but also to enable scientists and clinicians to delve into a broad range of promising basic and clinical science topics that often have immediate application to patient care. Research areas of excellence include biodefense, infectious diseases, and vaccine development; neurosciences, pain management, and stroke treatment; gastrointestinal health; environmental health and asthma; cancer; molecular medicine; aging and longevity; burns; and diabetes.

In addition, the university bolsters the health of the regional economy. The last independent study, using fiscal year 2001 data, indicated that UTMB's presence results in nearly \$305 million in business volume in Galveston County, and that more than 19,000 Galveston County jobs are directly or indirectly related to the university. Statewide, UTMB's effect on business volume amounts to nearly \$1.4 billion. More than 31,000 Texas jobs are directly or indirectly related to the university's presence. Additionally, in fiscal year 2004, UTMB provided more than \$476 million in unsponsored care charges to Texans whose needs were great but whose resources were limited.

UTMB is an organization where dedicated, compassionate individuals work together for a common good, where exceptional professionals use their training and their sense of commitment to recognize and meet

pressing needs, and where those in need can seek the best care science can offer. It is a place that prides itself on helping those who cannot help themselves.

As a state agency and in support of its mission, UTMB has established four unique, interdependent goals that build upon its existing strengths and its uniquely synergistic environment. The goals are:

- Educate health professionals for tomorrow's medicine in a way that fosters continuous learning. Provide instruction that prepares students, residents, and fellows in the schools to meet the evolving health needs of all segments of our society while instilling in those students a commitment to lifelong learning, an understanding of and a dedication to the pursuit of scientific knowledge in the service of humankind, an appreciation of underlying human values, and a sensitivity to cultural differences.
- Conduct biomedical research using a multi-disciplinary, collaborative approach with teams of investigators, both within the institution and with other entities that meets the highest standards of scientific inquiry.
- Address the health needs of the medically underserved using innovative approaches and teams of healthcare professionals who provide accessible, safe, and affordable healthcare of the highest quality.
- Serve the public at large by applying our experiences to help break down barriers to care and taking a leadership role in developing health policy for the state and nation.

## **II. Major Ongoing Priorities and Initiatives**

By definition, the Compact does not include all of the institution's priorities. There are many outstanding faculty and staff dedicated to numerous institutional initiatives of major importance. However, for the purposes of the Compact, the following are the highest short-term and long-term priorities and initiatives.

### **Short-Term Priorities (1—2 years)**

**Priority #1 As an effective steward of limited resources continue to improve cash flow from operations to support education, healthcare, and research, thus improving the health of the special populations we serve.**

#### Objectives:

UTMB is committed to enhancing revenue sources and controlling costs in order to increase cash flow and achieve greater margins to ensure the financial health of the university and therefore secure its ability to educate future generations of health professionals, care for patients, and further medical science.

#### Strategies:

- Improve healthcare revenue mix by managing and controlling the services provided to uninsured patients, improving financial screening to help patients identify potential payer sources, developing programs that target commercial patients, developing patient retention programs, pursuing commercial plans in our market area for which we are not currently a provider, expanding programs to accommodate patient backlog, increasing market presence in northern Galveston County, and opening geriatric clinics in the community.
- Develop and refine medical management processes. Use new care pathway protocols and information technology such as the Pharmacy Management System and the Electronic Medical Record to effectively manage the medical care of patients, thereby reducing variation in care and improving the quality of medical outcomes.
- Develop partnerships with the community to increase the capacity and performance of the county's health delivery system through coordination, disease management strategies, and use of advanced technologies. Conduct demonstration projects in the areas of health disparities and outcome-

oriented programs to find new, better, and more cost-effective ways to provide care to uninsured patients.

- Continue to review and renegotiate county contract terms and reimbursement rates based on performance to recognize the actual cost of provided healthcare services.
- Increase sponsored research activity using our demonstrated strengths in emerging infectious diseases and biodefense and promoting the BSL4 laboratory to recruit new faculty and secure new research funding.
- Restructure the faculty practice into an integrated practice that focuses on programs of excellence and promulgates quality, access, and affordability.

#### Resources:

Increased county and state funding for the care of unsponsored patients; reimbursement models that recognize telehealth and other technology-based services and increased reimbursement will fund the strategies.

#### Progress Measures:

Results will be measured by adjusted operating margin before depreciation; sponsored patient payor mix; maintaining unsponsored patient cases at funded levels; patient outcomes that meet or exceed median national benchmarks; decreases in cost per case, length of stay, and other patient care benchmark measures; and increased funding from TDCJ managed care contract.

#### Progress:

- Reduced average length of stay from 5.2 to 4.9 days.
- Cost per case decreased by 3.5 percent.
- Unsponsored patient admissions increased by 15.7 percent.
- Sponsored patient payor mix decreased by less than 1 percent.
- Institutional operating margin decreased.
- Received Magnet Recognition by the American Nurses Credentialing Center of the American Nurses Association, recognizing UTMB's excellence for nursing and quality patient care.
- Received 2004 Community-Campus Partnerships for Health award.
- Developed legislative strategies to restore indigent care support and improve correctional managed care funding.
- Acute Care for Elders (ACE) unit expanded.
- Geriatric Healthcare Center opened in Santa Fe and expanded in Texas City.
- Signed new county contracts with Fort Bend and Matagorda counties.
- Collected \$9.7 million for county contracts in 2004, an increase of 71 percent over 2003.
- Conducted feasibility study for implementation of the 3 Share Plan in Galveston County.
- Received Health and Human Services Office for Minority Affairs \$176,000 two-year grant to provide health services to indigent patients.
- Acquired land in the northern Galveston County market for clinic expansion with the objective of increasing the percentage of sponsored patients.

#### Major Obstacles:

Governmental entities and local communities will continue to resist providing increased funding to address care for the uninsured. Access to healthcare through the Emergency Room for non-traumatic injuries will continue to cause significant strain on hospital operations. Private providers may look at UTMB as a threat to their practices. The legislature may be reluctant to adequately fund the correctional care system.

**Priority #2 Support the national call for re-engineering the clinical research enterprise by increasing translational research in concert with the National Institutes of Health Roadmap so that advances discovered at the research bench can more readily be applied at the patient's bedside.**

### Objectives:

A major institutional focus is to strengthen collaborations between UTMB and the other UT academic and health institutions and between UTMB and government and commercial entities. UTMB will increase extramural funding for translational research and commercialization support and thereby increase the pace of discoveries and clinical development in the life sciences.

### Strategies:

- Revitalize the Research Office, support organization, and processes. Centralize the operation of the campus Research Office in the School of Medicine so that there is effective communication between research services administration, research strategic planning, translational research through the Center for Technology Development, planning for multi-disciplinary translational research and training grant support, and research outreach activities in Houston, Austin, and other Texas areas. Ensure that this revitalized Research Office works effectively for all UTMB schools, departments, and centers.
- Contribute to the establishment of a high-field MRI Center at UT Austin to support collaborative studies involving UTMB and UT Austin faculty members and the Central Texas VA.
- Establish a Center of Excellence in Space Life Sciences through collaboration with Johnson Space Center/NASA.
- Expand the use of genomics, proteomics, and bioinformatics to help identify genes associated with diseases being studied in clinical and translational research at UTMB.
- Reestablish a clinical trials unit within the UTMB Research Office to encourage clinical research activities and to attract multi-site clinical studies including those in the Central Texas region. Initially facilitate the development of this clinical trials unit to assist in the management of clinical trials in both Galveston and the Central Texas area; establish business agreements with participating institutions in Central Texas for IRB approvals of clinical trial protocols; create a system for shared core activities for all clinical studies; and establish metrics for clinical trial productivity.
- Work with BioHouston, the Gulf Coast Consortia (GCC – UTMB, Rice, UTHSC-Houston, Baylor, UT M. D. Anderson Cancer Center, and University of Houston), and regional academic partners to establish a Regional Center for Translational Research in the Houston/Galveston area.
- Work with the GCC institutions to further develop the recently created Alliance for NanoHealth. The six Galveston/Houston institutions have partnered to create a joint vision to establish our area as a top nanotechnology research locus. UTMB will increase its research activities and program focus in nanohealth in order to better leverage the new regional effort.
- Initiate critical review and implementation of recommendations from the Coordinated Strategic Approach for Research Commercialization report, which will enhance the clinical, basic, and translational research opportunities in Galveston and our partnering regions, particularly with regard to the commercialization opportunities created by the Western Regional Center of Excellence (WRCE) and the Galveston National Lab (GNL).

### Resources:

Each of the objectives will require committed time for UTMB clinicians and researchers to participate in new clinical and translational research and commercialization partnerships. Additionally, the following resources will be needed: federal, state, and local funding; capital and operational funding to support renovating, maintaining, and developing new critical core facilities, centers, and programs at UTMB; funding from each of the participating institutions; funding from biotech and pharmaceutical companies to support collaborative initiatives; funding from local endowments, venture firms, and angel networks to increase commercialization partnerships and startups; and gap funding to translate basic research intellectual property into products for healthcare improvement.

### Progress Measures:

Outcomes will be evaluated and results will be measured as follows for each of the objectives: number and dollar amount of clinical and translational studies and clinical trial proposals submitted to the clinical research center; number and dollar amount of clinical studies initiated; increase in clinical trial subjects

and decrease in time required to recruit subjects for designated trials; increase in the number of space-related research collaborations and successful grant applications for space-related research that translates into new funding; number of patent disclosures, patents, licenses, and startups; increase in the number of collaborations with other regional institutions; and increase in research expenditures.

Progress:

- Research expenditures have increased 4.4 percent from FY 03.
- Conducted UTMB Faculty Research Retreat focusing on “Translational Research: Maximizing Discoveries for Human Health.”
- Through the Gulf Coast Consortia formed the GCC Drug Discovery program.
- GCC/Keck Center awarded NIH Roadmap training grant in Pharmacoinformatics to aid in training pre- and postdocs in translational research and drug discovery.
- Installed new magnetic resonance instruments as part of the GCC in Magnetic Resonance: 800 MHz NMR's at Rice and UTMB and a high-field animal MRI at Baylor as shared facilities among the 6 GCC institutions.
- Created the Office for Research Translation in the Center for Technology Development (CTD).
- Established a gap seed fund in the CTD to help develop new company start-ups from UTMB intellectual property.
- Continued development in biodefense and emerging infectious diseases programs – UTMB Institute for Human Infections and Immunology, Galveston National Lab, and the Western Regional Center of Excellence in Biodefense and Emerging Infectious Diseases.
- The Alliance for NanoHealth (with UTMB, Rice, UTHSC-Houston, Baylor, UT M. D. Anderson Cancer Center, and University of Houston) has been created and received \$6.4 million in federal funding.
- Clinical Sciences Track in GSBS aimed at training more scholars to do translational research.
- Developed a coordinated strategic approach for research commercialization with outside consultant.
- Refunded the NIH-supported General Clinical Research Center, now in its forty-second year.
- Developed with NASA/JSC support a human artificial gravity centrifuge.
- Completed environmental assessment statement and begun site preparation for GNL.

Major Obstacles:

Budgetary shortfalls for Texas and increasing costs to conduct research and clinical studies (i.e., compliance) will continue to be obstacles to achieving all the goals. Protected clinical time for UTMB investigators must be addressed. Lack of appropriate systems to expedite research and clinical study communication. Reaching consensus among research center partners on an Institutional Review Board approval process, liability issues, and study costs. Cultural differences between private industry and academic medical centers. Level or declining support for research by the federal government. Houston and Galveston are not leaders in biotech commercialization and lack investment funds and top management and commercial research personnel relative to the top biotech clusters in the U.S.

**Priority #3 Produce a framework for potential UTMB collaborative educational, research, and outreach activities in Austin in response to invitations from Austin community leaders.**

Austin community leaders and alumni have asked the university to prepare a plan to enhance and potentially expand existing health sciences education, medical research, and outreach activities in Central Texas. The priority is to produce a framework for potential collaborative educational, research, and outreach programs directly with UT Austin and with the Central Texas Institute for Research and Education in Medicine and Bio-technology (CTI – Seton Healthcare Network, Central Texas Veterans Association, UT Austin, UT Health Science Center Houston School of Public Health, Austin Chamber of Commerce, the St. David's hospital system, and UTMB). Ensure that these collaborations support the community's, UTMB's, UT Austin's, and CTI's mutual interests.

### Objectives:

The objectives of program development in Austin include providing additional opportunities for students to receive undergraduate medical education in Central Texas, enhancing UTMB programs in graduate medical education, partnering with UT Austin in a combined M.D./Ph.D. program, reaching out and creating innovative models to care for populations at risk, providing opportunities for collaborative research projects between UTMB and the other project participants, and providing opportunities for Austin medical community scientists and UTMB scientists to participate in clinical trials.

### Strategies:

- Continue to work with leaders in the Seton Healthcare Network, UT Austin, and the Central Texas VA, as well as city and county leaders, the medical community in Travis County, and other potential Central Texas partners to identify long-term needs, potential opportunities for collaborative projects, resource requirements, and timelines.
- Collaborate with AMEP (Seton) to assume sponsorship of other GME programs and look at the feasibility of developing new residency training programs in Austin.
- Support Austin legislative delegation initiatives to approve funding student programs in Austin with supplemental formula funding as a regional campus.
- Seek approval from SACS and LCME to expand student programs in Austin to the extent that students may complete all of Year 3 and Year 4 requirements on the regional campus.
- Expand adjunct professorships both of UTMB faculty in Austin and UT Austin faculty in Galveston.
- Identify specific research areas of strength and collaboration between UT Austin and UTMB scientists, including biodefense and emerging infectious diseases, developmental biology, childhood development, biomedical engineering, imaging, and drug development.
- Expand joint research seminars and workshops between partnering institutions in both Austin and Galveston.
- Develop closer interactions between the institutional officials responsible for research between the Central Texas partners.
- Utilize the East Texas Area Health Education Centers to expand community outreach in Austin, Travis and surrounding counties for health workforce development, community health systems support, and community health literacy.
- Work with UT System to develop research and academic infrastructure necessary to support these initiatives.

### Resources:

Resources from the Seton Healthcare Network, CTI, UTMB, and UT Austin will be required to develop the framework.

### Progress Measures:

Progress measures will include an increase in the number of student and resident opportunities in Austin, an increase in the number of joint research grants, the amount of philanthropic support to fund collaborative opportunities, and the number of joint seminars, visits, and workshops.

### Progress:

- Successful management of Austin Women's Hospital.
- An increase of 50-60 Year 4 medical student rotations in Austin.
- Joint sponsorship has been approved for an M.D./Ph.D. combined degree in Cell and Molecular Biology.
- Assumed sponsorship of the Seton/AMEP GME program in Obstetrics and Gynecology.

### Major Obstacles:

The development of consensus among the multiple constituencies. The development and funding for new academic programs and subspecialties and the associated facility requirements.

**Priority #4 Apply information technology to develop innovative programs that improve access to quality healthcare services, improve patient safety, expand educational programs, and support the global research enterprise.**

Objectives:

The university will provide a flexible network infrastructure that enables enterprise access to our IT applications. Electronic tools will facilitate communication, information sharing, and information management. State-of-the-art integrated information systems will improve the efficiency and effectiveness of our healthcare delivery, education programs, and administrative processes. Provide improved IT connectivity, software, and hardware for bio-computing research scientists.

Strategies:

- Improve the delivery of patient care through the implementation of the Epic Electronic Medical Record System.
- Provide access to high-speed networking across the state and nation to facilitate communication among UTMB researchers and with researchers outside UTMB, and enhance our distance education programs. Participate in the National Lambda Rail (NLR) network and regional LEARN network that will provide very-high-speed networking capabilities to UTMB. Work with the Texas Advanced Computing Center to create a supercomputing environment for drug development and imaging.
- Provide state-of-the-art integrated administrative information systems to improve decision-making, efficiency, and cost effectiveness of our business processes.
- Identify and increase specific clinical telemedicine services (new modes of home health services, monitoring heart patients, and gerontology services) with direct influence on revenue streams to enable growth in the program and enhance UTMB's competitive stance in this field. Privatize specific aspects of telemedicine, such as the creation of a virtual corporation that would facilitate risk-bearing contracts and the attraction of venture capital. Expand the capabilities of the UTMB Electronic Health Network to increase the number of rural partners in the service population and create at least one new project with a rural partner. Produce evidence-based data to encourage policy makers and insurers to reimburse telehealth consults. Improve seamless integration of telemedicine with present clinical services.

Resources:

State funds will continue to be the primary resource for ensuring our information technology platform supports our institutional goals. Grants, contracts, and endowments will be the primary resources for establishing new programs in telemedicine.

Progress Measures:

Progress will be measured by successful completion of the Information Resources Strategic Plan.

Progress:

- Continued implementation of the Epic Electronic Medical Record System.
- Worked with commercial computer partner to provide to UTMB a high-end computer cluster and software to implement GRID supercomputing for both drug development and image processing for telehealth.
- Launched an online course targeted for professionals, *Telehealth 101: Basic Principles of Telehealth*, which won the national 2004 USDLA Award for Excellence in Distance Education Programming.
- Maintained leadership position as the largest operational telemedicine system worldwide. Increased number of telemedicine consultations by 30 percent, including increase of non-correctional managed care consultations to 25 percent total of all telemedicine activity. UTMB conducts an average of over 4,500 telemedicine consultations every month.
- Re-organized UTMB's public, private, and correctional telehealth and telemedicine programs under a single UTMB leader of the UTMB Electronic Health Network.

- Received federal funding for implementation of the Electronic Health Network regional telehealth centers in Tyler, Galveston, and Cameron counties

Major Obstacles:

The foremost obstacle is securing adequate funding for acquiring new technologies and continued innovation. Lack of access to computer scientists and engineers in Galveston. With respect to telemedicine, cross-state licensure issues, although not a factor in the federal setting, present an obstacle for interstate operations, and Medicare and Medicaid reimbursement difficulties and the additional fact-finding required to determine eligibility for those seeking treatment via telemedicine are obstacles to overcome.

**Priority #5 Create the conditions, structures, models, technology, and systems to ensure the university has a trained and educated workforce to meet both current and future workforce needs.**

Objectives:

The healthcare enterprise which includes healthcare professionals, nontraditional healthcare roles (i.e., accounting, information technology, and laboratory technicians), researchers, and the community is critical to the delivery of quality care, healthcare education, and research. The university must have strategies, processes, and resources in place to support the ever-evolving role of the academic medical center and its tripartite missions.

Strategies:

- Convene a task force to review and analyze the external and internal conditions, current and future trends, labor supply patterns, work place changes, and economic and quality of life issues; develop a critical needs assessment; and identify developmental needs.
- Develop a strategic plan that addresses the institutional workforce requirements for the 2010 period. The strategic plan will include a critical review of healthcare labor shortages both current and anticipated over the next five years, and the development of requirements for the future workforce.
- Expand current workforce development programs and initiate new programs to provide education and training support to help individuals identify and build productive careers.

Resources:

Internal resources will be used to support the planning process.

Progress Measures:

The task force will be convened and a plan developed in 2005.

Major Obstacles:

Funding for increased training and development activities.

**Long Term Priorities (2 – 4 years)**

**Priority #1 Successfully complete the five-year comprehensive campaign in order to support areas of excellence at UTMB that are critical to achieving institutional priorities.**

Objectives:

UTMB has embarked on its *Timeless Values, Pioneering Solutions* comprehensive campaign, an effort aimed at securing \$250 million in philanthropic support, including contributions received from The Sealy & Smith Foundation, between September 1, 2003, and December 31, 2008. The campaign will build upon UTMB's unique and complementary strengths in four broad-based areas that are critical to the health of the state and the nation: infectious disease, biodefense, and vaccine development; telehealth

and improving access to care; longevity, chronic diseases, and neurological recovery; and teaching the art and science of healthcare. Campaign priorities will benefit programs of excellence in all four UTMB schools, as well as university-wide research and clinical care programs.

#### Strategies:

- Continue to increase involvement of alumni and friends in championing UTMB and its mission. Regional committees headed by volunteer leadership have been established, and regional plans are being developed for Galveston, Houston, Austin, Dallas/Fort Worth, San Antonio, and West Texas. Over the next two years, identify additional opportunities for support throughout Texas and beyond. This will include the Golden Triangle, Deep East Texas, the Rio Grande Valley, and national areas. These committees are composed of community leaders and alumni from each region.
- Internally, continue to improve the constituent database, stewardship, reporting, and recognition functions related to events and alumni relations, grateful patients, and development activities.
- Continue to identify and solicit significant prospective contributors, especially those at \$1 million and above capacity.
- Implement and activate the Grateful Patients Program, which will include a Faculty Steering Committee, training sessions, and patient communications program.
- Continue to enlist support from volunteer leaders by building regional committees.
- Expand regional activities beyond Houston, Galveston, and Austin to include Dallas, Fort Worth, and San Antonio markets. Hold a minimum of two committee meetings for each region.
- Implement reunion giving programs for 50 (1955), 40 (1965), and 25 (1980) class years to include volunteer development, reunion contributions, training, and activities.

#### Resources:

Volunteer resources will be essential to meet the objectives. To date, the number of members on the UTMB Development Board has been increased, and the current board is among the most active and engaged in the University's history. In addition, UTMB has established volunteer relationships through multiple regional activities. This includes nearly 100 Development Board members and the recruitment of more than 60 UTMB campaign volunteers, including 35 UTMB leaders, faculty, and staff who are actively involved with the Campaign Steering Committee and Faculty/Staff Campaign Committee.

#### Progress Measures:

Progress will be measured by achieving annual commitment goals.

#### Progress:

- Reached \$76 million in commitments, exceeding the goal of \$50 million for the initial phase.
- Launched the Family Campaign and the Grateful Patients Program.
- Heightened media visibility, resulting in a 120 percent increase in state and regional media impressions.

#### Major Obstacles:

Not unique to UTMB, obstacles to the success of our campaign have been identified as competition for philanthropy, the national and local economies, and the recruitment and retention of qualified major gift officers. We are competing for gifts with other campaigns under way or planned in Texas, and even closer to home, in the major medical complex located in Houston. As already experienced, a downturn in the economy or the stock market will have a significant impact on our ability to secure leadership and major gifts.

## **Priority #2 Implement the capital improvement plan to improve our clinical facilities and support our expanding research opportunities.**

### Objectives:

Implement the capital facilities plan in accordance with the UT System Capital Improvement Plan (CIP), ensuring that all projects are completed within the approved budget and schedule. Ensure that all projects are linked to institutional goals and that the facilities needs of the educational, clinical care, and research missions of the university are met.

### Strategies:

- Identify future needs with key stakeholders, including the deliverables and associated timeframes.
- Identify and secure appropriate capital funding for the projects. The capital facilities plan for the period will be funded by appropriate dollars (e.g., grants, gifts, and bonds).
- Contract with industry experts to analyze the scope of projects and ensure that our options are based on objective distinction between desires and true needs.
- Maintain continued support from the Office of Facility Planning and Construction (OFPC) for project management, design, and construction management consultation, as well as facility commissioning.
- Maintain UT System assistance in grant solicitation (federal and private funding) for new projects and infrastructure renewal.
- Complete the conceptual design and the financing plan for the Jennie Sealy Hospital replacement project and incorporate the project into the CIP.
- Maintain the project schedule and budget for the Galveston National Lab.
- Maintain the project schedule and budget for the Research Expansion Project to meet the needs of the School of Medicine research initiatives in the neurosciences and chemistry cores.

### Resources:

The resource requirements for this initiative are outlined in the CIP for UTMB, as amended by the UT System Board of Regents at their August 2003 meeting. Over the next four years, funding for the projects in the amount of \$360.9 million will be financed using the Permanent University Fund, bond funds, philanthropy, and income from operations. These resource requirements will be revisited from time to time to ensure that funding sources as outlined in the CIP are on track.

### Progress Measures:

Progress will be measured by completion of the projects on the CIP.

### Progress:

- Submitted application for tuition revenue bonds to be used in financing the Galveston National Lab.
- Completed needs assessments and five-year projections for the critical care areas of the hospital, animal resource group, and Department of Pathology.
- Major milestones of the Galveston National Lab project have been met and the project is on schedule. The Environmental Impact Statement is near completion.
- The Robert Schope BSL4 Laboratory was completed and successfully operationalized.
- The University Plaza project is on schedule.
- The research expansion project is proceeding with staged completion to meet the needs of the School of Medicine research initiatives in the neurosciences and chemistry cores.

### Major Obstacles:

Potential obstacles to success in meeting these objectives include maintaining an adequate skill mix of personnel for project management and delivery of services on campus; resisting internal pressure from other institutional priorities to redirect funding to other priorities; and meeting the challenges of compliance with continually evolving codes and standards (e.g., new codes, mandated code changes, and regulations).

**Priority #3 Enhance our environment and programs to improve the recruitment, retention, and development of a diverse workforce of faculty, staff, and administrators and thereby create a workforce that reflects the diversity of Texas.**

Objectives:

In keeping with its core value of diversity and its strongly held belief that a diverse healthcare workforce is key to healthcare quality, UTMB will increase the proportion of faculty, staff, and administrators who are members of underrepresented ethnic groups.

Strategies:

- Expand and enhance recruitment programs to more effectively search nationwide for candidates who are members of underrepresented ethnic groups.
- Enhance retention programs to retain members of underrepresented ethnic groups.
- Provide a supportive environment for underrepresented groups that recognizes and values their cultures and that addresses their career development needs:
  - Increase awareness of the value of cultural and language differences in an ever-changing population.
  - Require continuing education courses that educate employees about cultural and language differences.
  - Expand Spanish language training for faculty and other employees.
  - Establish programs that pair underrepresented minority faculty and/or administrative and professional staff with individuals who can provide career development mentoring.
  - Provide protected time to minority faculty to support their career development.
- Establish institutional policies to support this priority.
- Establish an institutional service with appropriate expertise to help faculty recruits with housing and relocation assistance and assist their spouses find employment.
- Align resources, incentives, rewards, and expectations with institutional priorities.
- Increase employee satisfaction as measured by the You Count employee survey.

Resources:

Funding will come from the reallocation of existing funds.

Progress Measures:

Progress will be measured by an increased proportion of individuals from underrepresented ethnic groups in faculty and administrative positions; increased retention of employees from underrepresented ethnic groups in faculty and administrative positions; demonstrated career advancement among members of underrepresented ethnic groups in faculty, staff, and administrative positions; and improved employee and faculty satisfaction.

Progress:

- UTMB has increased the number of faculty from underrepresented ethnic groups to 283 in 2004
- The University Diversity Council was formed to support the efforts of the existing core committees (Advancement of Women, Support of Underrepresented Ethnic Groups).
- Four-year implementation plan for supporting the university's diversity goals has been developed and is being implemented.
- Revised search committee guidelines to improve membership and process in search committee activities.
- New diversity training courses targeted at management staff have been implemented.

Major Obstacles:

Nationally, the pool of minority applicants with appropriate graduate degrees is small, and UTMB has experienced strong competition from other institutions that are recruiting from the same limited applicant pool.

**Priority #4 Advance the institutional educational environment by implementing best practices and creating structures and programs for faculty and students to enhance teaching and learning.**

Objectives:

UTMB will focus resources on improving the practices and skills of the teaching faculty and the learning environment of students. We will increase the number of innovative educational programs that promote multi-disciplinary and team-based healthcare delivery. We will also increase the extent to which students are satisfied that the educational program has equipped them to perform effectively in a multi-disciplinary team environment when they enter professional practice.

Strategies:

- Strengthen current and increase the number of innovative multi-disciplinary education programs in concert with developing the healthcare team of the future that works together seamlessly to address the needs of patients and their families.
- Focus program development on student-based needs, organizing educational activities to support their roles in multi-disciplinary teams.
- Enhance and expand sharing of educational resources and faculty, emphasizing more collaboration among schools. Opportunities include encouraging more faculty to teach courses in other schools, establishing more joint courses across schools, and conducting more cross-disciplinary forums.
- Develop approaches to foster and evaluate teaching excellence. Recognition programs will support this endeavor by honoring models of teaching excellence, thereby raising awareness of successful and innovative approaches.
- Continue to develop the multi-disciplinary education philosophy and model and integrate cultural competency concepts into a model that emphasizes professionalism and ethical, evidenced-based practice.

Resources:

Current institutional resources are in place to support these activities.

Progress Measures:

Success will be attained when a shared definition of the role(s) of a multi-disciplinary team is developed, innovative approaches for fostering and evaluating teaching excellence are developed, and teaching award programs are implemented. Ongoing performance measures will include the number of multi-disciplinary educational activities, the level of collaboration among schools and school faculties, and student satisfaction measures regarding their understanding of and ability to apply the future roles of multi-disciplinary teams in the healthcare environment.

Progress:

- Task force formed to plan and conduct the first ever teaching excellence retreat for faculty from all four schools in fall 2005.
- Task force formed to develop five-year Strategic Plan for Teaching and Learning Resources.
- Joint teaching of gross anatomy courses for SOM and SAHS students, and Spanish and technology-based courses for SAHS and SON students.
- Enhanced the process for evaluation of teaching using peer evaluators (SAHS and Office of Educational Development).
- Started pilot program to encourage faculty to use a web-based teaching portfolio system (SAHS).
- Shared SON Simulation Center resources with SOM students.
- Planning for the design and development of Texas' first ever joint curriculum to educate non-physician primary care providers using distance education technology (School of Nursing, School of Allied Health Science, Stephen F. Austin Nursing Program).
- Collaboration in the development of core competencies for nurse practitioner and physician assistant students to facilitate joint learning opportunities.

Major Obstacles:

Differences in educational approach exist among the schools due to the different types of students, variation in course schedules, and the structure of school curricula. There are also concerns that centralized educational activities will erode the discipline-specific areas. An institutional culture with a tradition of disciplinary focus must be transformed to foster collaborative approaches to teaching and faculty development.

**III. Future Initiatives of High Strategic Importance**

**Priority #1 Achieve a more balanced revenue portfolio by diversifying funding at UTMB in order to remain financially healthy despite changes in state and federal budgets.**

Objectives:

UTMB's funding for fiscal year 2004 comes from five main sources: patient care, state appropriations, research grants, gifts/donations/philanthropy and other sources, and tuition and fees. UTMB's objective is to reduce the dependence on state appropriations as a percentage of total revenue and achieve a more balanced revenue portfolio with a target of 16 percent general revenue, 45 percent patient care, 20 percent research, and 19 percent other revenue sources. (See Table 1)

Table 1. Current and Projected Revenue Sources

FY 04			FY 14		
Percent of Revenue	Source	\$ in Millions	Percent of Revenue	Source	\$ in Millions
23%	State	289	16%	State	320
58%	Patient Care	724	45%	Patient Care	900
12%	Research	149.2	20%	Research	400
1%	Tuition	8.8	1%	Tuition	20
6%	Other	80.9	18%	Other	360
100%	TOTAL	1,251.9	100%	TOTAL	2,000

Note: "Other" includes dollars from philanthropy, patents, royalties, commercialization, PUF, and funding for capital expenditures.

Strategies:

- State Funding: UTMB will continue to maximize state funding opportunities and will put in place strategies to protect against sudden and substantial changes to state budget allocations/revenues. UTMB will clearly articulate and explain our special missions (e.g., addressing the health needs of the medically underserved) and explore developing UTMB as a multi-county hospital district serving Galveston, Harris, Brazoria, Chambers, and Jefferson counties.
- Patient Care: UTMB serves a large population of indigent and low-income, un- or underinsured patients. Although the amount of coverage provided by Medicare and Medicaid has been declining for the past several years, it is critical that we continue to be diligent in our efforts to maximize these reimbursements in order to continue treating the low-income and elderly patients whose care is largely dependent on these payors. UTMB will enlist UT System support for legislative initiatives such as the Indigent Care Fund. In addition, cost increases and inflation must be negotiated in contracts with all insurance payors. The contract for providing medical care to the inmates of the Texas Department of Criminal Justice System (TDCJ) needs to be renegotiated to be consistent with the actual cost of this care. UTMB will focus efforts in areas of clinical excellence, such as gastrointestinal disorders, geriatric services, neurologic recovery, diabetes, and asthma. With this

strategy the university plans to increase the proportion of patients with commercial insurance from 15 percent to 20 percent.

- **Research:** The FY 04 percent of UTMB's funding from research grants will be increased, as we focus on our research strengths such as infectious diseases, structural biology, and multi-institutional clinical trials. The Biosafety Level Four (BSL4) Laboratory and the Galveston National Lab will help attract research funds. UTMB will also focus on fostering multi-disciplinary approaches to research and developing industry collaborations (e.g., Center for Research Translation). Collaborative programs with the Central Texas VA and UT Austin will continue to further our research ties with these entities.
- **Tuition:** UTMB's objective is for all of its schools to be in the lowest quartile in tuition and fees among comparable institutions in the United States.
- **Other:** Greater effort will be put into commercializing intellectual property. To facilitate this, we created a Center for Technology Management that will give our efforts in this area more visibility and emphasis. We have several technologies we believe can be commercialized to generate revenue, including our digital medicine systems (telemedicine/electronic medical record/care management) and distance education modules. We will also increase our efforts to generate additional revenues through development initiatives such as the *Timeless Values, Pioneering Solutions* comprehensive fund-raising campaign, which will broaden our philanthropic base.

Resources:

See Table 1. This initiative is interdependent with other institutional priorities.

Progress Measures:

Progress will be measured by tracking the funds received from the state and from patient care, research, philanthropy, and other sources; quantifying the commercialization of our intellectual property and distance education programs; and determining how our tuition rates compare nationally.

**Priority #2 Maintain our position of social responsibility by having in each of our schools a curriculum that educates teams of healthcare professionals who are uniquely prepared to practice healthcare in the future.**

Objectives:

The university will develop a standard set of core competencies in the curriculum of each school that addresses the needs of healthcare professionals who will enter practice by the 2010 period.

Strategies:

- The faculty will develop a philosophy of healthcare education that ensures the curriculum in each school addresses the ideals of humanism and compassion.
- UTMB will develop programs similar to the School of Medicine's Oslerian Scholars program in the School of Allied Health Sciences and the School of Nursing.
- Programs similar to the School of Medicine's problem-based learning model, which integrates hands-on patient care experience, small-group discussion, and traditional classroom instruction to better prepare students for how medicine is practiced, will be evaluated for adoption in the other schools.
- Plan for the development of a Teaching Academy to advance the education mission by raising the standards and improving the practices of teaching faculty across schools, across learners, and across all types of educational activities.
- Study the possibility of expanding the role of the Office of Educational Development to a university-wide level.
- Design a pilot interdisciplinary learning experience for implementation in 2006.
- Prepare for the ethical implications of new healthcare and education delivery systems.

Resources:

UTMB will need additional philanthropy to increase the number of Oslerian Scholars and for adopting similar programs in the other schools, establishing problem-based learning models to the other schools, and learning technologies.

Progress Measures:

A framework for curricula will be developed to support the needs of healthcare practitioners in the 2010 period. Problem-based learning models will be applied to instruction in the other schools. A teaching academy will be implemented.

**Priority #3 Become a recognized leader in shaping health policy in the area of addressing the health needs of medically underserved populations.**

Disadvantaged populations, including children, the elderly, special needs patients, the indigent, and the working uninsured, face unique health problems and difficulty accessing healthcare and treatment protocols. UTMB is committed to eliminating these health disparities.

Objectives:

UTMB plans to establish a Health Policy Institute to perform research related to eliminating health disparities. UTMB serves a diverse population and is therefore uniquely positioned to inform decision makers about the issues surrounding healthcare delivery to disadvantaged populations. The Health Policy Institute will provide opportunities for students and faculty to conduct research to understand the nature and extent of health disparities, investigate the impact of such disparities on the healthcare system, and educate various public constituents about the issues regarding health disparities.

The Health Policy Institute, in collaboration with other UTMB departments and schools, will provide research opportunities to selected scholars in topics such as the effect of insurance on long-term healthcare outcomes, the needs of the working uninsured, and the effects of healthcare policy on the health of disadvantaged populations and the healthcare delivery system.

Strategies:

- Provide funding to support research at UTMB and at other institutions and organizations to study health disparities in underrepresented/disadvantaged populations.
- Establish collaborations with the UT Austin LBJ School of Public Affairs and the James A. Baker III Institute for Public Policy at Rice University, which are both engaged in public policy research.
- Present briefing papers, presentations, and symposia and host conferences to help decision makers understand issues related to health disparities. Continue the Health Disparities Lecture series.
- Attract federal, state, and philanthropic support to promote research related to healthcare policy and its effect on underrepresented/disadvantaged populations.
- Consider the emerging concept of population health that aims to improve the health of the entire population and reduce health inequities among the population groups.

Resources:

UTMB has established a Program for Eliminating Health Disparities and is engaged in establishing collaboration with the UT Austin LBJ School of Public Affairs and other institutions. UTMB is a member of the Consortium in Health Disparities established by the Center for Research and Minority Health at UT M. D. Anderson Cancer Center. Funding is being sought from several philanthropic sources to support research in health policy issues related to disparities.

Progress Measures:

The success of the Health Policy Institute will be measured by the accomplishment of the following: establishment of funding source(s) of a minimum of \$250,000 by 2007 to support health policy research; development of at least two focused research studies related to health disparities of particular interest to

UTMB by 2008; and formalization of a partnership with one institution and establishment of a collaborative research project on a topic related to health disparities by 2008.

#### **IV. Other Critical Issues Related to Institutional Priorities**

The priorities and initiatives presented in the previous sections will have a significant impact on our students, faculty, staff, patients, and the multiple communities we serve. They are aligned with our values, mission, vision, and goals and specifically address diversity, community, stewardship, and facilities issues. Most importantly, their success and the foundation they form will ensure UTMB's ability to improve the health of society for generations to come.

Increasing student access and success is another UTMB initiative. In addition to emphasizing the institution's Strategic Enrollment Management Plan, the Academic Executive Council, composed of the deans of the four schools, established the Student Affairs Council (SAC), which consists of associate deans for admissions and student affairs from the four schools and the associate vice president for student services. The SAC works collaboratively to increase the efficiency and effectiveness of the student affairs functions and processes across the four schools. We recognize that students are consumers who make their educational choice based on cost, value, financial support, student support services, flexibility of program requirements, course delivery, and name recognition. In response we have made improvements in our recruitment processes, student information systems, admissions processes, curriculum design, student life, student wellness, counseling, and other areas of student affairs.

Because a culturally diverse workforce can better address the healthcare needs of a culturally diverse patient population, we recognize our responsibility to educate scientists, physicians, nurses, and allied health professionals who mirror the population they serve. In response, the university has designed and implemented plans for recruiting members from disadvantaged groups as students, faculty, and staff and for encouraging members of these groups to enter the healthcare professions. Specifically, UTMB has plans in place to enhance pre-college awareness programs, enhance and develop undergraduate awareness programs, enhance admissions processes, increase funding for scholarship programs, enhance academic support systems, and refine evaluation processes for recruitment and retention.

Each of the following is a national, state, or local trend that could significantly affect UTMB's key priorities:

*General fiscal constraint brought on by escalating healthcare costs, the impact of providing care to the unsponsored, the increasing cost of technology and decreased reimbursement for clinical services:* The United States spends a larger share of its gross domestic product (GDP) on healthcare than any other major industrialized country. Expenditures for healthcare represent nearly one-seventh of the nation's GDP, and they continue to be one of the fastest growing components of the federal budget. In 1960, for example, healthcare expenditures accounted for about 5 percent of the GDP; by 2000, that figure had grown to more than 13 percent. Although the rate of growth in healthcare costs slowed somewhat in the mid 1990s, it has once again started to rise at a rate that exceeds other sectors of the economy.

Decreased reimbursement for clinical services will remain a critical issue for UTMB. A U.S. Census Bureau report released in September 2003 showed that the uninsured population grew by 2.4 million in 2002, increasing the total number of uninsured Americans to 43.6 million. As states continue to deal with fiscal challenges, teaching hospitals around the country have responded with a wide range of cost-containment strategies. The elimination of programs, service lines, and employee positions is a well-known and nationwide response. Cuts in Medicaid will further constrain our ability to provide healthcare to people in payer groups who are unable to reimburse our costs for providing the care.

The introduction and use of expensive medical technologies by all age groups is another cost driver. Additionally, the ability to recover costs after the implementation of new technologies is uncertain. The newly gained ability to shift many surgical procedures to the ambulatory delivery system has had an adverse financial effect on hospitals. A combination of lower surgical admissions, which represents the loss of higher reimbursement potential for these cases, and higher admissions among the aging population and its low-reimbursement patterns, will present additional financial strain on providers.

*Sustainability of the Correctional Managed Care program:* Funding for the Correctional Managed Care program must be increased to cover the cost of providing healthcare services to the incarcerated population in order for UTMB to continue providing service at the current level.

*Workforce shortage:* The nationwide nursing shortage is the result of many factors, including declining enrollments and graduations from nursing schools, an aging workforce opting for retirement, and an older and sicker patient population that requires more nurses. Although nursing admissions increased in fall 2004, there is a likely shortage of physicians and non-healthcare professionals (information technologists, laboratory technicians, etc.) on the horizon for similar reasons. Potential students are reluctant to invest significant time and money in a profession that is no longer perceived as offering top salary potential at a time when an aging population will place increasing demands on the healthcare system for years to come.

*Clinical capacity limitations and the increased demand for services from the aging population:* The aging of the population represents another significant contributor to the increased demand for clinical services and resulting need for proper facilities in which to provide care for the population. As UTMB's patient population continues to age and expand, the demand for primary care continues to focus on convenience, including geographic proximity, ease of access, and patient-centered care. The definition of what constitutes "primary care" has also expanded to include management of chronic diseases such as diabetes, common gastrointestinal and respiratory diseases, and high blood pressure. All of these increasing and expanding demands will tax clinical capacity.

*The rising cost of higher education:* Since the late 1990s, the cost of higher education has been rising faster than the rate of inflation due to the need to modernize facilities, keep up with advances in technology, compete to recruit and retain high-quality faculty, and diminished state funding. As the cost of providing high-quality advanced education has increased, increases in tuition and fees, intended as an offset, have become a national concern. By most estimates, at the current rate of increase, the cost of a typical four-year public college education will be nearly \$100,000 in the year 2010. The impact on academic medical centers will be higher, presenting a challenge to UTMB's goal of keeping tuition and fees in the lowest quartile among comparable institutions in the United States.

*Facility renewal:* The size and age of UTMB facilities ensures that facility renewal will remain a critical issue relative to achieving institutional priorities. Without adequate funding, the value of all fixed assets used for instruction and research will decline significantly during the 2006–2007 planning period. In addition to improving its margins, UTMB will seek Permanent University Fund and special-item funding for these needs. The University will also explore the use of investor financing and other special financing programs in meeting our preservation and renewal needs. Tuition revenue bonds will be applied for to fund the Galveston National Lab.

*Globalization of health:* Globalization is understood as the economic interdependence among nations. Health, as a component of this worldwide trend, will continue to present evolving challenges and opportunities across UTMB mission areas. In just two decades, the epidemic of human immunodeficiency virus (HIV) infection and AIDS has progressed from being a medical curiosity to its current status as a global killer, changing the structure of families, hindering economic development, and even threatening domestic security of many countries in the developing world. The ease, speed, and volume of

international travel combine to create an era of “diseases without borders.” Maintaining a global view toward health and the associated implications will remain an issue now and in the future.

*Consumerism:* The rising cost of healthcare, at a time of increasingly constrained resources both in the public and private sectors will only accelerate the demand for proof that consumers are getting real value for the healthcare dollars they spend. As healthcare consumerism becomes more prevalent, it will be defined by a demand for a broader range of services across the spectrum of care. Increasingly, patients will travel farther for better quality care that they choose for themselves. Healthcare consumers will increasingly demand better cost control, quality, innovation, and shared decision making between the provider and the patient.

The survival of academic health centers during the next five years depends on the economics of distinguishing between size and importance. The size of an organization, program, or project does not determine customer value or impact. Rather, customer value and impact are determined by the importance of the activity or innovation in positively transforming the health status of the population at large. The ability to correctly determine the important discoveries, innovations, technologies, and partnerships that will best improve human health will be the distinguishing factor for successful academic health centers.

## **V. System and State Priorities**

UTMB's major on-going priorities and initiatives, and future initiatives outlined in this Compact demonstrate our alignment with the UT System and Texas' mission, philosophy, and goals regarding student access and success, development of collaborations among UT System institutions, increasing external research funding, benchmarking excellence in academic and healthcare education, and promoting development and alumni relations.

## **VI. Compact Development Process**

UTMB implemented a strategic planning process in 1982 in accordance with rules established by the UT System Board of Regents. Strategic plans have been reviewed and updated on a continuing basis and have documented the university's direction for the future. UTMB has continued to refine its planning process, increasing participation among faculty and students and improving data collection, analysis, communication, goal setting, budgeting, and performance monitoring. Most notably, in 1999 UTMB initiated a broad-based scenario planning process to further enhance strategic planning. The scenario planning process creates plausible views of the future environment the institution may find itself having to face and the supporting strategies for improving institutional flexibility and decision-making in addressing the uncertainties of the future. The institutions planning processes are open and include broad based participation of administrators, faculty, staff, students, standing committees, and community representatives.

The development of the Compact did not constitute a separate institutional planning process. Existing institutional strategies; entity strategic plans for research, the clinical enterprise, and the schools; and priorities from the institution's comprehensive fund-raising campaign were considered in the selection of the major priorities. The Compact includes a subset of the institution's priorities that have been developed and vetted through ongoing institutional planning processes. The Compact process was led by the President's Council, a multi-disciplinary group consisting of UTMB's top-level administrators. The council, which assembles weekly and communicates regularly as it maps out a course for the university's future, conducted a survey of the administrative leadership, reviewed the status of existing institutional strategies, and identified the major priorities that would be included in the Compact. Compact content teams were established, each with a liaison from the President's Council, to draft the priorities in the

prescribed format. These teams collaborated with administrators, faculty, and staff to develop the drafts. Presentations were made to institutional constituents including leadership groups, faculty groups, the Faculty Senate, students, and staff as part of the institutional consultation process. A Compact website was created to communicate the draft Compact to the institution and to solicit feedback. Feedback provided during this consultation process was incorporated in the Compact. The draft was reviewed and approved by the President's Council and the President. When finalized, the Compact will be included on the UTMB website.

## **VII. System Contributions**

- Support for fund-raising efforts (External Relations).
- Support on legislative issues and appropriations, including TRBs, uninsured healthcare, and correctional care (Governmental Relations).
- Educational collaborations and health policy initiatives (Health Affairs).

## VIII. Appendices

### Budget Summary

**The University of Texas Medical Branch at Galveston  
Operating Budget  
Fiscal Year Ending August 31, 2005**

	FY 2004 Adjusted Budget	FY 2005 Operating Budget	Budget Increases (Decreases) From 2004 to 2005	
			Amount	Percent
<b>Operating Revenues:</b>				
Tuition and Fees	\$ 7,766,865	8,758,148	991,283	12.8%
Federal Sponsored Programs	99,585,883	106,237,560	6,651,677	6.7%
State Sponsored Programs	19,714,825	20,642,361	927,536	4.7%
Local and Private Sponsored Programs	47,912,799	44,333,883	(3,578,916)	-7.5%
Net Sales and Services of Educational Activities	1,100,000	1,100,000	-	0.0%
Net Sales and Services of Hospital and Clinics	608,714,105	655,680,811	46,966,706	7.7%
Net Professional Fees	98,526,387	103,066,574	4,540,187	4.6%
Net Auxiliary Enterprises	7,012,113	7,022,013	9,900	0.1%
Other Operating Revenues	13,973,364	12,833,627	(1,139,737)	-8.2%
<b>Total Operating Revenues</b>	<b>904,306,341</b>	<b>959,674,977</b>	<b>55,368,636</b>	<b>6.1%</b>
<b>Operating Expenses:</b>				
Instruction	216,661,707	217,004,188	342,481	0.2%
Academic Support	14,477,759	7,308,682	(7,169,077)	-49.5%
Research	99,028,861	100,753,127	1,724,266	1.7%
Public Service	4,722,106	7,541,836	2,819,730	59.7%
Hospitals and Clinics	719,448,463	777,183,702	57,735,239	8.0%
Institutional Support	88,621,151	81,888,388	(6,732,763)	-7.6%
Student Services	2,551,914	2,994,268	442,354	17.3%
Operations and Maintenance of Plant	47,639,614	46,331,170	(1,308,444)	-2.7%
Scholarships and Fellowships	2,345,636	2,233,704	(111,932)	-4.8%
Auxiliary Enterprises	6,529,315	6,288,041	(241,274)	-3.7%
<b>Total Operating Expenses</b>	<b>1,202,026,526</b>	<b>1,249,527,106</b>	<b>47,500,580</b>	<b>4.0%</b>
<b>Operating Surplus/Deficit</b>	<b>(297,720,185)</b>	<b>(289,852,129)</b>	<b>7,868,056</b>	<b>-2.6%</b>
<b>Nonoperating Revenues (Expenses):</b>				
State Appropriations & HEAF	279,755,435	274,076,044	(5,679,391)	-2.0%
Gifts in Support of Operations	5,594,174	5,092,974	(501,200)	-9.0%
Net Investment Income	20,795,758	21,697,038	901,280	4.3%
Other Non-Operating Revenue	-	-	-	-
Other Non-Operating (Expenses)	-	-	-	-
<b>Net Non-Operating Revenue/(Expenses)</b>	<b>306,145,367</b>	<b>300,866,056</b>	<b>(5,279,311)</b>	<b>-1.7%</b>
<b>Transfers and Other:</b>				
AUF Transfers Received	-	-	-	-
AUF Transfers (Made)	-	-	-	-
Transfers From (To) Unexpended Plant	-	-	-	-
Transfers for Debt Service	(8,853,885)	(11,414,736)	(2,560,851)	28.9%
Other Additions and Transfers	40,256,218	35,237,289	(5,018,929)	-12.5%
Other Deductions and Transfers	(40,256,218)	(35,237,289)	5,018,929	-12.5%
<b>Total Transfers and Other</b>	<b>(8,853,885)</b>	<b>(11,414,736)</b>	<b>(2,560,851)</b>	<b>28.9%</b>
<b>Surplus/(Deficit)</b>	<b>\$ (428,703)</b>	<b>(400,809)</b>	<b>27,894</b>	<b>-6.5%</b>
Total Revenues	\$ 1,210,451,708	1,260,541,033	50,089,325	4.1%
Total Expenses and Debt Service Transfers	(1,210,880,411)	(1,260,941,842)	(50,061,431)	4.1%
<b>Surplus (Deficit)</b>	<b>\$ (428,703)</b>	<b>(400,809)</b>	<b>27,894</b>	

## Statistical Profile

### UT Medical Branch

<i>fall</i>	2000	2001	2002	2003	2004
Undergraduate enrollment					
Allied Health*	268	165	136	134	111
Biomedical Sciences	20	27	38	47	38
Nursing*	423	430	450	417	432
Graduate/prof enrollment					
Allied Health	73	154	198	222	258
Biomedical Sciences	233	234	256	274	321
Medical School	810	823	813	820	824
Nursing	100	94	114	145	137
Total	1,927	1,927	2,005	2,059	2,121
*Includes post-baccalaureate students; decrease in Allied Health due to transition to Master's-level programs					

<i>academic year</i>	99-00	00-01	01-02	02-03	03-04
Undergraduate					
Baccalaureate awards: Allied Health	212	141	95	38	53
Baccalaureate awards: Nursing	156	171	201	163	187
Graduate/professional					
Allied Health	35	36	37	74	61
Biomedical Science	49	51	59	52	57
Medical	184	183	194	181	190
Nursing	31	46	21	37	34
Total graduate/professional	299	316	311	344	342

<i>academic year</i>				02-03	03-04
Accredited GME resident programs				52	54
Residents in GME accredited programs				543	551

<i>fiscal year</i>	2000	2001	2002	2003	2004
Federal research expenditures	\$61,356,467	\$63,274,494	\$78,100,188	\$93,039,583	\$102,490,775

<i>fall</i>	2000	2001	2002	2003	2004
All instructional staff	1,214	1,244	1,259	1,259	1,281
Classified employees	10,226	10,603	10,933	10,207	10,636
Administrative/professional employees	1,517	1,540	1,470	1,532	1,568
Student employees	196	245	336	343	359

<i>fiscal year</i>	2000	2001	2002	2003	2004
Hospital admissions	32,505	32,927	35,099	37,190	40,452
Hospital days	170,797	175,956	186,975	194,642	199,860
Clinic visits	754,538	760,765	819,560	843,405	845,210
Un-sponsored charity care (charges)	\$61,596,586	\$66,908,903	\$85,982,833	\$97,724,989	

<i>as of</i>	8/31/99				8/31/04
Endowment total value	\$302,115,000				\$352,268,000

## Institution-Specific Information

- Results of surveys of students, patients, and employees are included within “Report on Customer Service, Compact with Texans, and Customer-Related Performance Measures” (Report on Customer Serv Compact w Texans 2002.pdf)
- UTMB areas of excellence are enumerated within THECB report “Excellence Goal Institution Submissions: Areas of National Recognition & Excellence” (Updated Current & Targeted -- ALL UTMB.pdf)
- Descriptions and studies of the School of Medicine curricula are available in peer-reviewed journals, including (but not limited to):
  - Academic Medicine. 2002 Oct;77(10 Suppl):S54-7.
  - Academic Medicine. 2001 Oct;76(10 Suppl):S84-6.
  - Academic Medicine. 2000 Oct;75(10 Suppl):S84-6.
- Library peer comparisons for a variety of measures are available via <http://www.utmb.edu/ia/factbook.asp?which=lib>
- Additional institutional peer comparisons will be available in the soon-to-be-published UT System Accountability Report.
- Descriptions of UTMB’s schools’ various curricula:
  - School of Medicine: [http://meded.utmb.edu/Medical\\_School\\_Curriculum\\_TOC.htm](http://meded.utmb.edu/Medical_School_Curriculum_TOC.htm)
  - School of Allied Health Sciences: <http://www.sahs.utmb.edu/programs.asp>
  - School of Nursing: [http://www.son.utmb.edu/academic\\_programs/bulletin/SON\\_Bulletin\\_2003-2005.pdf](http://www.son.utmb.edu/academic_programs/bulletin/SON_Bulletin_2003-2005.pdf)
  - Graduate School of Biomedical Sciences: <http://www.gsbs.utmb.edu/programs/default.html>
- Information regarding the location of UTMB clinics is available in map format at:
  - [http://www.utmb.edu/ia/services.asp?which=atlas&map=cmc\\_clinics](http://www.utmb.edu/ia/services.asp?which=atlas&map=cmc_clinics) (UTMB Correctional Managed Care Clinics)
  - <http://www.utmb.edu/ia/services.asp?which=atlas&map=clinics> (UTMB Clinics)
- Additional information pertaining to the Texas Department of Criminal Justice Hospital (UTMB-TDCJ) is available via: <http://www.utmb.edu//tdcj/>
- Correctional Managed Care particulars are available via: <http://www.utmb.edu/cmc/>
- Carson RA, Hudson Jones A. School of medicine offerings in medical humanities and ethics. Academic Medicine (Appendices). Oct. 03; 78(1): 1006-1009.

## Links to Web Resources

- The UTMB Fact Book: <http://www.utmb.edu/ia/factbook.asp>
- UTMB “Facts & Figures:” <http://www.utmb.edu/ia/facts.asp>
- Descriptions of our gender and diversity initiatives are included in the UT System Annual Reports on Human Resources. The most recent edition of this report is available at: <http://www.utmb.edu/ia/services/HRReport.pdf>
- UTMB Strategic Plan 2001-2005: [http://www.utmb.edu/strategic/SASP\\_2001-2005\\_FINAL.pdf](http://www.utmb.edu/strategic/SASP_2001-2005_FINAL.pdf)
- UTMB 2003 Integrated Clinical Enterprise Strategic Plan: [http://www.utmb.edu/avplanning/subweb/strategic/Integrated\\_Clinical\\_Enterprise\\_Plan.pdf](http://www.utmb.edu/avplanning/subweb/strategic/Integrated_Clinical_Enterprise_Plan.pdf)