

**UT Southwestern Medical Center at Dallas
Compact for FY 10 – FY 11**

Mission: The mission of UT Southwestern Medical Center is to improve the health care in our community, Texas, our nation, and the world through innovation and education. We will educate the next generation of leaders in patient care, biomedical science, and disease prevention; conduct high-impact, internationally recognized biomedical research; and deliver patient care that brings UT Southwestern's scientific advances to the bedside -- focusing on quality, safety, and service.

Top 5 Priorities for FY 10 – FY 11:

1. Develop an academic health care system that is at the vanguard of quality, safety and innovation in patient care.
2. Build upon the vitality of our basic research through recruitment and advance the university's position as a leading biomedical research institution.
3. Ensure curricula in all of our schools that best prepare our students to be successful health-care professionals, investigators, and educators.
4. Develop robust programs in health care policy and health services research and develop programs focused on the health care issues of underserved.
5. Enhance diversity in our faculty and across the medical center and optimize the use of our resources, both financial and human capital.

I. Performance Summary Table and Analysis

Indicator	Past		Current	Goal	Explanation
	2003	2007			
Enrollment Growth (grad/prof)					
Health Professions	173	172	177	195	Closing the Gaps target
Biomedical Sciences	525	1,123	1,153	1145	Closing the Gaps target
Medical	867	909	923	910	Closing the Gaps target
All Sponsored Research Expenditures	\$277,956,511 (2003) \$341,110,600 (2007)		\$371,101,500 (2008)	\$393,998,623	Non-federal funding will decrease in FY 2009 and FY 2010.
Federal Sponsored Research Expenditures	\$177,133,099 (2003) \$191,686,904 (2007)		\$201,479,983 (2008)	\$223,998,623	Growth in FY 2009 NIH budget of 3% and estimated 1% growth in FY 2010 and 2011. VA research will increase by \$5 million/year through FY 2011. Estimate includes a projected increase due to ARPA.
Administrative Costs	5.76% (FY03) 4.53% (FY07)		3.92% (FY08)	<= 5%	LBB target maintain 5% or less
Patient Satisfaction in Hospitals	97.4% (2007)		St Paul 60% (2008) and ZLUH >95% (2008)	>95%	Maintain >95% patient satisfaction in ZLUH and improve satisfaction in UH St Paul
United States Medical Licensing Examination Licensure Passage Rate for Medical Students	99.7% (2003) 97.1% (2007)		98.02% (2008)	=> 95%	Maintain 95% or greater passage rate
Number of Clinical Residents Completing Residency to Become Board Eligible	375 (2006)		378 (2007)	400	Continue to successfully train Board eligible clinical residents
Referral Clinical Visits	414,196 (2003) 533,510 (2007)		568,737 (2008)	588,207	Successfully expand clinical practice

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II. Update Strategic Initiatives from the 2008 Compact

a. Completed Initiatives

	Impact (Metrics)	Analysis	Goal	Evaluation of initiative success
1. Completion of electronic medical record (EMR)	Improved electronic collection of patient data	Progress in implementation and training have been successful	Use of EMR in all ambulatory clinics	EMR has been successfully deployed to all ambulatory clinics
2. Enhancement of existing, and development of new, clinical product lines	Success of new product lines	Improve digestive disease expertise	Continue successful product lines	Completed expansion of expertise in metabolic syndrome; started new program in inflammatory bowel disease
3. Complete Phase 1 of Enterprise Resource Planning (ERP)	Improved institutional capabilities	Implementation in hospitals completed June 2009	Complete ERP implementation in 3 years	Successfully completed hospital implementation
4. Implement processes necessary to improve patient satisfaction Phase 1	Improved patient satisfaction	Completed centralized access for primary care for employees and new patients	Ease of patient contact and registration	Successfully implemented central phone and email access for employees and new patients
5. Explore a UT Southwestern Medical School presence in Austin	Improved residency programs	Evaluate feasibility for UT Southwestern to sponsor residency programs in Austin	Increase presence in Austin	Initial addition of residency programs and successfully meeting benchmarks

b. Ongoing Initiatives

	Impact (Metrics)	Analysis	Goal	Next Steps
1. Reassess planning for Phase 1 of University Hospital St. Paul master plan and future use of Sprague Bldg, Aston Bldg, and University Hospital - Zale	Review Programmed use of space for 195 bed tower	Finalized plan for reprogramming of space	Complete plan based on recommendations of committee	Philanthropic funds to fill-out funding
2. Implement the multi-faceted plans of the Clinical and Translational Sciences Award (CTSA) to enhance and increase clinical trials	Increase in clinical trials	Improve clinical trial capabilities	Increase infrastructure/ expertise in trials	Continue implementation of IT support for clinical research (e-Velos)
3. Implement processes necessary to improve patient satisfaction Phase 2	Improved patient satisfaction	Improve patient experience with centralized phone access and registration systems	Ease of patient contact and registration	Implement plans for recalibration of guest and patient services
4. Children's Medical Center Pediatric Research Institute on 2 floors North Campus Phase 5	Increase funding for pediatric research	Increased funding by \$10 M per year	Complete Institute and strengthen research	Continue detailed end user planning
5. Continue Phase Two of Enterprise Resource Planning (ERP)	Improve institutional capabilities	On schedule. Added student services	Complete ERP implementation in 3 years	Begin fit-gap analysis and design of Phase 2. Begin preliminary plans for Phase 3 for HR/payroll, and student component

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III. New Strategic Initiatives

Initiative, Rationale, & Strategy	Expected Impact (Metrics)	Goal	Specific Steps in 09-10, 10-11
Completion of strategic planning analysis for seven campus priorities.	Strategic Plan ready for implementation	Complete Strategic Plan aligned priorities	Campus planning committees meet; draft plan completed
Completion of financial analysis for new University Hospital and seek approval of Board of Regents.	New University Hospital analysis phase complete	Approval by Board of Regents	Financial analysis complete; review by System for submission to BOR
Assume oversight of Austin-based GME program in collaboration with Seton Healthcare Network.	Improved residency programs	Successfully meet benchmarks for success	Meet with Seton Health Care and evaluate GME programs; set benchmarks for success

IV. UT System Strategic Plan Initiatives

a. New Clinical Programs/Products

Cancer: Lung cancer, neuro-oncology, hematopoietic malignancies/BMT, and GI oncology targeted for substantial new development in FY2008-2010. 14 new faculty have been recruited in these areas to date.

Heart, Lung, and Vascular Disease: New programs in ablative electrophysiology and endovascular stenting initiated in FY2007. They have expanded and are expected to continue to grow due to physician outreach activities. Heart and lung transplant, already among the best programs in America, will be expanded through growth of feeder programs in pulmonary hypertension and heart failure.

Neurosciences: Major priority is the establishment of an ischemic stroke program to complete preeminence in hemorrhagic stroke (aneurysm). More recruitment required.

Digestive Diseases: Further expansion of medical and surgical bariatric program to complement growing research expertise in metabolic syndrome as well as a new program in inflammatory bowel disease has occurred

Solid Organ Transplantation: Liver transplant program implemented with 24 transplants performed to date. Program certification will be obtained in the next 12 - 18 months; kidney transplant program has increased the number of transplants to more than 70 during this fiscal year with plans for substantial growth over the next two years. Additional faculty recruitments will be necessary in nephrology.

Spine Center: A multi-disciplinary Spine Center was opened in December of 2007. The spine center is comprised of Neurosurgery, Orthopedics, Anesthesia pain management and Physical Medicine and Rehabilitation.

b. Information Security Plan

In accordance with the UT System 2006 Information Security Action Plan, the university has designated a chief information security officer, created the Information Security and Privacy Steering Committee and is in full compliance with the plan. The university's action plan includes information security: 1) risk management, 2) policy and standards development, 3) monitoring and testing, 4) incident response management, 5) information security management support, and 6) awareness and training. Reporting guidance, metrics, and timelines are established and published. The institutional compliance officer monitors the plan through inspections and verification of reported information.

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V. Summary of STARS and special PUF investments

a. Summary of investments:

	FY 05	FY 06	FY 07	FY 08	FY 09	Description/Metrics of Impact
STARS Program	\$1,500,000	\$3,000,000	\$1,500,000	\$2,830,000	\$1,170,000	Recipients involved in 30 new and ongoing grants and sponsored research projects

VI. New Faculty Positions Projected to 2012

Field	FY 06	FY 07	FY 08	FY 09	FY 10	FY 11	FY 12	Total FY 06 – FY 12
Medical/Health	7	115	86	80	80	80	80	528

Comments: Does not reflect any faculty that may added for Austin programs.

VII. Status of Campus Strategic/Long-Range Plan: The Six-Year Plan, strategic planning document, is updated every two years with a mid-term review in odd numbered years. The Six-Year Plan Mid-Term review (2008-2014) was completed in April 2009.

VIII. Campus Consultation to Develop Compact: The Six-Year Plan is a rolling strategic plan updated every two years by broad-based committees composed of faculty, staff, and student committees appointed by the president. The committees review and offer input to the Compact as they make recommendations on institutional priorities.

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IX. Budget

**The University of Texas Southwestern Medical Center at Dallas
Operating Budget
Fiscal Year Ending August 31, 2009**

	FY 2007 Actual	FY 2008 Adjusted Budget	FY 2009 Operating Budget	Budget Increases (Decreases) From 2008 to 2009	
				Amount	Percent
Operating Revenues:					
Tuition and Fees	\$ 13,371,831	13,747,363	15,396,537	1,649,174	12.0%
Federal Sponsored Programs	197,031,027	236,315,293	215,659,831	(20,655,462)	-8.7%
State Sponsored Programs	2,491,119	6,911,814	3,792,765	(3,119,049)	-45.1%
Local and Private Sponsored Programs	205,661,073	193,558,030	264,234,595	70,676,565	36.5%
Net Sales and Services of Educational Activities	3,079,355	8,312,656	9,375,794	1,063,138	12.8%
Net Sales and Services of Hospital and Clinics	301,765,953	309,706,563	360,157,681	50,451,118	16.3%
Net Professional Fees	353,044,955	315,248,350	312,536,353	(2,711,997)	-0.9%
Net Auxiliary Enterprises	17,446,513	20,011,708	18,571,641	(1,440,067)	-7.2%
Other Operating Revenues	13,743,460	29,819,564	27,904,390	(1,915,174)	-6.4%
Total Operating Revenues	1,107,635,286	1,133,631,341	1,227,629,587	93,998,246	8.3%
Operating Expenses:					
Instruction	431,872,613	472,267,609	498,851,450	26,583,841	5.6%
Academic Support	21,409,628	29,085,209	30,516,488	1,431,279	4.9%
Research	269,261,782	296,627,865	287,805,772	(8,822,093)	-3.0%
Public Service	49,813,872	77,878,477	79,765,886	1,887,409	2.4%
Hospitals and Clinics	293,705,078	303,596,928	344,181,379	40,584,451	13.4%
Institutional Support	54,448,444	47,030,140	50,073,833	3,043,693	6.5%
Student Services	3,835,388	2,939,874	3,346,038	406,164	13.8%
Operations and Maintenance of Plant	51,858,009	69,674,839	76,637,259	6,962,420	10.0%
Scholarships and Fellowships	524,925	621,257	623,664	2,407	0.4%
Auxiliary Enterprises	14,940,495	17,707,881	18,314,185	606,304	3.4%
Depreciation and Amortization	64,186,894	68,679,500	70,766,051	2,086,551	3.0%
Total Operating Expenses	1,255,857,128	1,386,109,579	1,460,882,005	74,772,426	5.4%
Operating Surplus/Deficit	(148,221,842)	(252,478,238)	(233,252,418)	19,225,820	-7.6%
Budgeted Nonoperating Revenues (Expenses):					
State Appropriations & HEAF (Non-capitalized)	152,322,146	174,223,147	174,816,574	593,427	0.3%
Gifts in Support of Operations	47,982,405	74,100,597	52,547,459	(21,553,138)	-29.1%
Net Investment Income	66,125,228	78,282,319	72,376,195	(5,906,124)	-7.5%
Other Non-Operating Revenue	-	-	-	-	-
Other Non-Operating (Expenses)	-	-	-	-	-
Net Non-Operating Revenue/(Expenses)	266,429,779	326,606,063	299,740,228	(26,865,835)	-8.2%
Transfers and Other:					
AUF Transfers Received for Operations	-	-	-	-	-
AUF Transfers (Made) for Operations	-	-	-	-	-
Transfers for Debt Service - Interest	(20,460,714)	(25,755,031)	(24,675,907)	1,079,124	-4.2%
Total Transfers and Other	(20,460,714)	(25,755,031)	(24,675,907)	1,079,124	-4.2%
Budget Margin (Deficit)	97,747,223	48,372,794	41,811,903	(6,560,891)	-13.6%
Reconciliation to Change in Net Assets:					
Net Non-Profit Health Corp Activity	-	1,469,927	-	(1,469,927)	-100.0%
Net Inc./(Dec.) in Fair Value of Investments	134,032,583	-	-	-	-
Interest Expense on Capital Asset Financings	-	-	-	-	-
Capital Approp., Gifts and Sponsored Programs	13,606,550	7,559,528	7,559,528	-	0.0%
HEAF (Capitalized)	-	-	-	-	-
Additions to Permanent Endowments	10,450,556	8,975,826	8,975,826	-	0.0%
Transfers for Debt Service - Principal	(30,053,588)	(37,459,150)	(44,779,477)	(7,320,327)	19.5%
Reverse Transfers for Debt Service (System Only)	-	-	-	-	-
Transfers and Other	40,346,536	25,143,626	110,275,000	85,131,374	338.6%
SRECNA Change in Net Assets	\$ 266,129,860	54,062,551	123,842,780	69,780,229	129.1%
Total Revenues and AUF Transfers	\$ 1,374,065,065	1,460,237,404	1,527,369,815	67,132,411	4.6%
Total Expenses (Including Transfers for Interest)	(1,276,317,842)	(1,411,864,610)	(1,485,557,912)	(73,693,302)	5.2%
Budget Margin (Deficit)	\$ 97,747,223	48,372,794	41,811,903	(6,560,891)	
Reconciliation to Use of Prior Year Balances					
Depreciation		68,679,500	70,766,051		
Capital Outlay		(31,889,200)	(31,147,939)		
HEAF (Capitalized)		-	-		
Transfers for Debt Service - Principal		(37,459,150)	(44,779,477)		
Budgeted Transfers		-	-		
Use of Prior Year Balances		47,703,944	36,650,538		

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X. Data Summary

<i>fall</i>	2000	2001	2002	2003	2004	2005	2006	2007	2008
Undergraduate enrollment	241	221	193	184	191	198	189	191	162
Health Professions	239	215	169	146	134	121	116	119	103
Biomedical Sciences	2	6	24	38	57	77	73	72	59
Graduate/professional	1,264	1,333	1,444	1,565	2,082	2,152	2,207	2,204	2,253
Health Professions	65	100	134	173	185	186	172	172	177
Biomedical Sciences	375	420	472	525	1,049	1,067	1,110	1,123	1,153
Medical School	824	813	838	867	848	899	925	909	923
Total enrollment	1,505	1,554	1,637	1,749	2,273	2,350	2,396	2,395	2,415

<i>academic year</i>	99-00	00-01	01-02	02-03	03-04	04-05	05-06	06-07	07-08
Undergraduate degrees									
Certificates	5	9	5	0	5	4	57	161	7
Baccalaureate	103	106	104	70	61	50	49	44	46
Graduate/profl degrees/certs									
Health Professions	29	33	32	31	66	68	74	72	68
Biomedical Sciences	73	65	63	59	77	93	92	106	248
Medical	184	203	201	189	204	211	217	226	219
Total grad/profl	286	301	296	279	347	372	383	404	535

<i>academic year</i>				02-03	03-04	04-05	05-06	06-07	07-08
Accredited resident prgs				78	79	77	77	77	82
Residents in accredited prgs				1,149	1,210	1,234	1,177	1,122	1,201

* Decrease in residents because of closure of the John Peter Smith Residency Program

<i>fiscal year</i>	2000	2001	2002	2003	2004	2005	2006	2007	2008
Federal research exp	\$109,165,343	\$131,820,109	\$155,257,992	\$177,133,099	\$200,887,545	\$202,057,099	\$196,622,021	\$191,686,904	\$201,479,983

<i>academic year</i>	2000	2001	2002	2003	2004	2005	2006	2007	2008
Faculty	1,425	1,475	1,526	1,588	1,695	1,730	1,790	1,892	1,953
Administrative		124	132	145	187	327	331	431	468
Other, Non-Faculty		3,697	3,883	4,051	4,568	6,752	6,902	6,945	7,468

<i>fiscal year</i>	2000	2001	2002	2003	2004	2005	2006	2007	2008
Hospital Admissions	n/a	n/a	n/a	n/a	n/a	7,832	13,361	14,905	
Hospital days	379,770	399,136	411,288	407,991	418,638	429,146	438,519	479,632	
Outpatient visits	1,528,751	1,775,500	2,064,987	1,959,288	2,132,792	2,163,809	1,693,209	1,709,034	
Un-sponsored charity care - physicians only	\$211,953,613	\$234,938,900	\$256,968,945	\$281,998,363	\$312,465,011	\$324,443,991	\$371,341,317	\$368,610,465	\$368,610,465

* 2005 Hospital admissions data is for January 2005 - August 2005.

Note: The overall decline in the amount of un-sponsored charity care by faculty reported in FY 06-07 is the result of physician UPL payments which offset the amount of un-sponsored charity c

<i>as of</i>	8/31/2000	8/31/2001	8/31/2002	8/31/2003	8/31/2004	8/31/2005	8/31/2006	8/31/2007	8/31/2008
Endowment total value	\$713,253	\$644,909	\$608,888	\$656,221	\$804,305	\$980,022	\$1,143,426	\$1,434,560	\$1,368,760
(in \$ thousands)									

UT Medical Branch - Galveston Compact for FY 10 – FY 11

Mission: The mission of The University of Texas Medical Branch at Galveston is to provide scholarly teaching, innovative scientific investigation, and state-of-the-art patient care in a learning environment to better the health of society.

UTMB's education programs enable the state's talented individuals to become outstanding practitioners, teachers, and investigators in the health care sciences, thereby meeting the needs of the people of Texas and its national and international neighbors.

UTMB's comprehensive primary, specialty, and sub-specialty care clinical programs support the educational mission and are committed to the health and well-being of all Texans through the delivery of state-of-the-art preventive, diagnostic, and treatment services.

UTMB's research programs are committed to the discovery of new innovative biomedical and health services knowledge leading to increasingly effective and accessible health care for the citizens of Texas.

Top 5 Priorities for FY 10 – FY 11:

1. Improve research capacity through targeted faculty recruitment and increased research space.
2. Recruit key faculty to advance the education mission and support enrollment growth.
3. Increase the percentage of sponsored inpatients by restoring and improving critical functions and services.
4. Improve work processes in existing clinics to increase direct operating margin.
5. Complete the FEMA authorization and finalize schedules for the repair and mitigation of the campus.

I. Performance Summary Table and Analysis

Indicator	Past		Current	Goal	Explanation
	2004	2007	2008	2011	
Enrollment Growth	Fall				
Health Professions	369	550	575	600	SHP programs expect to continue to expand capacity through recruiting and retention efforts.
Biomedical Sciences	322	282	289	362	Enrolling postdoctoral fellows in newly established GSBS certificate programs will provide career development skills and increase enrollment toward 2011 goal.
Medical	824	882	903	920	With the 2009 entering class size of 230, we will have completed our 15% increase in SOM enrollment that started with increasing class size in 2005. We expect to continue at this level in 2010.
Nursing	606	708	571	560	The School of Nursing continues to admit as many qualified students as possible. We are constrained by faculty shortage and limited clinical placements. However, we are meeting state expectations for the enrollment of initial licensure students and exploring plans for increased growth.
All Sponsored Research Expenditures	\$132,768,911 (2004) \$156,103,865 (2007)		\$153,461,284 (2008)	\$162,807,077 (2011)	Previous targets had been established prior to the effects of Hurricane Ike. Because FY2008 reflects a decline from FY2007, we have revised our targets downward to assume FY2009 is flat compared to FY2008 and then project 3% growth of all sponsored research after FY2009.
Federal Sponsored Research Expenditures	\$102,490,775 (2004) \$120,407,805 (2007)		\$122,009,456 (2008)	\$126,938,638 (2011)	In the wake of Hurricane Ike we have assumed that FY2009 will be flat with an annual increase in federal sponsored research of 2% for each year thereafter.

**UT Medical Branch - Galveston
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Indicator	Past		Current	Goal	Explanation
Uncompensated Health Care	\$476,358,000 (2004)	\$423,693,617 (2007)	\$434,579,128 (2008)	\$275,725,738 (2011)	Hurricane Ike significantly decreased the FY 2009 actuals and FY 2010 projections. Accordingly, the FY 2011 projections are decreased.
	2004	2007	2008	2011	
United States Medical Examination Licensure passage rate for medical students	94.8%	97.8%	98.2%	97.0%	Continued success in producing physicians prepared to pass the board examination.
Percentage of health professions students passing the licensing exam on the first attempt	87.6%	86.7%	94.4%	90.0%	Within 5% of 2008 target.
Percentage of BSN graduates passing the national licensing exam on the first attempt	94.6%	100.0%	89.0%	98.0%	1. Significant increase in enrollment. 2. Enrolled many students with a variety of academic backgrounds. 3. Change in curriculum.
Minority admissions as a percentage of first year admissions	23.8%	22.3%	26.6%	25.0%	Recruiting of under represented minority students was slightly more successful than expected.
Minority graduates as a percentage of total graduates	26.8%	23.7%	20.6%	25.0%	Within 5% of 2008 target.

(KEY) – To be set by Legislature in Appropriations Act in May 2009. Goals are current targets.

II. Update Strategic Initiatives from 2008 Compact

a. Completed Initiatives

	Impact (Metrics)	Analysis	Goal	Evaluation of initiative success
Complete the construction of Galveston National Laboratory (GNL) and make it fully operational	Increase research dollars and space	The GNL will provide a unique state and national resource for infections disease research with an economic impact of \$1.4 billion over 20 years statewide.	GNL completed and operational in fall 2008	GNL completed and operational in Fall 2008.
Complete SACS accreditation process and receive final approval December 2008	Maintain accreditation	SACS reaffirmed accreditation for 10 years with only two recommendations.	Full university accreditation reaffirmed in December 2008	Processes in place and ongoing to address the two recommendations.

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b. Ongoing Initiatives

	Impact (Metrics)	Analysis	Goal	Next Steps
1. Improve financial performance of health system	Operating margin	Improve work processes in existing clinics to gain efficiencies	Improve adjusted margin to breakeven.	<ol style="list-style-type: none"> 1. Employ clinic scorecard to focus on clinic performance improvement. 2. Streamline processes in the clinics and support operations.
	Increase the percentage of sponsored inpatients	Restoring and improving hospital infrastructure	Increase sponsored inpatients by 6% within the next 18 months.	<ol style="list-style-type: none"> 1. Return lost key services due to storm. 2. Implement mitigation plans to minimize future disruption of services.
2. Improve patient outcomes	CMS core measures and quality scorecard	Standardize patient care management and processes for CMS core measures	Achieve annual rolling improvement targets	<ol style="list-style-type: none"> 1. Establish evidence-based practice protocols for high volume and complex cases. 2. Establish Process Improvement Teams to address each metric.
3. Grow clinical enterprise through expansion of operations off the island	Improve operating revenue from increase of off island capability and capacity	Improve market share of Medicare and commercial patients	Open Victory Lakes Surgical Center by Spring 2010	<ol style="list-style-type: none"> 1. Complete construction and occupy the Specialty Care Center in FY09-10. 2. Continued expansion of UTMB's primary care clinic network 2011.
4. Implement faculty recruitment plan for Biosafety 4 in Galveston National Lab	Increase research funding for BSL4	Improve capacity of GNL to study BSL 4 agents	Identify and recruit 5 faculty over the next three years to work in BSL 4	<ol style="list-style-type: none"> 1. Develop strategy with stakeholders to develop specific areas to target. 2. Recruit target funded investigators over the next 5 years.
5. Secure discipline specific accreditations and successfully submit monitoring reports to SACS	Maintain discipline specific accreditations	Continued compliance and accreditation is necessary. Current programs scheduled for accreditation in 2010 are Clinical Laboratory Sciences and Physician Assisted Studies. Complete monitoring reports to our regional accreditor.	Successful reaffirmation of accreditation for programs	<ol style="list-style-type: none"> 1. Complete current compliance activities and submit monitoring reports by September 2009. 2. Develop documentation of compliance through 2010.

III. New Strategic Initiatives

Initiative, Rationale, & Strategy	Expected Impact (Metrics)	Goal	Specific Steps in 09-10, 10-11
1. Develop program document and funding plan for UTMB Interprofessional Education Building.	Enhance student recruitment, experience, productivity, and satisfaction.	Finalize planning and design, and construction of student learning building.	<ol style="list-style-type: none"> 1. Develop program document 2. Finalize site selection and conceptual design. 3. Secure funding during FY10 and FY11. 4. Begin construction in FY12.

**UT Medical Branch - Galveston
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Initiative, Rationale, & Strategy	Expected Impact (Metrics)	Goal	Specific Steps in 09-10, 10-11
2. Optimize existing and develop new research space	Additional 60,000 sq. ft. of lab and lab support space via new construction and repurposing of existing space.	Improve research capacity and ability to recruit key faculty.	<ol style="list-style-type: none"> 1. Design and fund renovation opportunity during FY10. 2. Complete renovation during FY11. 3. Develop lab productivity guidelines and align utilization during FY10. 4. Secure funding and submit design to BOR in FY11.
3. Expand Centers of Excellence to include Stroke Treatment Center.	Create synergy with other clinical centers of excellence programs: aging, cancer, cardiology/cardiovascular, neurosciences, women's and infants, and transplant.	Establish strategic development plan	<ol style="list-style-type: none"> 1. Develop and design the practice and protocols. 2. Align relationships between physician leaders and health system operations. 3. Build effective processes for referring physicians.

IV. UT System Strategic Plan Initiatives – Health Institutions

a. Establishment of new patient care product lines and capabilities

UTMB is developing a new product line, the Stroke Center, to add to our current clinical strategic plan of six service line centers of excellence that include: the Transplant Center, Neurosciences, Cancer, Women's and Infants, Aging, and Cardiology/Cardiovascular. In order to support the planned growth, we will continue to expand UTMB's primary care network with a Specialty Care Center on the mainland that will house specialty clinic space, outpatient surgery, imaging, and surgical specialty care. The Stroke Center will leverage our expertise with this emerging patient need in our region.

b. Information Security Plan

The UTMB information resource security program is based on sound security principles and has the full support of executive management. State of the art technology, competent technicians, security aware end-users and fully documented policies and practice standards are used to ensure the confidentiality, integrity and availability of data is maintained at all times. The Office of Information Security continuously matures the program using best practices and applicable standards. All facets of the program are routinely audited by internal and external entities to ensure security and compliance is adequately maintained. The focus of information security is to mature risk assessment capabilities and data classification processes and to implement a configuration management solution.

V. System Contributions and Investments

a. Summary of STARS and other PUF investments:

	FY 05	FY 06	FY 07	FY 08	FY 09	Metrics of Impact
STARS Program	--	\$2,750,000	\$2,350,000	\$700,000	--	Recruited additional scientists and involve at least 4 departments in collaborative grants and publications.
ENTER Program	--	\$500,000	\$500,000	\$500,000	--	Expands both faculty and physical space to increase enrollment and further develop interdisciplinary activities.

VI. Status of Campus Strategic/Long-Range Plan: Senior Leadership began in 2008 to establish a more robust five step integrated institutional planning cycle. The six institutional strategic priorities serve as the strategic framework for annual goals, strategies and metrics. Directors and managers will align their goals with the strategic vision. The executive team will use the executive scorecard to review performance and goal status.

VII. Campus Consultation to Develop Compact: The campus consultation included a series of campus town hall meetings (February – April 2009) and additional presentations by senior leaders that provided students, faculty and staff with information about UTMB's current state and strategic plans for the health system, research, education and support areas.

**UT Medical Branch - Galveston
Compact for FY 10 – FY 11**

VIII. Budget

**The University of Texas Medical Branch at Galveston
Operating Budget
Fiscal Year Ending August 31, 2009**

	FY 2007 Actual	FY 2008 Adjusted Budget	FY 2009 Operating Budget	Budget Increases (Decreases) From 2008 to 2009	
				Amount	Percent
Operating Revenues:					
Tuition and Fees	\$ 14,870,600	15,140,329	19,323,533	4,183,204	27.6%
Federal Sponsored Programs	120,454,458	130,268,616	124,576,822	(5,691,794)	-4.4%
State Sponsored Programs	34,164,292	34,942,840	40,810,185	5,867,345	16.8%
Local and Private Sponsored Programs	73,411,721	58,111,593	109,598,826	51,487,233	88.6%
Net Sales and Services of Educational Activities	2,814,768	1,431,299	2,257,655	826,356	57.7%
Net Sales and Services of Hospital and Clinics	674,704,605	692,860,959	774,715,627	81,854,668	11.8%
Net Professional Fees	151,032,785	133,709,477	145,136,676	11,427,199	8.5%
Net Auxiliary Enterprises	9,157,222	9,650,000	11,252,348	1,602,348	16.6%
Other Operating Revenues	12,837,347	32,731,432	13,827,054	(18,904,378)	-57.8%
Total Operating Revenues	1,093,447,798	1,108,846,545	1,241,498,726	132,652,181	12.0%
Operating Expenses:					
Instruction	316,960,007	239,579,357	282,259,504	42,680,147	17.8%
Academic Support	15,315,201	17,760,523	17,727,116	(33,407)	-0.2%
Research	120,891,633	104,239,184	131,634,446	27,395,262	26.3%
Public Service	3,073,026	5,533,388	6,535,782	1,002,394	18.1%
Hospitals and Clinics	868,561,344	815,775,288	873,561,540	57,786,252	7.1%
Institutional Support	23,621,702	111,545,558	112,733,357	1,187,799	1.1%
Student Services	2,483,980	4,931,987	5,364,787	432,800	8.8%
Operations and Maintenance of Plant	9,412,194	72,608,419	81,912,269	9,303,850	12.8%
Scholarships and Fellowships	5,254,145	7,538,736	7,881,541	342,805	4.5%
Auxiliary Enterprises	10,280,463	10,000,143	8,376,486	(1,623,657)	-16.2%
Depreciation and Amortization	57,123,628	56,258,272	77,366,098	21,107,826	37.5%
Total Operating Expenses	1,432,977,323	1,445,770,855	1,605,352,926	159,582,071	11.0%
Operating Surplus/Deficit	(339,529,525)	(336,924,310)	(363,854,200)	(26,929,890)	8.0%
Budgeted Nonoperating Revenues (Expenses):					
State Appropriations & HEAF (Non-capitalized)	306,205,851	303,253,218	309,187,750	5,934,532	2.0%
Gifts in Support of Operations	6,336,397	7,010,565	11,099,010	4,088,445	58.3%
Net Investment Income	35,081,173	33,756,336	36,813,790	3,057,454	9.1%
Other Non-Operating Revenue	-	-	-	-	-
Other Non-Operating (Expenses)	(23,585)	-	-	-	-
Net Non-Operating Revenue/(Expenses)	347,599,836	344,020,119	357,100,550	13,080,431	3.8%
Transfers and Other:					
AUF Transfers Received for Operations	-	-	-	-	-
AUF Transfers (Made) for Operations	-	-	-	-	-
Transfers for Debt Service - Interest	(4,668,910)	(6,779,109)	(6,668,011)	111,098	-1.6%
Total Transfers and Other	(4,668,910)	(6,779,109)	(6,668,011)	111,098	-1.6%
Budget Margin (Deficit)	3,401,401	316,700	(13,421,661)	(13,738,361)	-4338.0%
Reconciliation to Change in Net Assets:					
Net Non-Profit Health Corp Activity	-	-	-	-	-
Net Inc./(Dec.) in Fair Value of Investments	61,580,382	-	-	-	-
Interest Expense on Capital Asset Financings	-	-	-	-	-
Capital Approp., Gifts and Sponsored Programs	72,170,979	26,391,000	47,196,309	20,805,309	78.8%
HEAF (Capitalized)	-	-	-	-	-
Additions to Permanent Endowments	13,124,648	9,083,205	7,394,050	(1,689,155)	-18.6%
Transfers for Debt Service - Principal	(21,900,548)	(16,960,648)	(17,238,098)	(277,450)	1.6%
Reverse Transfers for Debt Service (System Only)	-	-	-	-	-
Transfers and Other	15,396,778	31,616,489	2,558,002	(29,058,487)	-91.9%
SRECNA Change in Net Assets	\$ 143,773,640	50,446,746	26,488,602	(23,958,144)	-47.5%
Total Revenues and AUF Transfers	\$ 1,441,071,219	1,452,866,664	1,598,599,276	145,732,612	10.0%
Total Expenses (Including Transfers for Interest)	(1,437,669,818)	(1,452,549,964)	(1,612,020,937)	(159,470,973)	11.0%
Budget Margin (Deficit)	\$ 3,401,401	316,700	(13,421,661)	(13,738,361)	
Reconciliation to Use of Prior Year Balances					
Depreciation		56,258,272	77,366,098		
Capital Outlay		(15,000,000)	(18,000,000)		
HEAF (Capitalized)		-	-		
Transfers for Debt Service - Principal		(16,960,648)	(17,238,098)		
Budgeted Transfers		-	-		
Use of Prior Year Balances		24,614,324	28,706,339		

**UT Medical Branch - Galveston
Compact for FY 10 – FY 11**

IX. Data Summary

<i>fall</i>	2000	2001	2002	2003	2004	2005	2006	2007	2008
Undergraduate enrollment	711	622	624	598	581	547	536	609	504
Health Professions	268	165	136	134	111	129	145	174	166
Biomedical Sciences	20	27	38	47	38	21	13	13	25
Nursing	423	430	450	417	432	397	378	422	313
Graduate/professional	1,216	1,305	1,381	1,461	1,540	1,625	1,719	1,813	1,834
Health Professions	73	154	198	222	258	299	319	376	409
Biomedical Sciences	233	234	256	274	321	283	292	269	264
Medical School	810	823	813	820	824	830	861	882	903
Nursing	100	94	114	145	137	213	247	286	258
Total enrollment	1,927	1,927	2,005	2,059	2,121	2,172	2,255	2,422	2,338
<i>academic year</i>	99-00	00-01	01-02	02-03	03-04	04-05	05-06	06-07	07-08
Undergraduate degrees									
Baccalaureate: Health Prof	212	141	95	38	53	39	51	60	57
Baccalaureate: Nursing	156	171	201	163	187	184	193	161	222
Graduate/prof degrees/certs									
Health Professions	35	36	37	74	61	81	97	67	112
Biomedical Sciences	49	51	59	52	57	52	54	79	68
Medical	184	183	194	181	190	201	183	199	194
Nursing	31	46	21	37	34	45	50	55	70
Total grad/prof	299	316	311	344	342	379	384	400	444
<i>academic year</i>				02-03	03-04	04-05	05-06	06-07	07-08
Accredited resident prgs				52	54	54	54	57	52
Residents in accredited prgs				543	551	553	549	641	696
<i>fiscal year</i>	2000	2001	2002	2003	2004	2005	2006	2007	2008
Federal research exp	\$61,356,467	\$63,274,494	\$78,100,188	\$93,039,583	\$102,490,775	\$117,235,448	\$120,407,805	\$118,172,604	\$122,009,456
<i>academic year</i>	2000	2001	2002	2003	2004	2005	2006	2007	2008
Faculty	1,209	1,240	1,255	1,258	1,279	1,304	1,276	1,268	1,336
Administrative		609	518	863	892	909	872	871	864
Other, Non-Faculty		11,534	11,821	10,798	11,244	11,281	10,820	10,452	10,379
Student employees		245	400	421	427	446	451	243	236
<i>fiscal year</i>	2000	2001	2002	2003	2004	2005	2006	2007	2008
Hospital admissions	32,505	32,927	35,099	37,190	40,452	42,294	41,524	41,282	
Hospital days	170,797	175,956	186,975	194,642	199,862	202,544	187,597	179,337	
Outpatient visits	754,538	760,765	762,977	852,759	845,210	851,310	700,553	741,206	
Un-sponsored charity care - physicians only	\$61,596,586	\$66,908,903	\$85,982,833	\$97,724,989	\$108,498,329	\$114,686,522	\$107,717,480	\$54,138,901	\$92,942,660
Note: The overall decline in the amount of un-sponsored charity care by faculty reported in FY 06-07 is the result of physician UPL payments which offset the amount of un-sponsored charity care. The payments received in FY 06-07 included one-time payment for									
<i>as of</i>	8/31/2000	8/31/2001	8/31/2002	8/31/2003	8/31/2004	8/31/2005	8/31/2006	8/31/2007	8/31/2008
Endowment total value	\$342,602	\$316,291	\$295,898	\$306,674	\$352,268	\$397,054	\$432,172	\$496,876	\$474,018

UT Health Science Center - Houston Compact for FY 10 – FY 11

Mission: As a comprehensive health science university, the mission of The University of Texas Health Science Center at Houston is to educate health science professionals, discover and translate advances in the biomedical and social sciences, and model the best practices in clinical care and public health. We pursue this mission in order to advance the quality of human life by enhancing the diagnosis, treatment, and prevention of disease and injury, as well as promoting individual health and community well-being.

Top 5 Priorities for FY 10 – FY 11:

1. Pursue targeted opportunities to recruit and retain researchers, educators and clinicians
2. Strengthen strategic relationships with hospital and clinical partners
3. Secure new clinical and research funding opportunities
4. Use SACS accreditation process to enhance institutional educational programs
5. Continue to expand access to comprehensive financial resources

I. Performance Summary Table and Analysis

Indicator	Past		Current	Goal	Explanation	
	Fall	2003				2007
Enrollment Growth		2003	2007	2010		
Biomedical Sciences		490	578	578	574	Reflects economic impact on applications & enrollment.
Dental (undergrad + grad)		398	452	452	500	Includes 15 OFMS students for 2010.
Health Information Sciences		74	80	80	107	~8% per year growth .
Medical		816	929	929	960	945 med.students + 15 masters students.
Nursing (undergrad + grad)		698	771	771	800	~2% per year growth.
Public Health		908	959	959	1080	
All Sponsored Research Expenditures		\$152,117,064 (2003)	\$191,724,126 (2007)	\$197,533,000 (2010)		1% annual growth and stable indirect cost recovery.
Federal Sponsored Research Expenditures		\$111,170,193 (2003)	\$131,879,012 (2007)	\$135,112,952 (2010)		Maintains proportion of total research as federal expenditures (68.4%).
Uncompensated Health Care According to the State Definition – physicians only		\$139,031,049 (FY 2004) \$185,910,119 (FY 2006)	\$152,091,939 (FY 2007)	\$205,912,781 FY 2010		Based on current UHC definition, goal projects ~8% increase over FY07; results significantly impacted by U.P.L. receipt timing, which can vary.
Student Diversity (% underrepresented minority)		18.5% (Fall03) 18.5 (Fall 05)	20% (Fall 06)	24% Fall 10		projects 1% annual increase.
Faculty PIs as a Percent of Total CBM-008 Certified Faculty		31% (FY 2004) 33% (FY 2006)	34% (FY 2007)	37% FY 2010		projects 1% annual increase.
MSRDP Net Patient Revenues		\$99,820,240 (FY 2004) \$102,923,209 (FY 2006)	\$125,969,236 (FY 2007)	\$141,697,171 FY 2010 + \$94,208,678 ('09 YTD)		MSRDP net patient revenue (only) projects 3% annual growth; + :includes clinical hospital partner contract revenue per year,an equally important factor.
Medical School Outpatient Visits		834,987 (FY04) 840,831 (FY06)	980,421 (FY07) 822,214(08)	941,370 (FY10)		Projects 2% annual growth 922,912 (FY09 annualized).
Total Endowments and Similar - other than State		\$66,638,813(FY04) \$87,181,444 (06)	\$100,097,367 (FY07)	\$143,000,000 (FY10)		

**UT Health Science Center - Houston
Compact for FY 10 – FY 11**

II. Update Strategic Initiatives from the 2008 Compact

a. Completed Initiatives

	Impact (Metrics)	Analysis	Goal	Evaluation of initiative success
1. Stabilize component school leadership (MS, SPH)	Decrease faculty turnover	Decrease turnover; help better predict contract revenue	Recruit two Dean positions	Positions filled 2007 and 2008.
2. Strengthen and expand relationships with the Memorial Hermann Healthcare System and HCHD	Positive revenue streams, more volume and FTEs	Codified relationship helps better predict contract revenue cycles and expanded clinical services	Revenue stream enhancement	New affiliation agreement with HCHD and operating agreement renewal with MHHS, at significantly larger dollar amounts.

b. Ongoing Initiatives

	Impact (Metrics)	Analysis	Goal	Next Steps
1. Finance and plan replacement Dental Branch Building	Gains in faculty and student recruitment	\$155 million committed (TRB, PUF, philanthropy, local funds, borrowing).	Groundbreak-Fall-2009 Occupancy-2012	Seeking design development approval from Board of Regents: August 2009.
2. Finance and plan UT Research Park complex	Increase research dollars	BREF and Neurosciences building in research park complex under construction.	Scheduled completion: 2010	Finalize construction, space allocations, and occupy - 2010.
3. Plan to expand the School of Public Health (SPH) Houston campus and expand SPH degree programs statewide	Increase enrollment; faculty/research	New space will consolidate operations and allow efficient planned growth; increase student numbers and make degree programs more accessible throughout the state	Obtain funding sources by FY 2010	Develop funding sources; increase student numbers and improve degree program accessibility statewide.
4. Develop major fund raising initiatives	\$ committed.	FY09 YTD: \$17.3M	2010-\$40M	Development priorities for philanthropy and alumni set by institution and each component dean.
5. Maintain and build MSRDP financial performance	Increase # of outpatient visits and revenue received	FY09: (8 months ended April 09) Total Revenue: \$156,335,519	Grow revenue stream, earn 3% margin	Continue positive financial performance.

III. New Strategic Initiatives

Initiative, Rationale, & Strategy	Expected Impact (Metrics)	Goal	Specific Steps in 09-10, 10-11
1. Prioritize Dental Branch Leadership	Add 1 FTE; lead DB expansion	New dean-FY2010	Interim Dean named 04/09; search committee established.
2. Recruit to utilize new Research Park space (BREF 5, BREF 6 [Vivarium], CABIR 6)	Achieve at least \$250 in research expenditures per s.f. of research space	75% occupancy by 2011	Complete build out of available shell space and populate.
3. Launch Quality Enhancement Plan as educational improvement effort	Add 2 FTE (A&P); enhance SACS re-accreditation effort	Successful SACS re-accreditation	Recruit and develop QEP office; integrate with SACS ongoing efforts.

**UT Health Science Center - Houston
Compact for FY 10 – FY 11**

IV. UT System Strategic Plan Initiatives

a. New Clinical Programs/Products

UTHSC-Houston leadership is implementing cross-cutting priorities with product line potential: clinical and translational research, neurosciences, diabetes and obesity, with informatics spanning all areas. The deans and President are aligning opportunities as part of the HSC-H long-range planning process.

b. Information Security Plan

UTHSC-Houston recognizes the critical importance of maintaining a secure infrastructure. UTHSC-H's information security team, via the institutional Information Security Program, specifies a series of current and proposed IT initiatives designed to provide and enforce IT Security policies, network security (firewalls, IPS/IDS, VPN, wireless), provides security awareness training, disaster recovery planning and testing, as well as security incident response.

V. Summary of STARS and Special PUF Investments

a. Summary of investments:

	FY 05	FY 06	FY 07	FY 08	FY 09	Description/Metrics of Impact
STARS Program	--	\$3,000,000	--	\$1,500,000	\$2,500,000	Recruitment involves new concepts of drug development for treatment of cardiovascular disease, which involves multi-institutional collaborations.
ENTER Program	--	\$630,428	\$938,307	\$226,149	--	Increase the number of student learning days, total patient visits, and clinic revenues.

VI. New Faculty Positions Projected to 2012

Field	FY 06	FY 07	FY 08	FY 09	FY 10	FY 11	FY 12	Total FY 06 – FY 12
STEM	2	5	8	10	5	5	8	43
Medical/Health	9	15	13	13	18	27	30	125
Total	11	20	21	23	23	32	38	168

Comments: Reflects net new faculty (headcount). STEM = School of Health Information Sciences (SHIS) and IMM; Medicine/Health = Medicine, Dentistry, Nursing, and Public Health. Excludes Graduate School of Biomedical Sciences; GSBS faculty are counted in the school of their primary appointment.

VII. Status of Campus Strategic/Long-Range Plan: The health science center leadership initiated a review of performance indicators for each component, and, in FY2008, developed a comprehensive institutional "Report Card" against which performance gaps are identified and prioritized through each budget and planning cycle. We are also moving forward with our decennial SACS re-accreditation process as well, through FY2010.

VIII. Campus Consultation to Develop Compact: UTHSC-Houston's academic and administrative leadership continues to meet, developing and refining this Compact's priorities and metrics. This Compact is published and maintained online and offers an ongoing opportunity for faculty, staff, and students to comment, offer suggestions, and pose questions.

**UT Health Science Center - Houston
Compact for FY 10 – FY 11**

IX. Budget

The University of Texas Health Science Center at Houston					
Operating Budget					
Fiscal Year Ending August 31, 2009					
				Budget	
	FY 2007	FY 2008	FY 2009	Increases (Decreases)	
	Actual	Adjusted	Operating	From 2008 to 2009	
		Budget	Budget	Amount	Percent
Operating Revenues:					
Tuition and Fees	\$ 21,659,223	20,613,309	21,430,567	817,258	4.0%
Federal Sponsored Programs	144,686,931	148,837,664	149,506,057	668,393	0.4%
State Sponsored Programs	2,140,561	10,498,805	17,200,549	6,701,744	63.8%
Local and Private Sponsored Programs	113,082,399	132,037,719	128,544,544	(3,493,175)	-2.6%
Net Sales and Services of Educational Activities	39,278,997	40,041,100	35,295,449	(4,745,651)	-11.9%
Net Sales and Services of Hospital and Clinics	25,479,159	31,869,150	51,347,504	19,478,354	61.1%
Net Professional Fees	126,654,129	107,427,873	114,588,208	7,160,335	6.7%
Net Auxiliary Enterprises	23,970,896	25,858,156	24,572,545	(1,285,611)	-5.0%
Other Operating Revenues	9,749,092	5,744,672	5,965,930	221,258	3.9%
Total Operating Revenues	525,968,387	522,928,448	548,451,353	25,522,905	4.9%
Operating Expenses:					
Instruction	268,016,189	305,772,517	309,696,242	3,923,725	1.3%
Academic Support	24,221,001	25,416,076	25,277,166	(138,910)	-0.5%
Research	152,505,771	142,764,980	157,808,452	15,043,472	10.5%
Public Service	17,190,116	24,090,972	14,885,735	(9,205,237)	-38.2%
Hospitals and Clinics	65,326,670	74,538,699	94,395,221	19,856,522	26.6%
Institutional Support	66,113,052	69,636,111	71,029,396	1,393,285	2.0%
Student Services	5,167,493	5,205,107	5,219,137	14,030	0.3%
Operations and Maintenance of Plant	27,846,765	26,249,350	31,607,873	5,358,523	20.4%
Scholarships and Fellowships	3,814,256	3,404,232	4,208,595	804,363	23.6%
Auxiliary Enterprises	16,945,264	21,273,044	21,238,024	(35,020)	-0.2%
Depreciation and Amortization	32,965,817	34,655,665	37,379,571	2,723,906	7.9%
Total Operating Expenses	680,112,394	733,006,753	772,745,412	39,738,659	5.4%
Operating Surplus/Deficit	(154,144,007)	(210,078,305)	(224,294,059)	(14,215,754)	6.8%
Budgeted Nonoperating Revenues (Expenses):					
State Appropriations & HEAF (Non-capitalized)	153,568,133	169,289,401	170,068,798	779,397	0.5%
Gifts in Support of Operations	10,700,795	11,780,100	19,519,383	7,739,283	65.7%
Net Investment Income	19,420,089	17,378,944	21,208,760	3,829,816	22.0%
Other Non-Operating Revenue	4,353,932	5,705,255	5,843,718	138,463	2.4%
Other Non-Operating (Expenses)	(232,559)	-	-	-	-
Net Non-Operating Revenue/(Expenses)	187,810,390	204,153,700	216,640,659	12,486,959	6.1%
Transfers and Other:					
AUF Transfers Received for Operations	-	-	-	-	-
AUF Transfers (Made) for Operations	-	-	-	-	-
Transfers for Debt Service - Interest	(6,906,277)	(8,274,927)	(7,998,221)	276,706	-3.3%
Total Transfers and Other	(6,906,277)	(8,274,927)	(7,998,221)	276,706	-3.3%
Budget Margin (Deficit)	26,760,106	(14,189,532)	(15,651,621)	(1,452,089)	10.2%
Reconciliation to Change in Net Assets:					
Net Non-Profit Health Corp Activity	-	1,000,000	1,000,000	-	0.0%
Net Inc./(Dec.) in Fair Value of Investments	32,608,991	-	-	-	-
Interest Expense on Capital Asset Financings	-	-	-	-	-
Capital Approp., Gifts and Sponsored Programs	8,880,113	10,430,000	10,900,000	470,000	4.5%
HEAF (Capitalized)	-	-	-	-	-
Additions to Permanent Endowments	8,383,952	9,800,000	12,500,000	2,700,000	27.6%
Transfers for Debt Service - Principal	(10,760,795)	(10,678,579)	(11,474,504)	(795,925)	7.5%
Reverse Transfers for Debt Service (System Only)	-	-	-	-	-
Transfers and Other	49,579,568	2,960,000	14,500,000	11,540,000	389.9%
SRECNA Change in Net Assets	\$ 15,451,935	(688,111)	11,773,875	12,461,986	-1811.0%
Total Revenues and AUF Transfers	\$ 714,011,336	727,082,148	765,092,012	38,009,864	5.2%
Total Expenses (Including Transfers for Interest)	(687,251,230)	(741,281,680)	(780,743,633)	(39,461,953)	5.3%
Budget Margin (Deficit)	\$ 26,760,106	(14,189,532)	(15,651,621)	(1,452,089)	
Reconciliation to Use of Prior Year Balances					
Depreciation		34,655,665	37,379,571		
Capital Outlay		(6,851,355)	(6,726,385)		
HEAF (Capitalized)		-	-		
Transfers for Debt Service - Principal		(10,678,579)	(11,474,504)		
Budgeted Transfers		62,382	29,771		
Use of Prior Year Balances		2,988,581	3,556,832		

**UT Health Science Center - Houston
Compact for FY 10 – FY 11**

X. Data Summary

<i>fall</i>	2000	2001	2002	2003	2004	2005	2006	2007	2008
Undergraduate Enrollment	264	332	359	346	381	403	408	792	777
Biomedical Sciences*								50	41
Dental		74	78	74	76	86	91	88	83
Health Information Sciences*								37	46
Medical*								53	40
Nursing		258	281	272	305	317	316	406	410
Public Health*							1	158	157
Graduate/professional	2,879	2,954	2,975	3,059	3,018	3,184	3,243	2,982	3,088
Biomedical Sciences		443	465	490	514	539	544	528	529
Dental		340	335	324	301	304	348	364	388
Health Information Sciences		64	62	74	64	55	73	43	53
Medical		829	825	837	847	869	912	881	923
Nursing		388	402	426	455	492	437	365	349
Public Health		890	885	908	837	925	929	801	846
Total enrollment	3,143	3,286	3,334	3,405	3,399	3,587	3,651	3,774	3,865
*No enrollment reported to the THECB for 2000-2006									
<i>fall</i>	2000	2001	2002	2003	2004	2005	2006	2007	2008
Enrollment by ethnicity									
White	1,926	1,948	1,950	1,939	1,882	1,954	1,910	1,909	1,902
African American	173	210	196	189	200	230	254	267	292
Hispanic	322	380	392	425	411	447	447	469	504
Asian American	425	430	457	448	436	479	471	536	559
Native American	16	17	11	16	15	11	21	30	19
International	265	276	279	299	401	405	477	503	508
Unknown	16	25	49	89	54	61	71	60	81
Total enrollment	3,143	3,286	3,334	3,405	3,399	3,587	3,651	3,774	3,865
<i>academic year</i>	99-00	00-01	01-02	02-03	03-04	04-05	05-06	06-07	07-08
Certificates and degrees									
Biomedical Sciences	74	67	75	86	77	84	96	94	94
Dental	146	143	156	132	149	165	142	148	152
Health Information Sciences	3	15	12	9	25	18	14	11	12
Medical	201	186	214	185	191	185	205	215	187
Medical Academics	0	0	0	1	3	3	2	3	2
Nursing	213	232	208	233	249	291	282	307	312
Public Health	142	147	154	147	213	200	207	180	188
Total certificates and degrees	779	790	819	793	907	946	948	958	947
<i>fiscal year</i>	1999	2000	2001	2002	2003	2004	2005	2006	2007
Licensure exam pass rates									
Health Professions	100.0%	97.0%	97.4%	100.0%	100.0%	97.3%	86.5%	100.0%	100.0%
Dentistry	95.0%	99.0%	96.5%	96.7%	91.3%	94.1%	96.8%	96.7%	99.0%
Medicine	95.0%	91.0%	91.0%	91.0%	91.0%	90.0%	94.0%	90.6%	95.1%
Nursing (BSN)	95.0%	91.0%	94.0%	97.0%	94.0%	95.0%	90.3%	92.0%	88.0%
Nursing (MSN)	55.0%	62.0%	66.0%	73.0%	68.0%	61.0%	72.0%	100.0%	100.0%
<i>fiscal year</i>	2000	2001	2002	2003	2004	2005	2006	2007	2008
Total research expenditures		\$128,161,248	\$140,827,726	\$152,117,064	\$150,222,206	\$156,519,695	\$175,153,808	\$191,724,126	\$197,251,749
Federal research expenditures		\$91,267,003	\$101,738,767	\$111,170,193	\$110,438,174	\$116,397,631	\$122,870,079	\$131,879,012	\$129,276,731
Total NIH awards (\$)	\$79,440,110	\$83,903,275	\$90,452,217	\$89,956,123	\$80,515,380	\$81,548,352	\$89,210,693	\$84,409,768	\$91,853,659

UT Health Science Center – San Antonio Compact for FY 10 – FY 11

Mission: The mission of The University of Texas Health Science Center at San Antonio is to serve the needs of the citizens of Texas, the nation, and the world through programs committed to excellence and designed to:

- educate a diverse student body to become excellent health care providers and scientists
- engage in biomedical research focused on seeking information fundamental to the prevention, diagnosis and treatment of disease
- provide compassionate and culturally competent state of the art clinical care
- enhance community health awareness, education and practices thereby improving the wellness of the citizenry.

Top 5 Priorities for FY 10 – FY 11:

1. Implementation of the Institute for the Integration of Medicine and Science which will house HSC's CTSA Grant
2. Successful recruitment of a nationally recognized Dean of the Graduate School of Biomedical Sciences
3. Right size the Cancer Therapy Research Center and assure successful clinical and research growth
4. Increase formula/special item funding from local state and federal sources to support and improve management and administration of programs on all campuses
5. Better define solutions to address ongoing deferred maintenance issues including fire, life, safety and information technology

I. Performance Summary Table and Analysis

Indicator	Past		Current	Goal	Explanation
	2004	2007			
Fall Enrollment (grad/prof)	2004	2007	2008	2011	
Health Professions	241	287	309	376	Projected increased enrollment in the Master's degree programs
Biomedical Sciences	318	363	404	375	Adjust enrollment as market demands
Dental	395	427	472	472	Enrollment increased by 2-3 students per year as part of pre-clinical lab extension but has now leveled off
Medical	816	869	884	910	Increase enrollment by 10 students per year over five years beginning in fall 2007.
Nursing (graduate)	268	227	217	204	Adjust graduate nursing enrollment based on faculty availability and market demand
All Sponsored Research Expenditures	\$119,279,555 (2004) \$146,338,142 (2007)		\$188,620,797 (2008)	\$205,000,000	Increase total sponsored research by an average of 3.3% per year over the next five years using FY 2007 as the baseline
Federal Sponsored Research Expenditures	\$86,854,337 (2004) \$95,132,294 (2007)		\$120,810,903 (2008)	\$130,700,000	Increase federal sponsored research by 2-3% per year
Uncompensated Health Care According to the State Definition – physicians only	\$77,586,366 (2003) \$86,259,640 (2007)		\$116,127,427 (2008)	\$118,500,000	Formulate a plan to address uncompensated care over the next five years
Net Clinical Revenue	\$70,438,402 (2003) \$94,593,435 (2007)		\$92,661,581 (2008)	\$102,200,000	Increase by at least 3.5% each year over next 5 years; however 2007 saw a large one-time bonus of Medicaid UPL funds (\$13.3M) that represented a 2.5 year period. The UPL funds dropped to \$2.1M in 2008
Primary Investigators (PIs) with external funding over \$1,000,000	41 (2007)		57 (2008)	61	Increase a net gain of 2 PIs per year with \$1M extramural funding over the next 5 years; exceeded goal for 2008 with an increase of 16
Number of funded and filled endowed chairs and professorships	85 (2007)		102 (2008)	145	Increase number of endowed chairs and professorship positions to 145 by 2011

**UT Health Science Center – San Antonio
Compact for FY 10 – FY 11**

II. Update Strategic Initiatives from 2008 Compact

a. Completed Initiatives

	Impact (Metrics)	Analysis	Goal	Evaluation of initiative success
1. Involve all schools in the development and implementation of Quality Enhancement Plan	Identify faculty members from all 5 schools	Faculty members from all five schools have been identified and added to QEP Development and Operations Team (for SACS)	Increase # of faculty involved in case-based teaching	The QEP was presented to three Curriculum Committees, and course directors for case-based teaching pilot project were recruited
2. Provide an employee health and wellness center	Enhanced health status of employees and students	Charter members enrolled and continued maximization of enrollment for a healthy workforce as well as a healthy community	Healthier workforce	The fitness center was constructed in 2009 and charter members were enrolled Fall 2008 to early 2009 The facility will be in full operation June 2009 and will continue to maximize enrollment
3. Conduct successful capital campaign to secure adequate support for the endowment and construction of the Research Tower	Recognized need for funding to support increased r	As of 5-8-09, \$300M raised of \$300M campaign goal.	\$300 M (\$150 M to endowed and research support)	100% of capital campaign goal of \$300M met; \$15M campaign for South Texas Research Facility will continue

b. Ongoing Initiatives

	Impact (Metrics)	Analysis	Goal	Next Steps
1. Complete construction, equip and staff Medical Arts and Research Center, and refine clinical product lines for the MARC as well as the Cancer Therapy Research Center	Floor turnover schedule; product lines defined	Development of governance and compensation models, individual and work unit financial performance, and quality indicators i.e. access, patient satisfaction.	MARC complete and product lines in operation	<ul style="list-style-type: none"> * MARC committees lead build out * Meet or exceed budget targets for MARC, CTRC and UT Medicine * MARC service lines defined and operational plans developed no later than July 2009 * MARC complete no later than 9/09; (phased move-in Aug to Nov) * CTRC product lines defined no later than 09/10 * Timelines and detailed work plans developed for each operational and support area
2. Complete programmatic planning for the South Texas Research Facility and optimize the utilization of research space	Recognized space need to grow research enterprise	Continue capital campaign to finance \$15M needed for construction of the South Texas Research Facility.	Facility completed and occupied by spring 2011	Complete space needs assessments, secure remaining funding dedicated to the STRF construction, and continue recruitment of leading scientists by the end of calendar year 2010
3. Right Size UT Medicine and enhanced integration into the School of Medicine	Effective and efficient operations	Removal of redundancies, increased efficiencies, organizational alignment -- all with minimal affect	Phase I completed 9/2009; full integration 8/2011	<ul style="list-style-type: none"> * Integration plan and communication plan developed and approved by UT System * Initial townhalls with all UTM employees conducted.

**UT Health Science Center – San Antonio
Compact for FY 10 – FY 11**

	Impact (Metrics)	Analysis	Goal	Next Steps
4. Create a Center for Patient Safety and Health Policy	Recognized Center of Excellence	Increase quality and safety of clinical care, enhance successful practices knowledge, integrate efforts into health services/ outcomes research and health policy, incorporate for training next generation	Train, implement quality and safety: contain cost	<ul style="list-style-type: none"> * Continue recruitment of clinical leaders and provide 2 courses per year. * Share QI projects with practice's Quality committee * Share return on investment results of QI projects * Implement disclosure of training of faculty with hospital partners

III. New Strategic Initiatives

Initiative, Rationale, & Strategy	Expected Impact (Metrics)	Goal	Specific Steps in 09-10, 10-11
1. Enhance and/or establish programs to support the development of future faculty in clinical or scientific disciplines	Identifying new and revising existing programs	Expand programs to encourage future academicians	Develop new electives in curricula; revise existing programs
2. Assist schools and faculty in accurately measuring student learning outcomes for courses	Quality assessment skills	Competent graduates	Offer courses through the Academic Center for Excellence in Teaching; new faculty orientations to develop assessment skills
3. Re-align UT Medicine structure	Establishment of an effective business model	Effective collection model	Continue to review current structure to ensure further refinement

IV. UT System Strategic Plan Initiatives

a. New Clinical Programs/Products

The School of Medicine continues to develop the following multi-specialty service lines: the Heart, Lung, and Vascular Center; the Digestive Disease Center, the Musculoskeletal Institute, the Primary Care Center, the Wound Healing Center, and the Center for Healthy Aging. Our activities have focused on the operational integration that will occur when these services move to combined space in the Medical Arts and Research Center. We have also begun developing marketing materials related to these services. Marketing materials for Primary Care and the Musculoskeletal Institute have been used for internal marketing within the Health Science Center.

b. Information Security Plan

The Information Security Program (ISP) is tasked with providing University personnel operational, managerial and technical tools needed in managing vast number of risks associated with operating information technology. It is also tasked with assisting system owners in protecting and defending information systems from threats that would adversely affect its availability, confidentiality or integrity. Strategic initiatives include: conducting assessments, increasing system user's awareness of information security and their responsibilities, and monitoring for cyber attacks. Details to strategic initiatives may be found in the 2009 Institutional Information Security Program Plan for the UT-HSC SA, dated March 3, 2009. The ISP is generally modeled after UT System ISP and other State of Texas and US federal laws, policies, standards, procedures, and guidelines. The Chief Information Security Officer reports directly to the Chief Information Officer and indirectly to the President.

**UT Health Science Center – San Antonio
Compact for FY 10 – FY 11**

V. System Contributions and Investments

a. Summary of STARS and special PUF investments

	FY 05	FY 06	FY 07	FY 08	FY 09	Description/Metrics of Impact
STARS Program	--	--	\$1,250,000	\$1,400,000	\$1,750,000	Additional \$7 million in external awards; applying for clinical trial funding; and launched a new initiative with UTSA on anti-tumor immunity.
ENTER Program	--	--	\$150,000	\$252,897	--	Initiate a Doctorate in Nursing Practice and expand undergraduate nursing enrollment.

b. Other System contributions

The UT System should participate in allocating resources to System members that have a strategic plan in place to meet their institutional mission and goals. There also needs to be support from legislative bodies to fund increased higher education needs in order to close the gap. Tuition Revenue Bonds and Permanent University Funds are essential to address capital needs.

VI. New Faculty Positions Projected to 2012

Field	FY 06	FY 07	FY 08	FY 09	FY 10	FY 11	FY 12	Total FY 06 - FY 12
Medical/Health	48	75	98	55	51	65	46	438

Comments: Future positions 1) are contingent upon increased funding; 2) may need to be reallocated from existing funding; and/or 3) are contingent upon increased enrollment.

VII. Status of Campus Strategic/Long-Range Plan: The UTHSCSA Strategic Plan was finalized and approved by the Executive Committee in February 2007. There were minor modifications due to branding in 2008. The website link to the current plan is <http://www.uthscsa.edu/vpaa/docs/StrategicPlan2007-2012.pdf>

VIII. Campus Consultation to Develop Compact: The Compact was developed with input from all Executive Committee members, their constituents, the Faculty Assemblies of each school, the Student Government Association, and the Faculty Senate at UTHSCSA through the Strategic Plan process. The Compact follows the Strategic Plan developed for UTHSCSA.

**UT Health Science Center – San Antonio
Compact for FY 10 – FY 11**

IX. Budget

**The University of Texas Health Science Center at San Antonio
Operating Budget
Fiscal Year Ending August 31, 2009**

	FY 2007 Actual	FY 2008 Adjusted Budget	FY 2009 Operating Budget	Budget Increases (Decreases) From 2008 to 2009	
				Amount	Percent
Operating Revenues:					
Tuition and Fees	\$ 24,688,821	21,618,389	22,312,625	694,236	3.2%
Federal Sponsored Programs	111,690,508	116,123,433	160,860,001	44,736,568	38.5%
State Sponsored Programs	7,032,350	2,393,697	3,296,405	902,708	37.7%
Local and Private Sponsored Programs	91,403,847	76,181,953	82,524,256	6,342,303	8.3%
Net Sales and Services of Educational Activities	40,085,501	43,891,700	44,197,400	305,700	0.7%
Net Sales and Services of Hospital and Clinics	-	-	-	-	-
Net Professional Fees	94,941,385	88,748,594	112,640,479	23,891,885	26.9%
Net Auxiliary Enterprises	4,130,027	3,435,000	4,931,900	1,496,900	43.6%
Other Operating Revenues	7,006,507	10,463,498	7,011,936	(3,451,562)	-33.0%
Total Operating Revenues	380,978,946	362,856,264	437,775,002	74,918,738	20.6%
Operating Expenses:					
Instruction	246,136,182	251,164,503	260,241,671	9,077,168	3.6%
Academic Support	28,734,074	30,600,276	33,203,350	2,603,074	8.5%
Research	117,468,899	114,809,511	187,846,167	73,036,656	63.6%
Public Service	26,527,593	25,560,531	27,080,990	1,520,459	5.9%
Hospitals and Clinics	46,887,305	49,755,968	54,135,321	4,379,353	8.8%
Institutional Support	29,341,776	35,759,647	33,326,295	(2,433,352)	-6.8%
Student Services	2,322,459	1,826,076	2,069,079	243,003	13.3%
Operations and Maintenance of Plant	30,927,254	28,782,573	28,589,401	(193,172)	-0.7%
Scholarships and Fellowships	1,955,207	1,825,446	2,239,996	414,550	22.7%
Auxiliary Enterprises	4,313,466	4,284,612	5,216,487	931,875	21.7%
Depreciation and Amortization	22,804,861	26,000,000	31,500,000	5,500,000	21.2%
Total Operating Expenses	557,419,076	570,369,143	665,448,757	95,079,614	16.7%
Operating Surplus/Deficit	(176,440,130)	(207,512,879)	(227,673,755)	(20,160,876)	9.7%
Budgeted Nonoperating Revenues (Expenses):					
State Appropriations & HEAF (Non-capitalized)	153,783,437	170,108,682	170,021,045	(87,637)	-0.1%
Gifts in Support of Operations	23,266,442	8,250,000	28,250,000	20,000,000	242.4%
Net Investment Income	27,800,966	28,523,451	29,111,033	587,582	2.1%
Other Non-Operating Revenue	-	-	-	-	-
Other Non-Operating (Expenses)	-	-	-	-	-
Net Non-Operating Revenue/(Expenses)	204,850,845	206,882,133	227,382,078	20,499,945	9.9%
Transfers and Other:					
AUF Transfers Received for Operations	-	-	-	-	-
AUF Transfers (Made) for Operations	-	-	-	-	-
Transfers for Debt Service - Interest	(953,438)	(5,820,339)	(8,978,542)	(3,158,203)	54.3%
Total Transfers and Other	(953,438)	(5,820,339)	(8,978,542)	(3,158,203)	54.3%
Budget Margin (Deficit)	27,457,277	(6,451,085)	(9,270,219)	(2,819,134)	43.7%
Reconciliation to Change in Net Assets:					
Net Non-Profit Health Corp Activity	-	-	-	-	-
Net Inc./Dec. in Fair Value of Investments	49,672,695	-	-	-	-
Interest Expense on Capital Asset Financings	-	-	-	-	-
Capital Approp., Gifts and Sponsored Programs	8,154,528	3,250,000	8,000,000	4,750,000	146.2%
HEAF (Capitalized)	-	-	-	-	-
Additions to Permanent Endowments	18,942,499	7,000,000	15,000,000	8,000,000	114.3%
Transfers for Debt Service - Principal	(10,921,203)	(10,730,487)	(13,308,337)	(2,577,850)	24.0%
Reverse Transfers for Debt Service (System Only)	-	-	-	-	-
Transfers and Other	95,575,652	40,000,000	20,000,000	(20,000,000)	-50.0%
SRECNA Change in Net Assets	\$ 188,881,448	33,068,428	20,421,444	(12,646,984)	-38.2%
Total Revenues and AUF Transfers	\$ 585,829,791	569,738,397	665,157,080	95,418,683	16.7%
Total Expenses (Including Transfers for Interest)	(558,372,514)	(576,189,482)	(674,427,299)	(98,237,817)	17.0%
Budget Margin (Deficit)	\$ 27,457,277	(6,451,085)	(9,270,219)	(2,819,134)	
Reconciliation to Use of Prior Year Balances					
Depreciation		26,000,000	31,500,000		
Capital Outlay		(9,000,000)	(10,200,000)		
HEAF (Capitalized)		-	-		
Transfers for Debt Service - Principal		(10,730,487)	(13,308,337)		
Budgeted Transfers		1,106,000	1,129,000		
Use of Prior Year Balances		924,428	(149,556)		

**UT Health Science Center – San Antonio
Compact for FY 10 – FY 11**

X. Data Summary

<i>fall</i>	2000	2001	2002	2003	2004	2005	2006	2007	2008
Undergraduate enrollment	762	903	907	894	799	677	684	649	774
Health Professions	341	418	379	347	328	285	266	236	281
Nursing	421	485	528	547	471	392	418	413	493
Graduate/professional enrollment	1,781	1,762	1,821	1,860	2,038	2,098	2,141	2,173	2,286
Health Professions	134	109	146	205	241	278	273	287	309
Biomedical Sciences	272	277	320	314	318	371	375	363	404
Dental	402	396	404	397	395	402	407	427	472
Medical	824	829	822	816	816	827	849	869	884
Nursing	149	151	129	128	268	220	237	227	217
Total enrollment	2,543	2,665	2,728	2,754	2,837	2,775	2,825	2,822	3,060
<i>academic year</i>	99-00	00-01	01-02	02-03	03-04	04-05	05-06	06-07	07-08
Undergraduate degrees									
Certificates: Health Profs	55	157	213	212	155	170	153	184	196
Baccalaureate: Health Profs	143	131	42	64	70	92	102	127	136
Baccalaureate: Nursing	236	168	220	238	253	265	168	207	189
Graduate/prof degrees/certs									
Health Professions	37	33	48	50	51	59	91	81	83
Biomedical Sciences	52	55	46	60	61	49	63	70	59
Dental	107	104	103	112	97	102	94	105	107
Medical	196	195	193	194	199	194	191	196	204
Nursing	46	56	46	31	28	43	49	88	70
Total grad/prof	438	443	436	447	436	447	488	540	523
<i>academic year</i>				02-03	03-04	04-05	05-06	06-07	07-08
Accredited resident programs				53	54	53	51	50	51
Residents in accredited programs				617	624	630	652	667	670
<i>fiscal year</i>	2000	2001	2002	2003	2004	2005	2006	2007	2008
Federal research expenditures	\$58,600,224	\$66,852,477	\$83,760,708	\$86,854,337	\$89,661,741	\$95,125,850	\$95,110,395	\$95,132,294	\$120,810,903
<i>academic year</i>	2000	2001	2002	2003	2004	2005	2006	2007	2008
Faculty		1,393	1,404	1,405	1,494	1,528	1,562	1,567	1,604
Administrative		126	126	125	133	140	147	148	156
Other, Non-Faculty		2,995	3,090	3,009	3,075	3,054	3,101	2,988	2,672
Student employees		607	551	440	480	512	561	490	356
<i>fiscal year</i>	2000	2001	2002	2003	2004	2005	2006	2007	2008
Hospital days	123,266	224,311	202,000	224,366	228,213	259,763	291,454	304,895	
Outpatient visits	915,725	854,046	834,000	1,110,429	676,004	704,164	840,031	823,712	
Un-sponsored charity care	\$60,729,594	\$60,602,900	\$70,149,189	\$77,586,366	\$85,647,220	\$98,545,392	\$101,866,765	\$86,314,112	\$114,258,294
Note: The overall decline in the amount of un-sponsored charity care by faculty reported in FY 06-07 is the result of physician UPL payments which offset the amount of un-sponsored charity care. The payments received in FY 06-07 included one-time payment fo									
<i>as of</i>	8/31/2000	8/31/2001	8/31/2002	8/31/2003	8/31/2004	8/31/2005	8/31/2006	8/31/2007	8/31/2008
Endowment total value	\$293,090	\$252,520	\$226,799	\$246,573	\$278,385	\$319,886	\$346,235	\$405,177	\$409,307
(in \$ thousands)									

**UT M. D. Anderson Cancer Center
Compact for FY 10 – FY 11**

Mission: The Mission of The University of Texas M. D. Anderson Cancer Center is to eliminate cancer in Texas, the nation, and the world through outstanding programs that integrate patient care, research and prevention, and through education for undergraduate and graduate students, trainees, professionals, employees and the public.

Top 5 Priorities for FY 10 – FY 11:

1. Recruitment of outstanding scientists
2. Managing growth - clinical efficiencies and construction issues
3. Implementing research retreat priorities
4. Enhanced focus on customer service
5. Continue employer of choice activities

I. Performance Summary Table and Analysis

Indicator	Past	Current	Goal	Explanation
Enrollment Growth Health Sciences (undergraduate)	75 (2003) 139 (2007)	139 (2008)	Goal 336 (2009) Actual 223 Goal 250 (2011)	The School of Health Professions' move to larger space delayed; junior year Dosimetry delayed due to personnel; saturation of training sites. 208 enrolled 2008-09.
All Sponsored Research Expenditures	\$282,260,250 (2003) \$444,932,707 (2007)	\$488,654,827 (2008)	15% growth (2009) 10% growth (2011)	On target with 2008 expenditures of \$489M, a 10% growth. With President Obama's intent to increase NIH funding and CPRIT funding we expect to be in a strong position.
Federal Sponsored Research Expenditures	\$122,868,912 (2003) \$190,508,252 (2007)	\$194,889,145 (2008)	5% growth (2009) 5% growth (2011)	2008 expenditures of \$195M, a 2.5% growth.
Uncompensated Health Care According to the State Definition – includes hospitals and physicians	\$266,642,8066 (2005) \$221,186,954 (2006) charges	\$196,041,734 (2007)	\$270,000,000 (2009)	The goal is anticipated forecast based on trends and historical data. Dollars declined from 2005 to 2006 because of a program to assist patients in getting certified for some third-party payor and/or pharmacy assistance. 7800 UCC patients were cared for in FY07. Portion of the decline from 2006 to 2007 is attributable to retroactive upper payment limit revenue received in 2007. Additional institutional investments are planned in this area.
# Texas Cancer Patients Served	56,231(2006) 60,085 (2007)	63,642 (2008)	68,041 (2009)	This is an important indicator and the basis of MDACC formula funding.
# Total Patients Served	79,496(2006) 83,471 (2007)	88,900 (2008)	94,813 (2009)	This is critical indicator for our mission, productivity and financial stability.

**UT M. D. Anderson Cancer Center
Compact for FY 10 – FY 11**

II. Update Strategic Initiatives from 2008 Compact

a. Completed Initiatives

	Impact (Metrics)	Analysis	Goal	Evaluation of initiative success
1. Organize and staff MDACC Global (outside Houston, domestic and international)	# satellites, #consulting contracts, and # sister institutions	3 VPs (academic, clinical, business) in place.	Large-scale consulting contract; activation of additional satellites	18 sister agreements; 2 pending. Major consulting contract with Qatar. 6 satellites (two new). Major extension contract.
2. Philanthropic plan, Phase II	Funds raised, Board members engaged.	Quiet Phase II of multi-year \$1B campaign targeted to be completed by December 2009.	Form Board campaign committees; achieve half-way mark to goal	Goals for Phase I were met: published Case for Support, appointed campaign committees, held 5 sessions for Board members in Houston, Dallas, San Antonio. \$602M of \$1B goal achieved. Phase II goal should be met.
3. Design and pilot Cancer Survivorship Program	#pilot programs #patients in programs	MDACC should lead the way with survivorship initiatives. 2/3 of our patients survive 5 years and longer, a growing demographic.	Goals met: 3 pilots. 532 patients transitioned	The design/pilot phase was successful with pilots in thyroid, gynecology and genitourinary cancers. Goal of 200 patients exceeded.
4. Faculty Enhancement	#faculty in mentoring programs #programs held	More formalized mentoring of junior faculty and physician scientists will enhance their career development and be a recruiting tool.	#mentoring events: 66 (FY07) 142 (FY08) 50% faculty	200 faculty attended Faculty Mentoring Day; Mentoring Academy in development; dedicated website; handbook on mentoring. All very positively received.

b. Ongoing Initiatives

	Impact (Metrics)	Analysis	Goal	Next Steps
1. Customer Service Initiative - further advancement of core values of caring, integrity and discovery	Patient and referring M.D. satisfaction surveys	Patient satisfaction high but concerns remain with waiting to be admitted, wait time for appointment. Also reflected in referring physician satisfaction with 79% mostly/completely satisfied with initial consultation (other measures 87-90%).	1 st appt within 7 days; improved satisfaction scores; less wait time for beds.	Times to issue the appointment now 1-2 days in most clinics. Time until appointment decreased 7 days between January and April 2009 (15.6 to 7.5) Construction of new floors for Alkek hospital will add needed beds in 2011.
2. Maintain operating margin to support our goals	% of operating budget supporting margin	To keep the long term capital plan in balance (sources and uses of funds), a stable operating margin is needed.	Operating margin 3-5% range; expense cuts of 10%.	FY09 margin was projected to be approx 1% or less with the growth in expenses exceeding growth in revenue. Aggressive steps to reduce expenses and increase revenues are in process.
3. Research Strategic Plan - updated	#funded research proposals \$ of funding	Organization of research plans, integration of research of Institute for Personalized Cancer Therapy into the clinics; development of funding priorities and mechanisms.	\$20M in external funding.	Development of proposals to move forward research agenda; assessment of targeted recruitments needed; successful proposals for Cancer Prevention and Research Institute of Texas.
4. Philanthropic Initiative - Phase III Public and Major Gift Period	Funds for research, education, facilities	Consistent with goal to raise research bar and coordinated with Research Strategic Plan.	\$360M raised 1/2010 to 8/2012.	Targeted goal will be challenging in this economy; expect more pledges, estate and blended gifts.
5. Branding Strategy	National and international recognition	Internal/external focus groups agree time for new brand. Consultant has been hired.	New logo reflecting our mission.	Select final brand "mark"; develop roll-out, education and marketing plan.

**UT M. D. Anderson Cancer Center
Compact for FY 10 – FY 11**

III. New Strategic Initiatives

Initiative, Rationale, & Strategy	Expected Impact (Metrics)	Goal	Specific Steps in 09-10, 10-11
1. Maintain reduction in expenses of 10%	Operating margin of 3.5% Flexible hiring freeze - # employees	4% total margin; smart growth in today's economy	Complete the 10% reduction in less critical programs and positions; maintain the new level of control in expenses; maintain or increase clinical productivity.
2. Targeted expansion of research programs	\$ from CPRIT # grant proposals funded Increased funds from federal agencies # key research leaders recruited	3 major research recruitments; \$50M CPRIT funding	Prioritization and oversight, led by EVP/Provost, working with Division Heads and Department Chairs.
3. Institute for Cancer Care Excellence	Metrics developed for reimbursement based on outcomes # pilot projects	Document value/outcomes of specialized cancer care	Focus on the value of care provided (quality and outcomes/costs). Continue pilot project with Harvard Medical School. Plan project with National Cancer Policy Forum (IOM).

IV. UT System Strategic Plan Initiatives

a. New Clinical Programs/Products

Initiative with Banner Health, one of the largest nonprofit health care systems in the U.S., to form M. D. Anderson Banner Cancer Center in Phoenix. Services will include medical oncology, surgery, radiation, pathology, laboratory and imaging. MDACC will have clinical oversight for all aspects of care delivery, and the medical director and section chiefs will report to MDACC Division Heads. Anticipated groundbreaking for the outpatient center is late 2009 or early 2010, and it will open in late 2011. 120,000 sf outpatient center (modeled after MDACC's multidisciplinary clinics) will be supported by 76 beds on two floors of the Banner Gateway Hospital. The \$90M project will be funded by Banner through bonds. This extension agreement was developed by our Center for Global Oncology.

b. Information Security Plan

M. D. Anderson's Information Security Department has established a comprehensive program to continually assess and vigilantly protect information systems from various threats, enhance the institution's ability to recover in the event of a natural or other disasters, and ensure compliance with institutional, UT System, State, and federal regulations. Specifically, we have (1) implemented and refined numerous technology solutions to enhance protection from viruses, intrusions, and unwanted SPAM e-mails, (2) centralized and are now automating system account management functions, (3) developed a formal disaster recovery program that is being rolled-out across all critical applications, and (4) built and refined security-related policies, operations, and programs in a manner that supports all compliance and regulatory requirements.

V. System Contributions and Investments

a. Summary of STARS and special PUF investments

	FY 05	FY 06	FY 07	FY 08	FY 09	Description/Metrics of Impact
STARS Program	\$1,000,000	\$1,170,000	\$1,100,000	\$1,500,000	\$1,900,000	Recipients involved in 12 active, national grants and numerous pending proposals.

VI. Number of New Faculty Positions Projected to 2012

Field	FY 06	FY 07	FY 08	FY 09	FY 10	FY 11	FY 12	Total FY 06 - FY 12
Medical/Health	63	63	62	63	12	20	28	311

UT M. D. Anderson Cancer Center Compact for FY 10 – FY 11

VII. Status of Campus Strategic/Long-Range Plan: Strategic Vision for Making Cancer History, 2005-2010, is on track. The 7 strategic goals have become part of the institutional culture and are referenced and linked to projects, e.g., institutional policies must be associated with one or more goals. A new performance evaluation form for all employees aligns personal goals with department goals to institutional goals. The strategic vision is accessible to all at:

<http://inside.mdanderson.org/about-mdacc/strategic-vision-2005-2010/index.html>

VIII. Campus Consultation to Develop Compact: The Compact is linked to MDACC's Strategic Vision 2005-2010, so the update processes work in tandem. The Strategic Vision website has a link to the UT System Compact website. The draft Compact Update is approved by the President's Advisory Board, a committee of faculty and administrative leaders including the chair of the Faculty Senate.

**UT M. D. Anderson Cancer Center
Compact for FY 10 – FY 11**

IX. Budget

**The University of Texas M. D. Anderson Cancer Center
Operating Budget
Fiscal Year Ending August 31, 2009**

	FY 2007 Actual	FY 2008 Adjusted Budget	FY 2009 Operating Budget	Budget Increases (Decreases) From 2008 to 2009	
				Amount	Percent
Operating Revenues:					
Tuition and Fees	\$ 574,137	659,609	1,114,467	454,858	69.0%
Federal Sponsored Programs	187,893,630	197,843,792	207,244,524	9,400,732	4.8%
State Sponsored Programs	165,191	1,450,000	500,000	(950,000)	-65.5%
Local and Private Sponsored Programs	55,819,492	58,441,116	74,795,196	16,354,080	28.0%
Net Sales and Services of Educational Activities	2,137,905	2,608,978	2,889,031	280,053	10.7%
Net Sales and Services of Hospital and Clinics	1,717,114,637	1,891,601,054	2,051,250,000	159,648,946	8.4%
Net Professional Fees	271,669,875	283,533,102	299,878,114	16,345,012	5.8%
Net Auxiliary Enterprises	25,319,457	28,097,265	29,449,567	1,352,302	4.8%
Other Operating Revenues	26,657,522	17,145,885	30,444,483	13,298,598	77.6%
Total Operating Revenues	2,287,351,846	2,481,380,801	2,697,565,382	216,184,581	8.7%
Operating Expenses:					
Instruction	78,545,017	95,118,735	89,003,112	(6,115,623)	-6.4%
Academic Support	48,183,822	52,017,117	55,147,138	3,130,021	6.0%
Research	374,619,645	395,149,353	437,284,197	42,134,844	10.7%
Public Service	11,757,566	17,545,255	14,115,029	(3,430,226)	-19.6%
Hospitals and Clinics	1,323,426,528	1,405,691,748	1,553,477,442	147,785,694	10.5%
Institutional Support	170,465,020	174,893,135	184,370,996	9,477,861	5.4%
Student Services	2,459	250,000	250,000	-	0.0%
Operations and Maintenance of Plant	154,583,641	177,433,717	185,540,277	8,106,560	4.6%
Scholarships and Fellowships	481,493	567,979	800,000	232,021	40.9%
Auxiliary Enterprises	16,732,719	18,110,848	19,482,214	1,371,366	7.6%
Depreciation and Amortization	190,834,761	203,000,000	232,831,271	29,831,271	14.7%
Total Operating Expenses	2,369,632,671	2,539,777,887	2,772,301,676	232,523,789	9.2%
Operating Surplus/Deficit	(82,280,825)	(58,397,086)	(74,736,294)	(16,339,208)	28.0%
Budgeted Nonoperating Revenues (Expenses):					
State Appropriations & HEAF (Non-capitalized)	160,130,024	167,739,888	168,131,384	391,496	0.2%
Gifts in Support of Operations	70,500,340	72,308,541	86,322,521	14,013,980	19.4%
Net Investment Income	55,024,180	46,429,243	47,933,521	1,504,278	3.2%
Other Non-Operating Revenue	315,002	-	-	-	-
Other Non-Operating (Expenses)	-	-	-	-	-
Net Non-Operating Revenue/(Expenses)	285,969,546	286,477,672	302,387,426	15,909,754	5.6%
Transfers and Other:					
AUF Transfers Received for Operations	-	-	-	-	-
AUF Transfers (Made) for Operations	-	-	-	-	-
Transfers for Debt Service - Interest	(25,614,737)	(32,834,650)	(31,982,057)	852,593	-2.6%
Total Transfers and Other	(25,614,737)	(32,834,650)	(31,982,057)	852,593	-2.6%
Budget Margin (Deficit)	178,073,984	195,245,936	195,669,075	423,139	0.2%
Reconciliation to Change in Net Assets:					
Net Non-Profit Health Corp Activity	-	-	-	-	-
Net Inc./(Dec.) in Fair Value of Investments	107,338,363	-	-	-	-
Interest Expense on Capital Asset Financings	-	-	-	-	-
Capital Approp., Gifts and Sponsored Programs	9,565,699	50,000,000	35,000,000	(15,000,000)	-30.0%
HEAF (Capitalized)	-	-	-	-	-
Additions to Permanent Endowments	54,029,523	10,000,000	10,000,000	-	0.0%
Transfers for Debt Service - Principal	(53,106,431)	(60,356,021)	(68,940,595)	(8,584,574)	14.2%
Reverse Transfers for Debt Service (System Only)	-	-	-	-	-
Transfers and Other	76,842,650	85,500,000	224,400,000	138,900,000	162.5%
SRECNA Change in Net Assets	\$ 372,743,788	280,389,915	396,128,480	115,738,565	41.3%
Total Revenues and AUF Transfers	\$ 2,573,321,392	2,767,858,473	2,999,952,808	232,094,335	8.4%
Total Expenses (Including Transfers for Interest)	(2,395,247,408)	(2,572,612,537)	(2,804,283,733)	(231,671,196)	9.0%
Budget Margin (Deficit)	\$ 178,073,984	195,245,936	195,669,075	423,139	
Reconciliation to Use of Prior Year Balances					
Depreciation		203,000,000	232,831,271		
Capital Outlay		(356,468,187)	(374,632,688)		
HEAF (Capitalized)		-	-		
Transfers for Debt Service - Principal		(60,356,021)	(68,940,595)		
Budgeted Transfers		-	-		
Use of Prior Year Balances		(18,578,272)	(15,072,937)		

**UT M. D. Anderson Cancer Center
Compact for FY 10 – FY 11**

X. Data Summary

<i>fall</i>	2000	2001	2002	2003	2004	2005	2006	2007	2008
Enrollment	41	48	59	75	70	86	108	139	203
<i>academic year</i>	99-00	00-01	01-02	02-03	03-04	04-05	05-06	06-07	07-08
Undergraduate degrees									
Certificates	0	26	34	32	45	21	14	14	14
Baccalaureate	0	13	10	20	30	43	49	68	96
Total degrees	0	39	44	52	75	64	63	82	110
<i>academic year</i>				02-03	03-04	04-05	05-06	06-07	07-08
Accredited resident prgs				12	14	14	18	22	23
Residents in accredited prgs				100	103	100	107	112	119
<i>fiscal year</i>	2000	2001	2002	2003	2004	2005	2006	2007	2008
Federal research exp	\$81,871,561	\$91,543,036	\$117,633,074	\$122,868,912	\$150,528,694	\$160,953,856	\$182,028,411	\$190,508,252	\$194,889,145
<i>academic year</i>	2000	2001	2002	2003	2004	2005	2006	2007	2008
Faculty	911	1,017	1,071	1,133	1,190	1,447	1,621	1,687	1,714
Administrative		626	670	806	859	932	1,032	1,161	2,055
Other, Non-Faculty		9,709	10,320	11,035	11,856	12,607	13,066	13,708	13,579
Student employees		252	280	318	356	360	400	433	427
<i>fiscal year</i>	2000	2001	2002	2003	2004	2005	2006	2007	2008
Hospital admissions	17,497	18,604	18,781	19,430	20,608	20,728	21,221	21,831	
Hospital days	131,788	137,204	137,207	146,673	153,002	155,981	157,537	163,007	
Outpatient visits	448,690	469,068	471,728	537,822	610,329	767,909	927,414	939,500	
Un-sponsored charity care - physicians only	\$25,524,441	\$30,773,351	\$35,310,300	\$43,427,477	\$43,427,477	\$51,164,780	\$50,594,052	\$42,871,461	\$41,978,565
Note: The overall decline in the amount of un-sponsored charity care by faculty reported in FY 06-07 is the result of physician UPL payments which offset the amount of un-sponsored charity care. The payments received in FY 06-07 included one-time payment fo									
<i>as of</i>	8/31/2000	8/31/2001	8/31/2002	8/31/2003	8/31/2004	8/31/2005	8/31/2006	8/31/2007	8/31/2008
Endowment total value	\$300,480	\$278,151	\$263,643	\$205,089	\$357,890	\$421,936	\$457,727	\$564,505	\$630,293
(in \$ thousands)									

**UT Health Science Center – Tyler
Compact for FY 10 – FY 11**

Mission: To serve East Texas and beyond through excellent patient care and community health, comprehensive education, and innovative research.

Top Priorities for FY 10 – FY 11:

- 1: Grow clinical practice enterprise by 5%-10% increase in revenue in next FY, so it becomes an economic driver.
- 2: Develop and enhance oncology and interventional pulmonary programs.
- 3: Obtain additional philanthropic funding for Academic Center.
- 4: Complete and implement FY010-FY13 Strategic Plan for UTHSCT.

I. Performance Summary Table and Analysis

Indicator	Past	Current	Goal	Explanation
All Sponsored Research Expenditures	\$9,217,039 (2003) \$12,598,871 (2006)	\$13,550,150 (2007)	\$13,000,000 (2010) \$18,000,000 (2014)	Assumes continued recruitment replacing open positions in basic science and clinical faculty and reflects the ability to support researchers with good priority and competitive scores.
Federal Sponsored Research Expenditures	\$3,493,251 (2003) \$6,512,656 (2006)	\$6,742,353 (2007)	\$6,500,000 (2010) \$9,000,000 (2014)	Represents slight increments in NIH awards and other extramural support in the face of current contraction at NIH and increased competition for other sources of extramural funding. Assumes maintenance of current levels of extramural funding by research faculty.
Uncompensated Health Care According to the State Definition – includes hospitals and physicians	\$23,908,546 (2008)	\$21,098,058 (2009 projected)	\$20,000,000 (2010)	UTHSCT has scaled back its uncompensated care levels to attain budget targets. Plus, UTHSCT continues its monthly productivity reports to manage more effectively its indigent care program.

II. Update Strategic Initiatives from the 2008 Compact

a. Completed Initiatives

	Impact (Metrics)	Analysis	Goal	Evaluation of initiative success
1. UT Physicians of Gladewater Clinic opened	Clinic has 3,000 square feet and nine exam rooms.	The Gladewater clinic will routinely offer primary care and will offer specialty care services as needed. This clinic is expected to improve the quality of health care available to the Gladewater community.	Expansion space for other providers to allow increased patient care availability in Gladewater.	Family Medicine physician joined UT Physicians of Gladewater and began seeing patients May 6, 2009; specialty care services are also available (specifically, geriatrics and cardiology).
2. UT Physicians of Overton - moved to larger clinic space in Overton	Clinic has 3,200 square feet and five exam rooms, two procedure rooms.	The Overton clinic has routinely offered primary care and other specialty care services. The expanded office space is expected to improve the quality of health care available to Overton community.	Expansion space for additional providers will allow increased patient care availability in Overton.	UT Physicians of Overton moved into larger clinic space the first week of May 2009. New space provides more efficient space to offer minor trauma, skin surgery, gynecological procedures, X-rays, EKGs, and all other family health care. Lab is also available.

**UT Health Science Center – Tyler
Compact for FY 10 – FY 11**

	Impact (Metrics)	Analysis	Goal	Evaluation of initiative success
3. Review by the Accreditation Council for Graduate Medical Education (ACGME) in late May 2009 to review the UTHSCT Family Medicine Residency Program	The UTHSCT Family Medicine Residency program currently has 21 slots.	ACGME evaluates and accredits medical residency programs in the United States. Its purpose is to improve health care by assessing and advancing the quality of resident physicians' education through accreditation.	To receive continued full accreditation from the ACGME in fall 2009.	UTHSCT Family Medicine Residency Program received its first accreditation in 1985 and has received continued full accreditation each accreditation review cycle since then. UTHSCT hopes for a positive evaluation when the final letter is issued in the fall of 2009.

b. Ongoing Initiatives

	Impact (Metrics)	Analysis	Goal	Next Steps
1. Continue a prestigious research program	Sponsored research: \$13,550,150 (2007)	Will require ongoing growth of research faculty and enhanced clinical research.	Sponsored research: \$18,000,000 (2014); amount reduced due to downturn in economy in FY2009.	Continue - Growth in research expenditures in specific focus areas of lung injury, infectious lung diseases, and cancer.
2. Finalize Academic Center to support education, research, patient care, and beautification of campus	\$21,120,000 TRB for UTHSCT Academic Center	UT Board of Regents approved Academic Center at May 2009 Board meeting (TRB funds, and support from UT System, Board of Regents, and additional philanthropy). THECB Commissioner approved this project on May 26, 2009.	More academic and clinical visibility in East Texas by FY2010.	Continue - Achieve new educational and research facilities; continue to foster collaborations with other UT institutions and identify clinical and research collaborations with MD Anderson.
3. Expand Rural Medicine Residency training programs with regional hospitals to enhance medical education opportunities in East Texas	Double family medicine training program.	Identify funding sources; negotiate agreements with regional hospitals.	Academic visibility to identify additional teaching hospital by FY2012.	1. Finalize agreement with regional hospitals and pursue programmatic and operational specifics. 2. Produce strategic planning document.
4. UTHSCT School of Health Professions	Develop professional health care workforce in East Texas.	This initiative is on hold while funding sources are identified.	Develop Academic Medical Center by FY2011.	1. \$6 million was requested for biennium from 81 st State Legislature to help fund School of Health Professions. Request was not funded, however; so UTHSCT continues to seek funding sources with assistance from UT System. 2. Plan to pursue joint degree collaborations with other higher ed institutions, including UTT and SFA.

**UT Health Science Center – Tyler
Compact for FY 10 – FY 11**

	Impact (Metrics)	Analysis	Goal	Next Steps
5. Expand Primary Care	With identification of primary care as product line, this initiative will increase UTHSCT primary care patient load and possibly increase referrals to specialty care at UTHSCT.	Will require recruitment of new faculty and implementation of new marketing initiative.	Primary Care clinic visits grow by 30% by 2012.	1. Recruit new faculty. 2. Identify new practice sites.

III. New Strategic Initiatives

Initiative, Rationale, & Strategy	Expected Impact (Metrics)	Goal	Specific Steps in 09-10, 10-11
1. Regional Health Science Center for NE Texas - Interventional Pulmonary Research and Clinical Care Program	Addresses a critical need in region and supports our research initiative. We will measure growth of new pulmonary services.	Increase interventional pulmonary procedures at UTHSCT by 20% by FY 2011.	Recruit additional interventional pulmonologist.
2. Regional Health Science Center for NE Texas - Texas Lung Research & Treatment (TLRT) Initiative, a part of UTHSCT Texas Lung Injury Initiative (TLII)	To facilitate UTHSCT as National Center for Pulmonary Care and Research. Increase external research support in lung injury and lung cancer.	Develop new drugs in lung injury treatment; enhance basic/clinical research in lung injury by FY 2011.	1. With HRSA grant of \$235,620 that was announced in spring of 2009, UTHSCT will purchase key equipment for Texas Lung Research and Treatment Initiative. 2. Recent NIH RAID grant (\$850K) will help move one TLII initiative towards a clinical trial. 3. Continue efforts to secure philanthropic support for this initiative. 4. Utilize UTS "STARS" funding to recruit experienced research faculty.
3. Key Information Technology initiatives	Improved communication and patient safety.	Move 50% of outpatient clinics to utilize EMR by end of FY10.	1. Select EMR. 2. In addition, UTHSCT will select a cost accounting system to help improve efficiency in budgeting.

**UT Health Science Center – Tyler
Compact for FY 10 – FY 11**

IV. UT System Strategic Plan Initiatives

a. New Clinical Programs/Products

Oncology is a new product line. Diseases of the chest, cardiology, and primary care product lines continue.

b. Information Security Plan

Several major information security initiatives planned for the 2010 – 2011 timeline include:

- Define and implement an improved management authorization process for new information technology applications and services that includes information security considerations.
- Participate in the deployment of the configuration management system selected by UT System. Develop and disseminate a formal configuration management policy that addresses purpose, scope, roles and responsibilities, and compliance.
- Expand the use of the standardized information risk assessment tool recommended by UT System. Document risk mitigation strategies used and include these in the UTHSCT action, training, and/or monitoring plans as appropriate.

V. System Contributions and Investments

a. Summary of STARS and special PUF investments

UTHSCT received \$150,000 from the ENTER fund for FY 2008. This collaboration with UT Tyler will establish an Aging, Research and Teaching Unit to address care required for older adults.

b. Other System contributions

UTHSCT will receive \$10 million in PUF funds that will be applied towards UTHSCT Academic Center.

VI. Total Faculty Positions Projected to 2012

Field	FY 06	FY 07	FY 08	FY 09	FY 10	FY 11	FY 12
Medical/Health	71	60	48	49	54	55	56
Other	34	35	37	34	33	35	37
Total	105	95	85	83	87	90	93

Please Note: The numbers above are totals and not how many new faculty. UTHSCT has prioritized recruitment on key clinical faculty to invest in clinical enterprise. Research faculty projections are modest, but consistent with the faculty contraction UTHSCT has had.

VII. Status of Campus Strategic/Long-Range Plan: The process to develop UTHSCT's Campus Strategic/Long-Range Plan will continue through calendar year 2009. The leadership of this initiative has been delegated to UTHSCT's Chief Operating Officer.

VIII. Campus Consultation to Develop Compact: The UTHSCT Office of the President conducted individual selected meetings with key faculty leaders (including members from the respective Clinical and Research Assemblies) and with selected members of UTHSCT administrative staff to discuss elements of the FY10-FY11 Compact. These faculty and administrators provided meaningful input and were instrumental in the development of UTHSCT's FY2010-FY2011 Compact.

UT Health Science Center – Tyler Compact for FY 10 – FY 11

IX. Budget

The University of Texas Health Science Center at Tyler Operating Budget Fiscal Year Ending August 31, 2009

	FY 2007 Actual	FY 2008 Adjusted Budget	FY 2009 Operating Budget	Budget Increases (Decreases) From 2008 to 2009	
				Amount	Percent
Operating Revenues:					
Tuition and Fees	\$ -	-	-	-	-
Federal Sponsored Programs	9,830,229	14,022,875	11,800,000	(2,222,875)	-15.9%
State Sponsored Programs	1,304,046	1,276,700	1,340,200	63,500	5.0%
Local and Private Sponsored Programs	4,663,010	2,219,005	3,650,000	1,430,995	64.5%
Net Sales and Services of Educational Activities	1,034,084	3,457,473	2,872,158	(585,315)	-16.9%
Net Sales and Services of Hospital and Clinics	44,495,098	41,964,605	43,329,290	1,364,685	3.3%
Net Professional Fees	15,068,152	11,268,060	9,635,018	(1,633,042)	-14.5%
Net Auxiliary Enterprises	178,934	202,420	227,192	24,772	12.2%
Other Operating Revenues	673,116	-	-	-	-
Total Operating Revenues	77,246,669	74,411,138	72,853,858	(1,557,280)	-2.1%
Operating Expenses:					
Instruction	7,150,044	4,132,457	4,051,742	(80,715)	-2.0%
Academic Support	367,599	481,551	536,003	54,452	11.3%
Research	11,709,718	20,865,196	23,390,981	2,525,785	12.1%
Public Service	-	-	-	-	-
Hospitals and Clinics	66,259,753	63,696,570	59,004,265	(4,692,305)	-7.4%
Institutional Support	9,662,837	8,513,900	6,684,047	(1,829,853)	-21.5%
Student Services	-	-	-	-	-
Operations and Maintenance of Plant	9,187,734	9,076,575	14,404,482	5,327,907	58.7%
Scholarships and Fellowships	-	-	-	-	-
Auxiliary Enterprises	232,583	189,824	211,963	22,139	11.7%
Depreciation and Amortization	8,955,614	8,930,100	8,861,954	(68,146)	-0.8%
Total Operating Expenses	113,525,882	115,886,173	117,145,437	1,259,264	1.1%
Operating Surplus/Deficit	(36,279,213)	(41,475,035)	(44,291,579)	(2,816,544)	6.8%
Budgeted Nonoperating Revenues (Expenses):					
State Appropriations & HEAF (Non-capitalized)	37,764,633	40,480,054	40,873,781	393,727	1.0%
Gifts in Support of Operations	570,517	1,449,327	1,081,137	(368,190)	-25.4%
Net Investment Income	3,623,506	2,905,214	2,511,177	(394,037)	-13.6%
Other Non-Operating Revenue	-	-	-	-	-
Other Non-Operating (Expenses)	-	-	-	-	-
Net Non-Operating Revenue/(Expenses)	41,958,656	44,834,595	44,466,095	(368,500)	-0.8%
Transfers and Other:					
AUF Transfers Received for Operations	-	-	-	-	-
AUF Transfers (Made) for Operations	-	-	-	-	-
Transfers for Debt Service - Interest	(764,767)	(947,425)	(945,795)	1,630	-0.2%
Total Transfers and Other	(764,767)	(947,425)	(945,795)	1,630	-0.2%
Budget Margin (Deficit)	4,914,676	2,412,135	(771,279)	(3,183,414)	-132.0%
Reconciliation to Change in Net Assets:					
Net Non-Profit Health Corp Activity	-	-	-	-	-
Net Inc./(Dec.) in Fair Value of Investments	4,940,639	-	-	-	-
Interest Expense on Capital Asset Financings	-	-	-	-	-
Capital Approp., Gifts and Sponsored Programs	197	381,538	250,000	(131,538)	-34.5%
HEAF (Capitalized)	-	-	-	-	-
Additions to Permanent Endowments	545,283	-	-	-	-
Transfers for Debt Service - Principal	(1,492,570)	(3,496,513)	(3,714,038)	(217,525)	6.2%
Reverse Transfers for Debt Service (System Only)	-	-	-	-	-
Transfers and Other	3,627,135	2,594,540	2,250,000	(344,540)	-13.3%
SRECNA Change in Net Assets	\$ 12,535,360	1,891,700	(1,985,317)	(3,877,017)	-204.9%
Total Revenues and AUF Transfers	\$ 119,205,325	119,245,733	117,319,953	(1,925,780)	-1.6%
Total Expenses (Including Transfers for Interest)	(114,290,649)	(116,833,598)	(118,091,232)	(1,257,634)	1.1%
Budget Margin (Deficit)	\$ 4,914,676	2,412,135	(771,279)	(3,183,414)	
Reconciliation to Use of Prior Year Balances					
Depreciation		8,930,100	8,861,954		
Capital Outlay		(7,032,000)	(3,500,000)		
HEAF (Capitalized)		-	-		
Transfers for Debt Service - Principal		(3,496,513)	(3,714,038)		
Budgeted Transfers		-	-		
Use of Prior Year Balances		813,722	876,637		

**UT Health Science Center – Tyler
Compact for FY 10 – FY 11**

X. Data Summary

<i>academic year</i>				02-03	03-04	04-05	05-06	06-07	07-08
Accredited resident programs				2	2	2	2	2	2
Residents in accredited programs				24	23	24	24	24	24
<i>fiscal year</i>	2000	2001	2002	2003	2004	2005	2006	2007	2008
Federal research expenditures	\$2,807,980	\$3,063,099	\$2,783,554	\$3,493,251	\$4,659,021	\$4,956,399	\$6,512,656	\$6,742,353	\$6,422,350
<i>academic year</i>	2000	2001	2002	2003	2004	2005	2006	2007	2008
Faculty	102	112	119	110	107	106	97	94	86
Administrative		63	76	80	50	46	37	38	29
Other, Non-Faculty		1,095	1,041	1,062	1,110	1,035	836	755	676
Student employees		14	13	11	8	10	10	10	12
<i>fiscal year</i>	2000	2001	2002	2003	2004	2005	2006	2007	2008
Hospital admissions	3,714	3,554	3,805	3,765	3,369	2,901	2,926	2,512	
Hospital days	29,802	29,451	29,021	26,942	24,789	19,090	14,822	12,941	
Outpatient visits	132,772	135,978	140,473	119,515	114,968	114,208	166,539	154,397	
Un-sponsored charity care - physicians only	\$3,261,170	\$4,992,457	\$5,405,720	\$6,814,083	\$7,008,950	\$8,695,101	\$8,804,172	\$901,967	\$4,828,193
Note: The overall decline in the amount of un-sponsored charity care by faculty reported in FY 06-07 is the result of physician UPL payments which offset the amount of un-sponsored charity care. The payments received in FY 06-07 included one-time payment fo									
<i>as of</i>	8/31/2000	8/31/2001	8/31/2002	8/31/2003	8/31/2004	8/31/2005	8/31/2006	8/31/2007	8/31/2008
Endowment total value	\$33,791	\$29,465	\$26,136	\$28,288	\$31,729	\$36,271	\$39,108	\$44,142	\$42,094
(in \$ thousands)									