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FOR
HEALTH AFFAIRS COMMITTEE

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5. **U. T. System: Quarterly report on health matters of interest to the U. T. System, including a discussion on patient safety**	*11:15 a.m.* **Report/Discussion** *Dr. Greenberg* *Health Presidents* *Dr. Eric Thomas,* *U. T. Health Science Center - Houston* *Dr. Jan E. Patterson,* *U. T. Health Science Center - San Antonio*	Not on Agenda	**129**
Adjourn	*11:45 a.m.*		

1. U. T. System Board of Regents: Discussion and appropriate action regarding Consent Agenda items, if any, referred for Committee consideration

RECOMMENDATION

The proposed Consent Agenda is located at the back of the book.

2. U. T. System: Report on the Science and Technology Acquisition and Retention (STARs) Program at the U. T. System health institutions

REPORT

Dr. Patricia Hurn, Vice Chancellor for Research and Innovation, will provide a report on the Science and Technology Acquisition and Retention (STARs) Program. Dr. Hurn's presentation is set forth on the following pages.

U. T. System Health Institutions: Faculty Science and Technology Acquisition and Retention (STARs) Program

Patricia D. Hurn, Ph.D.
Vice Chancellor for Research and Innovation
The University of Texas System

U. T. System Board of Regents' Meeting
Health Affairs Committee
November 2013

The University of Texas System
Nine Universities. Six Health Institutions. Unlimited Possibilities.
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The Program

- Originated in 2004 to attract and retain outstanding faculty researchers ($26.5 million and continued authorizations every subsequent year)
- To date, total STARs funding awarded to health institutions equal $86.3 million
- July 2013: 61 faculty members recruited or retained
  - $570 million in external research funding for their institutions
  - 50 patents approved and 30 patents pending
  - 1300 published articles in refereed journals, plus 6 books
  - Responsible for 411 graduate and postdoctoral students
  - 1 Nobel Prize winner, 5 National Academy of Science, 2 Institute of Medicine

The Highly Competitive Awards

- Outstanding scientific leadership in an area of importance to the institution, to The University of Texas System, or the State of Texas
- Introduce a researcher into high-quality collaborative activities or bridge multiple disciplines
- Equipment or facility renovation that supplement institutional resources
- Rising STARs (2010): up to $250,000 award for exceptionally promising young faculty member recruited into tenure track

Two new categories of awards help to recruit and retain the best translational scientists and educators

Teaching STARs

Fiscal Year 2012			
1	Robert E. Novak, Ph.D.	UTHSCSA	recruitment
2	Linda A. Smith, Ph.D.	UTHSCSA	retention

Translational STARs

Fiscal Year 2012			
1	Hui-Ming Huang, Ph.D.	UTHSCSA	recruitment
2	Edward R. Sauter, M.D., Ph.D.	UTHSCT	recruitment
Fiscal Year 2013			
3	Erik Knudsen, Ph.D.	UTSWMC	recruitment
4	Agnieszka Witkiewicz, M.D.	UTSWMC	recruitment

Bruce Beutler, M.D.
Nobel Prize in Physiology Medicine 2011
Regental Professor
UTSWMC

Dianna M. Milewicz, M.D., Ph.D.
Professor and Director Division Medical Genetics
UTHSCH

Samir M. Hanash, M.D., Ph.D.
Professor and Director
Institute for the Early Detection and Treatment of Cancer
UTMDACC

Translational STAR

Edward R. Sauter, M.D., Ph.D., M.H.A.
Professor and Director
Center Treatment and
Prevention Program
UTHSCT

Teaching STAR

Robert Novak, Ph.D.
Professor, Otolaryngology
Head and Neck Surgery
UTHSCSA

3. U. T. System: Approval of $8.6 million from the Permanent University Fund (PUF) and $900,000 from the Available University Fund (AUF) to be deployed over Fiscal Years 2014 and 2015 to support a new U. T. System Research Core Infrastructure, including the implementation of a pilot project on a core to advance the study of proteomics across health institutions and the purchase of a U. T. Systemwide license for Research Core Management Software

RECOMMENDATION

The Chancellor concurs with the Executive Vice Chancellor for Health Affairs, the Executive Vice Chancellor for Business Affairs, and the Vice Chancellor for Research and Innovation that the U. T. System Board of Regents approve $8.6 million from the Permanent University Fund (PUF) and $900,000 from the Available University Fund (AUF) to be deployed over Fiscal Years 2014 and 2015 to support a new U. T. System Research Core Infrastructure, including the implementation of a pilot project on a core to advance the study of proteomics across health institutions and the purchase of a U. T. Systemwide license for Research Core Management Software. Funds would be provided for technical support and capital purchases to implement this initiative.

BACKGROUND INFORMATION

Science is moving from a solitary individual investigator model to more of a team/ interdisciplinary structure and to the use of large-scale, high-throughput research tools. At the same time, near simultaneous government funding for research is undergoing a strong downward trajectory, in part due to sequestration. For many researchers, this translates into reduced grant budgets of 10-25%.

Research cores are centralized, shared resources that provide access to instruments, technologies, services, and expert consultation to scientific investigators. Typically, billing, scheduling, and other business core activities are managed centrally. Federal and many private research funders are no longer willing to pay for research core operations or equipment purchases. The clear expectation is that competitive research universities must cover their core costs with local dollars, not through grants.

In 2012, U. T. System completed a series of meetings, video conferences, and site visits across U. T. System institutions and with a team of external advisors from institutions with best-in-class core research facilities. Findings from this study laid the groundwork for the focused proposal: to test a new approach in which a research core is designed to serve across U. T. System institutions that carry out health research, capitalized in part by U. T. System, and operated with the goal of providing a research service or technology to U. T. System researchers and students, resulting in: a) wide intra- or inter-institutional access to technology and expertise; b) efficiencies that assist cores to be self-supporting; c) increased likelihood that a core can offer selected free or reduced price services through economy of scale; d) diminished redundancy of instrumentation and expertise across institutions; e) enhanced user access; f) enhanced scope and quality of research; and g) high standards of practice and benchmarking for quality assurance. Importantly, a U. T. core facility would increase access to key technologies that can jump-start students at all levels and young researchers who are still in the process of gaining sustained research funding.

It is proposed to pilot a new research core approach. The availability of core research facilities is critical particularly to our research-intensive health institutions and is essential to their future competitiveness in research. This proposal would permit the creation of a pilot project for a core facility and a software platform that would maximize efficiency of existing core facilities for the U. T. System health institutions. However, it is designed so that faculty at U. T. System academic institutions might make use of these resources. Further, an academic institution might partner with a health institution in implementation of the proposed approach.

To be selected by a Request For Proposal (RFP) process open to all U. T. System institutions, an institution (or an institution consortium) will implement a core that serves U. T. System institutions likely based on supplementation and expansion of an already existing core infrastructure. The RFP will require an extensive business plan that addresses financial and operational sustainability. Based on the 2012 study, the first technology focus for a U. T. Core should be on proteomics (the large-scale, robotics-based study of proteins). Proteomics is arguably the next biggest advance in “omics,” and is increasingly used by large groups of U. T. researchers drawn from across institutions and scientific fields.

In addition, funding is requested for a U. T. System license for Research Core Management Software. A number of vendor-based platforms are currently available in the United States. Such an investment will provide an avenue for identifying and utilizing to greatest efficiency all existing large- and medium-scale cores across institutions. For the investigator, real-time access to this virtual core “network” would mean knowing what equipment is available, at what time, for how much, and who will help in design and operation of the protocol to get the data needed. Selection of the vendor for Research Core Management Software would proceed by RFP process, advised by internal and external experts.

Funding for this initiative will be issued over a two-year time period, and evaluated by success in attaining high performance metrics, e.g., number of users serviced from campuses distant from the core, turnaround time for service, quality control parameters assuring reliability, low variability, precision, and the like. External review of core progress will occur annually.

PROPOSED BUDGET ACTIVITY	FY 14	FY 15
Capital	$2,400,000	$2,400,000
Operations	$ 450,000	$ 450,000
Online Software Platform	$1,900,000	$1,900,000
TOTALS	**$4,750,000**	**$4,750,000**

4. U. T. M. D. Anderson Cancer Center: Request to a) approve contract with Epic Systems Corporation for the provision of electronic health record (EHR) software, implementation, and maintenance and support services; b) appropriate funds and authorize expenditure of $60,716,900 from local Hospital Revenues for the initial term; and c) following the initial term, appropriate funds and authorize expenditure for maintenance and subscription fees of approximately $5,600,000 per year with a projected growth rate of 3% annually thereafter

RECOMMENDATION

The Chancellor concurs in the recommendation of the Executive Vice Chancellor for Health Affairs, the Executive Vice Chancellor for Business Affairs, and the Interim Vice Chancellor and General Counsel, that the U. T. System Board of Regents, on behalf of The University of Texas M. D. Anderson Cancer Center

a. approve a contract with Epic Systems Corporation (Epic) for the provision of electronic health record (EHR) software, implementation, and maintenance and support services. The initial contract term will be for a period of 49 months. The maintenance portion of the agreement begins at the end of the 49 months and will be renewed annually until terminated by either or both parties as set forth in the agreement;

b. appropriate funds and authorize expenditure of $60,716,900 from local Hospital Revenues: $58,155,627 for EHR software, implementation, and maintenance and support services and $2,561,273 for perpetual software licenses for the initial 49 month term; and

c. following the initial term, appropriate funds and authorize expenditure for maintenance and subscription fees of approximately $5,600,000 per year with a projected growth rate of 3% annually thereafter.

BACKGROUND INFORMATION

Modern, integrated electronic health record systems facilitate safe, effective, and efficient patient care and play a critical role in carrying out novel clinical research. U. T. M. D. Anderson Cancer Center seeks to implement the Epic EHR.

Since 2005, U. T. M. D. Anderson Cancer Center has utilized ClinicStation as its electronic medical record. ClinicStation is a self-developed system that combines functionality built internally with approximately three dozen separate systems linked through a complex and difficult to maintain series of interfaces. The institution has invested approximately $20 million annually in ClinicStation development. It is anticipated that continued development of ClinicStation in a manner that will keep pace with commercially available products, integrate all necessary systems, maintain compliance with federal requirements, and scale with the growth of the institution will prove to be increasingly difficult and cost prohibitive over the long term.

Following a thorough RFP process, Epic was selected as the institution's EHR of choice. Epic is used widely across the nation and within the U. T. System. Epic is considered a best-in-class EHR that integrates core clinical systems (e.g., oncology, pharmacy, health information management), specialty systems (e.g., radiology, anesthesia), and front- and back-end access and revenue systems (e.g., scheduling, registration, billing, coding).

An EHR will enable U. T. M. D. Anderson Cancer Center to achieve multiple goals that align with its mission to provide exemplary, cutting-edge clinical care and advance cancer research. Beyond meeting federal mandates, an integrated EHR will facilitate enhanced patient care by reducing duplication and streamlining documentation, testing, and imaging; improving and strengthening data management, security and accessibility for research purposes; accelerating and simplifying the revenue cycle; eliminating multiple standalone systems, each of which require specialized teams and support; and enabling the institution to achieve the highest Stage 7 in the Health Information and Management Systems Society Electronic Medical Record Adoption Model. Leveraging the knowledge and expertise of Epic will allow U. T. M. D. Anderson Cancer Center to focus on core competencies and transfer responsibility for system upgrades and maintenance to an established firm with a demonstrated history of success across the country.

(See related Consent Agenda Item 60 on Page 187.)

5. U. T. System: Quarterly report on health matters of interest to the U. T. System, including a discussion on patient safety

REPORT

Executive Vice Chancellor Greenberg will report on health matters of interest to the U. T. System and then introduce the following presenters for a discussion on patient safety:

- **Eric Thomas**, M.D., Professor of Medicine and Associate Dean for Healthcare Quality at U. T. Health Science Center - Houston and the 2012 Chancellor's Health Fellow for Patient Safety

- **Jan E. Patterson**, M.D., Professor of Medicine at U. T. Health Science Center - San Antonio, 2013 Chancellor's Health Fellow for Clinical Effectiveness, and coordinator of the Clinical Safety and Effectiveness Conference

Dr. Thomas will give a report on patient safety grants and safety culture. Dr. Patterson will follow with a brief history and a report on the recent Clinical Safety and Effectiveness Conference and then present a short video of an award-winning project at U. T. Medical Branch - Galveston. Following the video, Dr. Greenberg will lead a panel discussion by the six health presidents on other efforts at the U. T. System health institutions.