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FOR
HEALTH AFFAIRS COMMITTEE

Committee Meeting: 5/9/2017

Board Meeting: 5/10/2017
Austin, Texas

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

RECOMMENDATION

The proposed Consent Agenda items assigned to this Committee are Items 53 - 76.

2. U. T. M. D. Anderson Cancer Center: Discussion and appropriate action regarding request to a) approve participation in the Southeastern Regional Collaborative Access Team (SER-CAT) for the purpose of conducting imaging studies of large biological molecules, including delegation of authority to execute related agreements; b) following the initial one-year term, authorize expenditure of institutional funds for annual dues in an amount to be determined; and c) delegate authority to approve appointment of a representative and an alternate to the SER-CAT Executive Board

RECOMMENDATION

The Chancellor concurs in the recommendation of the Deputy Chancellor, the Executive Vice Chancellor for Health Affairs, the Executive Vice Chancellor for Business Affairs, and the 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 to:

a. approve participation in the Southeastern Regional Collaborative Access Team (SER-CAT) for the purpose of conducting imaging studies of large biological molecules, including authorization to enter into the following agreements:

- Share Transfer and Member Agreement with the University of Georgia Research Foundation, Inc., a Georgia nonprofit corporation;
- Assignment Agreement by the Board of Trustees of the University of Alabama for the University of Alabama at Birmingham; and
- Non-Priority User Agreement with UChicago Argonne, LLC, an Illinois limited liability company.

b. following the initial one-year term, authorize expenditure of institutional funds for annual dues in an amount to be determined; and

c. delegate authority to the institutional president to appoint the initial and any successor representative and alternate to the SER-CAT Executive Board, subject to review and approval of such selections by the Executive Vice Chancellor for Health Affairs, the Vice Chancellor and General Counsel, and the U. T. System Ethics Officer, and subject to implementation and monitoring of a conflict of interest management plan for each.

BACKGROUND INFORMATION

U. T. M. D. Anderson Cancer Center will participate in SER-CAT, including the purchase of certain shares of Beamline access at the Advanced Photon Source (APS) of the Argonne National Laboratory (ANL) for the purpose of conducting imaging studies of large biological molecules.

SER-CAT was organized in 1997 for the purpose of providing its members timely access to a high brilliance, third-generation synchrotron x-ray source for structural studies. Since 1998, SER-CAT has built, operated, and managed synchrotron beamlines (Beamlines) at the APS of the ANL near Chicago, Illinois. Construction, safety, and management plans approved by APS and agreements between various entities and various policies are maintained by SER-CAT. The principal focus of SER-CAT research is macromolecular crystallography, which is a technique used to study biological molecules at a very high resolution.

The University of Georgia Research Foundation, Inc. (UGARF) serves as the primary contractor on behalf of SER-CAT with APS and has entered into an individual SER-CAT Member Agreement with each participating Member Institution (Member) to construct, operate, and maintain Beamlines at APS. The SER-CAT Director and the SER-CAT Executive Board are responsible to the Members for carrying out the duties designated in the Bylaws and for conducting the project in accordance with the overall desires of the SER-CAT Membership.

In 1999, the SER-CAT Director signed a Memorandum of Understanding Between the Advanced Photon Source and the Southeast Regional Collaborative Access Team for the Construction and Operation of Beamlines at the Advanced Photon Source (MOU). The MOU provides SER-CAT with access to Sector 22 at APS to construct and operate Beamlines at APS.

Membership of SER-CAT consists of Member Institutions, Member Users at the Member Institutions, Member Institutional Representatives, and State Representatives, all of which have purchased a portion of the aggregate 70 shares available in SER-CAT, and continue to be Members of SER-CAT in accordance with the Bylaws.

SER-CAT Members include The University of Alabama at Birmingham, Florida State University, The Scripps Research Institute - Florida, The University of South Florida, Emory University, Georgia State University, Georgia Tech Research Corporation, The University of Georgia, Rosalind Franklin University of Medicine and Science, Monsanto Company, The University of Kentucky, The University of Missouri at Kansas City, The National Institutes of Health Intramural Research Program, Duke University, The University of North Carolina at Chapel Hill, North Carolina State University, The University of Pittsburgh, The Medical University of South Carolina, The University of South Carolina, St. Jude Children's Research Hospital, and The University of Virginia. Affiliate Members include Amgen, Inc., Genentech, Inc., and HarkerBIO, L.L.C.

The SER-CAT Executive Board consists of the SER-CAT Director and a single representative or alternate from each of the SER-CAT states (Alabama, Florida, Georgia, Illinois, Kentucky, Missouri, North Carolina, Pennsylvania, South Carolina, Tennessee, and Virginia) and the National Institutes of Health Intramural Research Program, plus one organizational representative or alternate on behalf of all participating industrial/corporate entities and one organizational representative or alternate on behalf of all not-for-profit entities not represented by a SER-CAT state joining SER-CAT on or after March 1, 2003.

U. T. M. D. Anderson Cancer Center will become a SER-CAT Member and obtain 1.2 shares of Beamline access in SER-CAT through the Share Transfer and Member Agreement with the UGARF, a Georgia nonprofit corporation. U. T. M. D. Anderson Cancer Center may terminate that Agreement upon 180 days' prior written notice. The Board of Trustees of the University of Alabama at Birmingham will transfer one share of Beamline access currently held by the

University of Alabama to U. T. M. D. Anderson Cancer Center pursuant to an Assignment Agreement. Ratification of a Non-Proprietary User Agreement with UChicago Argonne, LLC, an Illinois limited liability company, the sole member of which is the University of Chicago Argonne, provides specific terms of access to the ANL.

After U. T. M. D. Anderson Cancer Center becomes a SER-CAT Member, U. T. M. D. Anderson Cancer Center will appoint the initial and any successor representative and an alternate to the SER-CAT Executive Board, subject to approval of such selections by the Executive Vice Chancellor for Health Affairs and the Vice Chancellor and General Counsel, and subject to a conflict of interest management plan for each. U. T. M. D. Anderson Cancer Center has prepaid the first year's annual dues in the amount of $105,344. Following the initial term and in accordance with the SER-CAT Bylaws, U. T. M. D. Anderson Cancer Center will pay UGARF annual operational dues in an amount to be determined.

3. U. T. System: Report on the U. T. System Health Intelligence Platform, formerly known as the U. T. System Clinical Data Network

REPORT

Mr. Zain Kazmi, Assistant Vice Chancellor and Chief Analytics Officer in the U. T. System Office of Health Affairs, and Dr. Robert Murphy, Associate Dean of Applied Informatics at U. T. Health Science Center - Houston, will report on the U. T. System Health Intelligence Platform, formerly known as the U. T. System Clinical Data Network.

A PowerPoint presentation is set forth on the following pages.

BACKGROUND INFORMATION

At the February 10, 2016 meeting of the Board of Regents' Health Affairs Committee, Executive Vice Chancellor Greenberg and Dr. Elmer Bernstam, Associate Dean for Research and Professor in the School of Biomedical Informatics at U. T. Health Science Center - Houston, introduced a proposal to create a U. T. System Clinical Data Network, a centralized clinical data network linking all U. T. System health care delivery entities into a collaborative health care enterprise model of centralized heath care data.

On May 12, 2016, the Board of Regents approved $12.4 million from the Available University Fund (AUF) to be deployed over four fiscal years to support a new U. T. System Clinical Data Network and authorized the U. T. System Associate Vice Chancellor, Controller, and Chief Budget Officer to substitute Permanent University Funds for AUF after consultation with the Chancellor for appropriate capital expenditures.

On November 5, 2015, Chancellor McRaven presented his strategic vision and mission for the U. T. System using a presentation, Leading in a Complex World, a Strategic Approach, 2015-2020. He outlined eight Quantum Leaps for the U. T. System, including the U. T. Health Care Enterprise. The U. T. System Health Intelligence Platform (UT-HIP), formerly known as U. T. System Clinical Data Network, is part of the U. T. Health Care Enterprise Quantum Leap.

THE UT HEALTH CARE ENTERPRISE
Health Intelligence Platform
Identify. Illuminate. Improve.

The University of Texas System Health Intelligence Platform (UT-HIP)

Zain Kazmi
Assistant Vice Chancellor and Chief Analytics Officer, Health Affairs
The University of Texas System
Program Sponsor, UT-HIP

Robert Murphy, M.D.
Associate Dean, Applied Informatics
The University of Texas Health Science Center at Houston
Acting Executive Director, UT-HIP

U. T. System Board of Regents' Meeting

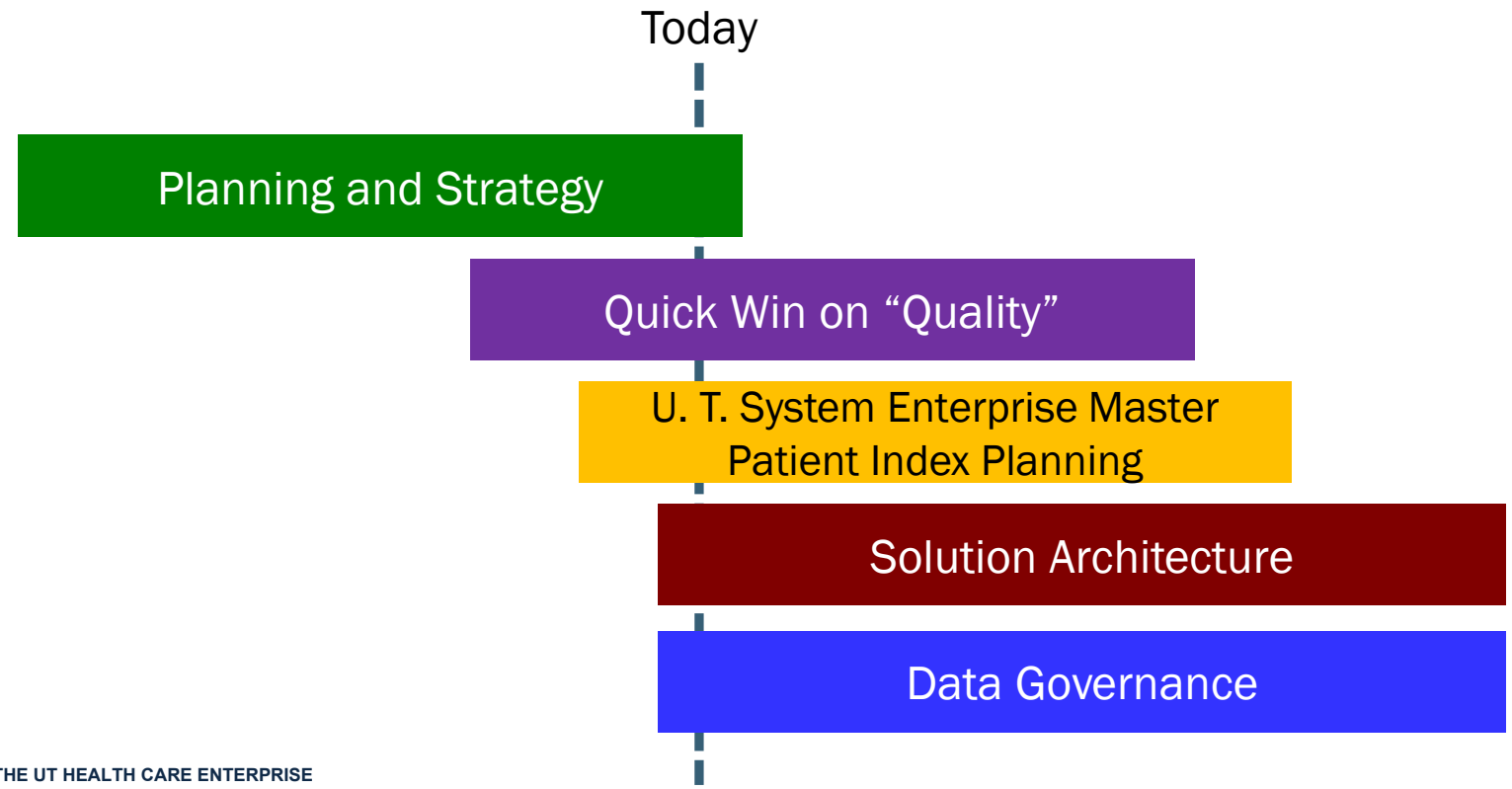
Health Affairs Committee

May 2017

UT-HIP Overview

- Data and analytics component of U. T. System Health Care Enterprise Quantum Leap (QL5)
- Approved by the U. T. System Board of Regents, May 12, 2016
- Use data as an asset across U. T. System institutions
- Leverage the size and scope of U. T. System institutions

UT-HIP Update



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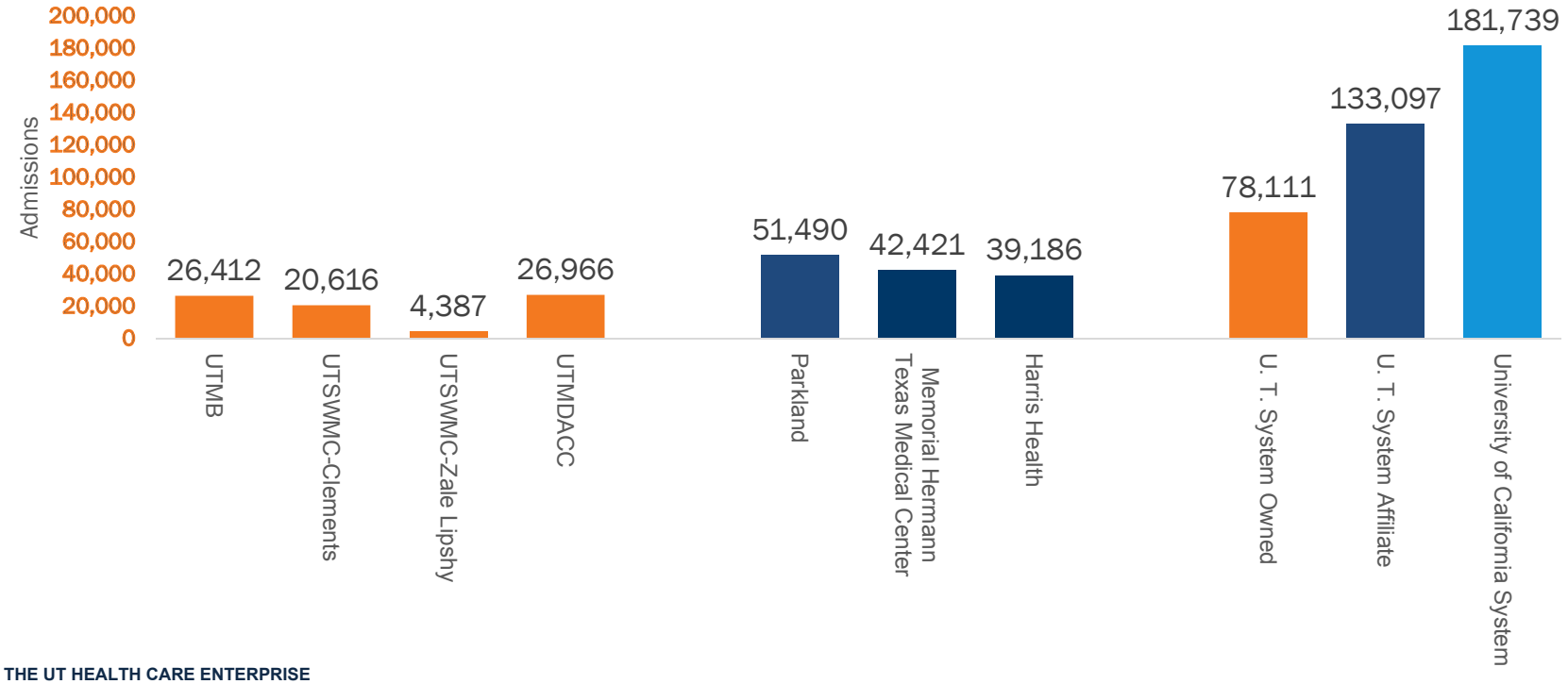
UT-HIP Themes Tie to QL5 Strategic Goals

1. Reducing variations in care
2. Focusing on population health management
3. Support for value-based purchasing initiatives

Hospital Cases

Quarter 4 2015 – Quarter 3 2016



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UT-HIP and Quality Council Process

1. Identify Quality Council Champions
2. Identify institutional Quality Coordinators
3. Identify U. T. System opportunity for performance improvement focus

1. Define data needs
2. Develop reports and dashboards
3. Share best practices and evidenced-based medicine practices for implementation

1. Implement action plans
2. Monitor performance

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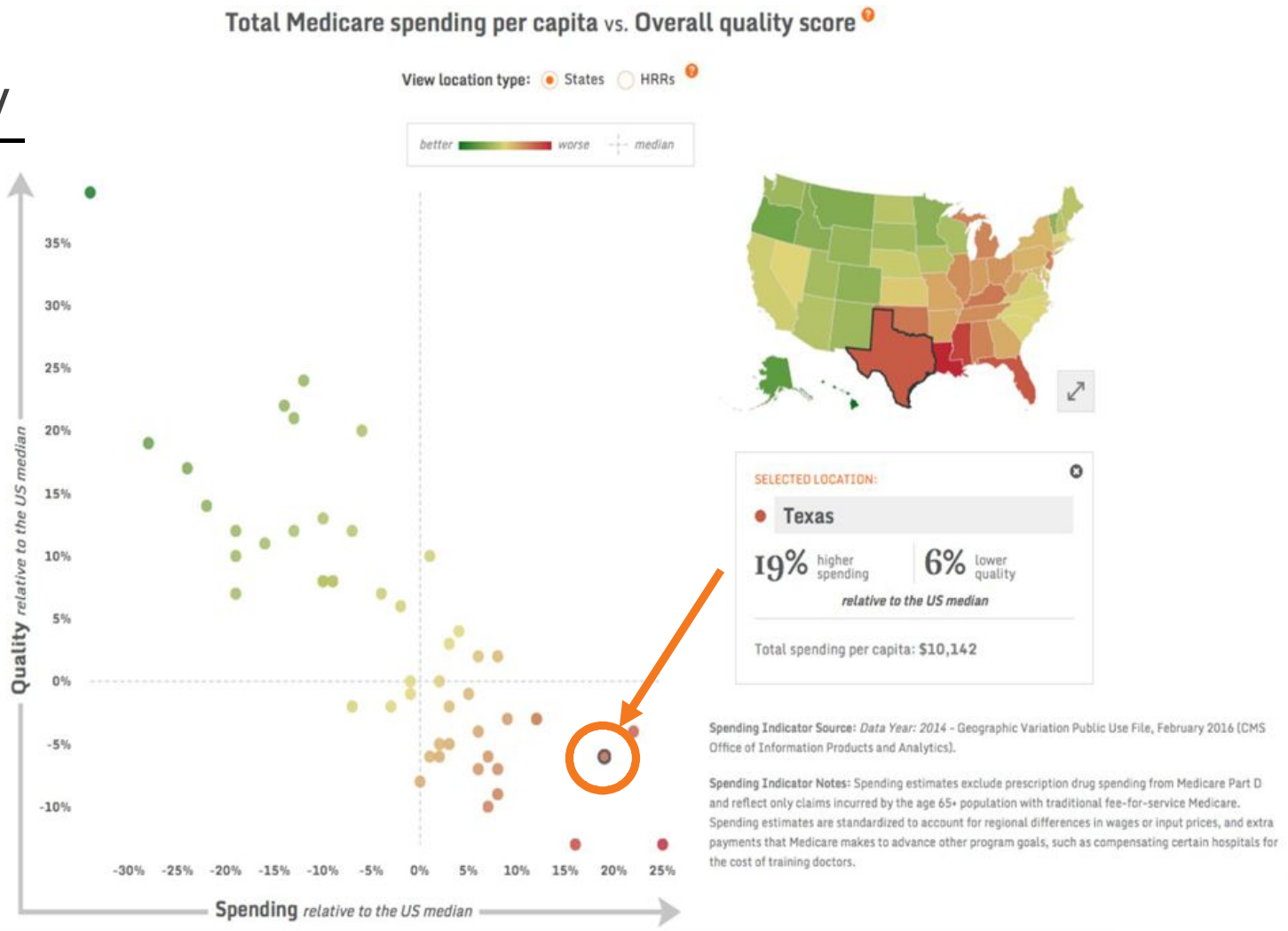
$$\text{Value} = \frac{\text{Quality}}{\text{Cost}}$$



http://www.commonwealthfund.org/interactives-and-data/spending-vs-quality-interactive#?qi=Quality_v2&loc=States&viz=scatter&s=overall

4. U. T. System: Report on the U. T. System Faculty Advisory Council Physician Burnout Prevention Initiative

REPORT

Jonathan Cheng, M.D., Associate Professor in the Department of Plastic Surgery at U. T. Southwestern Medical Center and Chair of the U. T. System Faculty Advisory Council, will report on the U. T. System Faculty Advisory Council Physician Burnout Prevention Initiative.

A PowerPoint presentation is set forth on the following pages.

U. T. System Faculty Advisory Council Physician Burnout Prevention Initiative

Jonathan Cheng, M.D.
Chair, U. T. System Faculty Advisory Council

U. T. System Board of Regents' Meeting
Health Affairs Committee
May 2017

The University of Texas System
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Physician Burnout

- Physician burnout has reached “epidemic levels” among U.S. physicians (Shanafelt and Noseworthy, 2017)
  - 2011, 45.5% → 2014, 54.4%
  - Higher than in non-physicians (28.4%)
  - Characterized by emotional exhaustion, depersonalization, and sense of reduced personal accomplishment
- Recent increases in national attention and interventions targeting physician wellness and resiliency
- Major implications for physician and health system performance, with unmet need for structural solutions

Challenges Unique to Academic Health Centers

- Academic medicine stands at the forefront of the U.S. health care system
- The role of academic physicians in health institutions is foundational to the three core academic missions
  - Patient care
  - Education
  - Research
- Troubling national trends in academic medicine have persisted
  - 50% of academic faculty leave within 10 years
  - 25% of faculty considered leaving academic medicine in the prior year
- Seeds of burnout are sown during the medical training process
- Although we are one system, each institution has its own unique needs and potential solutions

U. T. System Faculty Advisory Council Physician Burnout Prevention Initiative

- Mission: To address the causes and consequences of physician burnout and promote faculty vitality by sustaining the academic clinician's ability to balance and promote the three core missions of the health institutions
- U. T. Systemwide initiative
  - Planning began August 2016
  - Guided by Raymond Greenberg, M.D., Ph.D., and Stephanie Huie, Ph.D.
  - Led by Faculty Advisory Council with Associate Vice Chancellor Anthony Cuculo
  - Convened steering committee, including administrators from each health institution
  - Retained leading burnout expert, Christina Maslach, Ph.D. (Professor Emerita, U.C. Berkeley) as consultant to initiative
- Leverage the size and strength of the U. T. System health enterprise to effect change and lead the national conversation on academic physician burnout (Related to: Winning the Talent War, Enhancing Fairness and Opportunity, UT Health Care Enterprise QLs)

Physician Burnout Prevention Initiative

- Assess existing data
  - Perform literature review on evidence-based approaches
  - Identify national best practices
  - Led by Warren Holleman, Ph.D.
- Perform U. T. System health institution baseline burnout assessment
- Assemble affinity group of distinguished mid-career and senior academic physicians from U. T. System
- Hold national symposium of thought leaders on causes, consequences, and structural solutions for physician burnout in academic medical centers
- Convene think tank to critically review and recommend potential solutions to implement within U. T. System at departmental, institutional, and enterprise levels
- Develop a white paper with recommendations to Chancellor McRaven
- Document and disseminate findings in a textbook