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Board Meeting: 8/20/2015
Austin, Texas

Alex M. Cranberg, *Chairman*
Ernest Aliseda
David J. Beck
Jeffery D. Hildebrand
Sara Martinez Tucker

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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. Health Science Center - Tyler: Request to approve the honorific naming of the circle drive surrounding the Herbert C. and Melvina Buie Fountain of Hope at the entrance of the campus as Buie Circle**

RECOMMENDATION

The Chancellor concurs in the recommendation of the Executive Vice Chancellor for Health Affairs, the Vice Chancellor for External Relations, and President Calhoun that U. T. System Board of Regents approve the honorific naming of the circle drive surrounding the Herbert C. and Melvina Buie Fountain of Hope at the entrance of the U. T. Health Science Center - Tyler as Buie Circle. This honorific naming is to recognize the Buies for their numerous years of continued support. This timing of this honor coincides with Mr. Buie's recent leadership as the institution's Development Board Chairman, a position he held for 15 years.

BACKGROUND INFORMATION

The iconic fountain, located at the entrance of the campus, was built and dedicated in October 2011 in the Buie's honor to recognize their giving and support of U. T. Health Science Center - Tyler. Also located at the entrance, and surrounding the Herbert C. and Melvina Buie Fountain of Hope, is an unnamed circle drive. U. T. Health Science Center - Tyler would like to name this street as Buie Circle. Since both the fountain and the drive are prominently located, it is ensured that the many visitors and patients to, and faculty and staff of, U. T. Health Science Center - Tyler will appreciate these landmarks for years to come.

Mr. Herbert C. Buie is the most recent past Development Board Chairman at U. T. Health Science Center - Tyler, a role he held for 15 years. Although he is no longer Chairman, he remains on the Board. He has been Chief Executive Officer of Tyler Packing Corporation, Inc. since 1955 and has been a Director of Southside Bancshares Inc. since 1988. He serves as Director of Southside Bank, a subsidiary of Southside Bancshares Inc. and on the Boards of Directors of numerous organizations including, but not limited to, the East Texas Regional Food Bank, the Salvation Army, Tyler Economic Development Council, Texas Chest Foundation, and East Texas Communities Foundation.

The Buies have been married for 66 years. They have established several scholarships at various institutions. In addition, they support about 42 different organizations in Tyler and around the world. The Buies are loyal supporters, generous donors, and long-time friends of U. T. Health Science Center - Tyler.

This naming proposal is consistent with the Regents' *Rules and Regulations*, Rule 80307, relating to the honorific naming of facilities to recognize a couple who have provided, and continue to provide, invaluable leadership to the institution.

3. **U. T. Medical Branch - Galveston: Approval to establish a Doctorate in Occupational Therapy degree program in the School of Health Professions**

RECOMMENDATION

The Chancellor concurs in the recommendation of the Executive Vice Chancellor for Health Affairs and President Callender that authorization, pursuant to the Regents' *Rules and Regulations*, Rule 40307, related to academic program approval standards, be granted to

- a. establish a Doctorate in Occupational Therapy (Ph.D.) degree program in the School of Health Professions at U. T. Medical Branch - Galveston; and
- b. submit the proposal to the Texas Higher Education Coordinating Board for review and appropriate action.

BACKGROUND INFORMATION

Program Description

U. T. Medical Branch - Galveston proposes to establish a Ph.D. degree program in Occupational Therapy to be administered by the School of Health Professions. On August 22, 2013, preliminary planning authority for this degree program was approved by the Board of Regents via the Consent Agenda, and the Texas Higher Education Coordinating Board was subsequently notified.

The Occupational Therapy Doctorate (OTD) program is a clinical doctorate designed to prepare experienced occupational therapists (OT) to assume leadership roles in practice settings and to serve as clinical faculty in entry-level professional education programs. Offering practitioners access to the academic environment through a hybrid model of online and onsite learning is expected to enhance partnerships between clinicians and academicians in the pursuit of knowledge with the ultimate goal of improving patient care. Graduates of U. T. Medical Branch - Galveston's OTD program should be able to search, analyze and synthesize information for clinical evidence-based decision making, serve effectively as members of interprofessional teams, create networks between institutions and communities, and address local priorities by maximizing systems of care. Ultimately, they are expected to have the skills and knowledge to become regional leaders who are capable of anticipating and meeting emerging patient and population needs and who implement systems for delivering services that are cost effective to close gaps and disparities in Texas and throughout the United States.

Students who enter with a master's degree in OT will be required to complete 34 semester credit hours before they begin the OTD program, while students with a bachelor's degree will need to complete six extra credits, three in basic research methodology and three comprising a portfolio of relevant clinical experience demonstrating advanced practice competence hours. U. T. Medical Branch - Galveston's OTD program will focus on developing clinical leaders who will be able to promote evidence-based practice, manage clinical staff, and provide clinical instruction in entry-level OT programs.

Many experienced OT practitioners in Texas and across the country are looking for opportunities to obtain advanced professional credentialing that will prepare them for leadership positions in clinical settings and teaching positions in universities. This need is evidenced by the increasing number of post-professional OTD programs nationwide, the responses to the U. T. Medical Branch - Galveston OTD survey in 2010, and the more than 50 unsolicited inquiries received by the School of Health Professions in the past three years. The proposed OTD program is designed to enable OTs with at least three years of practice experience to begin a course of study that prepares them to assume leadership roles in practice settings and to serve as clinical faculty in the State's entry-level professional education programs. The U. T. Medical Branch - Galveston OTD program is designed to provide alumni, as well as graduates from other Texas schools, with opportunities to advance their skills and careers without leaving Texas.

OTD Course Credits

<u>Job</u>	Category	Semester Credit Hours
	Required Courses	13
	Selectives	17
	Capstone Project	4
	Other (specify, e.g., internships, clinical work, residencies)	N/A
	TOTAL	34

Market Need

The profession of occupational therapy is growing quickly to meet the health care needs of the people of Texas and the United States (source: *Texas Workforce Commission*, 2014). The OT profession began in the United States in 1917 and, like other health care professions, its scope of practice and entry-level education requirements have evolved as the profession matured. Practitioners with experience are now seeking positions in management of health care facilities, opening private practices, or disseminating their experience through clinical instruction at educational institutions. Since 2007, a master's degree has been the entry-level for new graduates of OT programs. However, many therapists with more than 10 years of experience are licensed with only a bachelor's degree. Both bachelor's and master's graduates are seeking further education to prepare them for management and leadership positions. In a 2010 U. T. Medical Branch - Galveston survey of Texas OTs, over 500 therapists expressed interest in a post-professional OTD program. Since then, many OTD programs have been launched in other states, and the profession has moved toward requiring entry-level doctorate credentialing by 2025 (source: *American Occupational Therapy Association*, 2014). It is anticipated that the demand for a post-professional OTD will increase significantly when the entry-level degree for new occupational therapy graduates transitions to an OTD.

The American Occupational Therapy Association (AOTA) Board of Directors Issued a [Position Statement](#) on April 30, 2014.

In response to the changing demands of higher education, the health care environment, and within occupational therapy, it is the position of the American Occupational Therapy Association (AOTA) Board of Directors that the profession should take action to transition toward a doctoral-level single point of entry for occupational therapists, with a target date of 2025. Support of high quality entry-level doctoral education for occupational therapists will benefit the profession, consumers, and society.

As evidenced by the increasing number of post-professional OTD programs nationwide, the U. T. Medical Branch - Galveston OTD 2010 survey responses, and inquiries received by the School of Health Professions, a critical need currently exists for leaders of rehabilitation teams who have 1) advanced management skills, 2) the capacity to develop innovative models of service delivery, 3) the ability to effectively mentor those just entering the workplace, 4) a grasp of research methodology sufficient to implement evidence-based practices, 5) the skills and knowledge to evaluate effectiveness and efficiency of systems of care, and 6) the leadership skills to implement and manage change as needed. Highly qualified and experienced OTs currently provide direct care and seek to continue providing care, but these future leaders do not have local opportunities to advance their careers and to contribute in ways that will make the biggest impact.

The proposed OTD program is designed to enable OTs with at least three years of practice experience to begin a course of study that prepares them to assume leadership roles in practice settings and to serve as clinical faculty in the state's entry-level professional education programs. Offering practitioners access to academic environments through a primarily distance hybrid model of on-line learning and classroom instruction is designed to enhance partnerships between clinicians and academicians in the pursuit of knowledge with the ultimate goal of improving patient care. Ultimately, the program is designed to prepare them to become leaders in Texas health care, be capable of anticipating and meeting emerging patient and population needs, and be able to implement systems for delivering services that are cost-effective and that close gaps resulting from health care disparities. U. T. Medical Branch - Galveston post-professional OTD program is designed to provide alumni, as well as graduates from other Texas schools, with opportunities to advance their skills and careers without leaving Texas.

Student Demand

Over 500 OT practitioners expressed an interest in a post-professional OTD when surveyed by U. T. Medical Branch - Galveston in 2010. These clinicians identified a desire for an advanced degree to provide skill and career opportunities to lead the development of evidence-based practice in clinical and public health. They also desire skills to facilitate partnering in clinical research and providing entry-level OT education. The Department of Occupational Therapy at the University now fields approximately five to ten inquiries per month from OT practitioners interested in pursuing a clinical doctorate without leaving Texas.

Projected number of students in the post-professional OTD program:

	Year 1	Year 2	Year 3	Year 4	Year 5
New Students	10	15	20	20	20
Cumulative Headcount	10	25	35	40	40
Full-time Student Equivalent (FTSE)	7	17.5	24.5	28	28
Attrition	1	1	1	1	1
Graduates	0	9	14	19	19

Note: FTSE – Students will be currently practicing clinicians. Assuming each student enrolls in six credit hours per semester to complete the degree in two years (assuming nine credit hours = full-time graduate student) each post-professional OTD student would be a 0.7 full-time equivalent (FTE). Attrition rate was modeled from the transitional Doctorate of Physical Therapy (tDPT) program data, as this is the U. T. Medical Branch - Galveston program most similar in format and student profile. In six years of program delivery, the tDPT has averaged an attrition rate of 8%. The model assumes that most students will complete in a two-year time frame. However, some students may take up to five years to complete the program. Anticipated headcount is based on interest shown by prospective students.

Currently, the AOTA does not collect student and outcome data on post-professional doctoral programs. However, the AOTA Academic Program's Annual Data Report: Academic Year 2013-2014, contains information on entry-level doctoral degrees, indicating high rates of employment reported by all programs within six months of graduation (75-100%).

Program Quality

Eight members of the current OT core faculty will contribute to the OTD program. Their overall scholarly/research productivity and sponsored research activities are specified below. One new OT faculty will be hired at Year 3 and a second will be hired in Year 5. In addition, two members of the Physical Therapy (PT) faculty will contribute to the OTD program. In 2008, the U. T. Medical Branch - Galveston OT and PT Departments collaborated in the development of an interdisciplinary curriculum for OT and PT scholars. However, since no post-professional OTD program was available at the University, the curriculum has only been delivered to PT students for the last six years. The OTD program is designed to dovetail with the PT doctoral program, capitalizing on the current course availability.

OTD Core faculty publications and external grants from the last five years:

Faculty members	Publications	Book Chapters	Grants
Totals	65	13	16
Average # per Faculty Member per year	8.1	1.6	2

Revenue and Expenses

Projected Enrollment		5-Year Total
Number of Students Used for Formula Funding Calculation		85
Total Number of Students		85
Expenses		5-Year Total
Faculty		
Salaries (reallocation for first two years, hire in Year 3)		\$462,680
Benefits		\$142,602
Staff and Administration		
Graduate Coordinator Salary (reallocation for first two years, hire in Year 3)		\$32,215
Administrative Staff Salaries (reallocation for first two years, hire in Year 3)		\$68,292
Staff Benefits		\$33,378
Other Expenses		
Supplies and materials, equipment, new faculty recruitment, development, travel, etc.		\$20,700
Total Expenses		\$759,867
Revenue		5-Year Total
From Student Enrollment		
Formula Funding		\$584,249
Tuition and Fees		\$865,489
From Institutional Funds		
Reallocation of Existing Resources		\$235,212
From Other Revenue Sources		
Other State Funding from statutory tuition estimate (student's portion)		\$126,500
Total Revenue		\$1,811,450

Faculty salary reallocation reflects 8% for the Year 1 and 12% for Year 2. All clerical/staff salary assumes 3% annual merit adjustment. Clerical/staff salary time will be reallocated 20% for Year 1 and Year 2, with 0.5 FTSE clerical/staff to be hired in Year 3. Supplies and Materials include \$500 per year for software and books, and an additional \$200 per year for each new faculty for general supplies. Equipment includes telecommunication and desktop support for the new faculty.

Coordinating Board Criteria

The proposed program meets all applicable Texas Higher Education Coordinating Board criteria for new doctoral degree programs.

4. **U. T. Medical Branch - Galveston: Approval to establish a Doctor of Clinical Laboratory Sciences degree program in the School of Health Professions**

RECOMMENDATION

The Chancellor concurs in the recommendation of the Executive Vice Chancellor for Health Affairs and President Callender that authorization, pursuant to the Regents' *Rules and Regulations*, Rule 40307, related to academic program approval standards, be granted to

- a. establish a Doctor of Clinical Laboratory Sciences (Ph.D.) degree program in the School of Health Professions at U. T. Medical Branch - Galveston; and
- b. submit the proposal to the Texas Higher Education Coordinating Board for review and appropriate action.

BACKGROUND INFORMATION

Program Description

U. T. Medical Branch - Galveston proposes to establish a Doctorate in Clinical Laboratory Sciences (DCLS) degree program to be administered by the School of Health Professions. Preliminary planning authority for this degree program received U. T. System approval on September 4, 2012, and subsequently was approved by the Texas Higher Education Coordinating Board on June 11, 2013.

The DCLS is designed to produce a practice-oriented health care professional with responsibilities in patient care management, education, clinical or translational research, health care policy development, and health care services delivery in multiple practice settings, including clinical institutions, academic institutions, industry, public health agencies, and government facilities. At this level of practice, the Clinical Laboratory Sciences (CLS) professional is expected to serve in consultant roles, assess test utilization, and manage patient laboratory data as a member of an interprofessional health care team in an effort to support quality improvement and reduce diagnostic errors.

The DCLS is an advanced professional doctorate designed for practicing clinical laboratory scientists who wish to further their level of clinical expertise and to develop leadership and management skills. The purpose of the program is the development of CLS graduates who function as practitioners, community leaders, educators, and scholars in the profession and discipline of clinical laboratory science.

The DCLS program implements the competencies developed by the American Society for Clinical Laboratory Science Professional Doctorate Task Force and the Graduate Task Force of the National Accrediting Agency for Clinical Laboratory Sciences (NAACLS). The DCLS program at the U. T. Medical Branch - Galveston will be an online didactic curriculum, but will have clinical practicums, which will require rotations at affiliated hospitals. The program includes 77 semester credit hours and is designed to be taken either full time over three years (nine semesters) or part time over a longer period of time. The part-time option will provide individuals an opportunity to achieve higher-level clinical education while continuing to work.

The U. T. Medical Branch - Galveston DCLS program plans to pursue NAACLS accreditation after approval of the degree and program by the Texas Higher Education Coordinating Board. The DCLS Program will comply with the Southern Association of Colleges and Schools Principles of Accreditation.

Student Demand

The implementation of the DCLS program will put U. T. Medical Branch - Galveston on the cutting edge of an exciting new career path for CLS professionals. The DCLS is an advanced professional doctorate that will complement and strengthen the undergraduate, graduate, and professional programs offered at the University. It does not duplicate any other program in the state or region. Although several other universities outside Texas are planning collaborative DCLS programs, only one has been implemented (Rutgers University in New Jersey). The University of Texas Medical Branch - Galveston DCLS program will be the first in Texas and in the western portion of the U.S.

A national survey completed by 1,347 laboratory professionals indicated that 61% were interested in completing a DCLS program. A similar study of recent graduates in Texas was conducted and showed 72% were interested or very interested. In addition, the existing CLS program at U. T. Medical Branch receives numerous calls and emails from those interested in the degree. It is anticipated that the program will enroll 10 students per year for the first two years and 12 students in subsequent years. Since this is an online program, it is anticipated that the individuals will take the program as part-time students, averaging a full-time student equivalent of seven students in Year 1 and increasing to 24 in Year 5.

National and State Need

Graduates of the DCLS program will generate, disseminate, and apply knowledge to enhance the understanding of laboratory assessment of health and disease. The DCLS graduate will have an opportunity to practice in a variety of venues including clinical institutions, reference labs, physician practices, industry, public health, government facilities, research organizations, and academic institutions. The DCLS professional will be trained to improve patient outcomes and increase cost effectiveness by working with pathologists to assist primary care providers. They will participate on teams, such as Diagnostic Management Teams, allowing “physicians to order tests by requesting an evaluation of the abnormal screening test or a clinical sign or symptom.”ⁱ According to Dr. Michael Laposata, Chairman of Pathology at U. T. Medical Branch - Galveston, the Diagnostic Management Teams will produce “an expert-driven, patient-specific narrative not only for cases in which one is requested, but for all cases in multiple areas of laboratory medicine and anatomic pathology. The value-added activity considers clinical information and laboratory data, meets on a regular schedule, includes their diagnostic conclusions in the medical record, and provides information not known to non-expert physicians.”

In 1999, the Institute of Medicine reported that an estimated 98,000 Americans die each year from preventable error. Laboratory test results play a decisive role in patient safety, public health, and clinical medical decisions, as well as in research studies. The addition of clinical laboratory professionals at the doctorate level to the health care team supports the Institute of Medicine's report suggesting that improved access to accurate and timely information is a way to prevent errors and improve patient safety. The health care system will see a cost-savings

through the DCLS provision of valuable and reliable clinical-based knowledge regarding laboratory testing that fosters accurate and timely diagnoses. One goal identified by the Centers for Disease Control and Prevention Division of Laboratory Systems 2007 Institute: Managing for Better Health was to create new models that integrate clinical consultation provided by the laboratory medicine professionals in decisions related to the utilization of laboratory tests or services to improve patient care. Therefore, it is anticipated that the inclusion of the clinical laboratory practitioner in the interdisciplinary health care team approach will have a positive impact on patient outcomes. Advanced education of the laboratory professional must include the principles and applications of evidence-based practice. Currently, there is no particular laboratory professional trained to study and initiate practice guidelines for the effective and efficient use of laboratory tests. The DCLS will help to fill this gap.

The results of several recent studies support the need for a new laboratory practitioner with advanced skills and “knowledge of test methodologies, their limitations, pre- and post-analytical, and patient circumstances that could invalidate test results; and knowledge of health care policy and delivery systems, principles of education, research and management”.^{ii,iii} Sixty to 70% of all disease identification, treatment, and disease management decisions are based on laboratory results. A growing menu of more than 2,000 sophisticated laboratory tests is available to practitioners resulting from the emphasis on translational science. It is a challenge for primary care providers to keep up with the rapid changes in testing. The knowledge to choose the appropriate test from the growing menu of sophisticated laboratory tests and the ability to interpret the results and use them in clinical decisions is critical to patient safety. The option of choosing the correct test from this expanding list of tests is complicated. Those who order the tests must be aware of each test’s specificity and sensitivity, its predictive value, its cost, the willingness of third-party payors to reimburse for it, the meaning of abnormal results, and follow-up tests and treatment suggested for abnormal results. Development of appropriate clinical applications and evidence-based guidelines for using laboratory test results in clinical decision-making is beginning, but the rapid expansion of laboratory tests results in a lag of guidance for use. Thus, physicians and other primary care providers need assistance in laboratory test utilization and interpretation. In 2012, two peer-reviewed publications from Clinical Laboratory Integration into Healthcare Collaborative raised awareness about gaps and potential aids for clinicians’ optimal utilization of clinical laboratory services.

There are approximately 325,800 clinical laboratory professionals in the U.S. The Bureau of Labor Statistics estimates 7,060 average annual job openings in clinical laboratory professions between the Years 2012 and 2022. The latest projections of the Bureau of Labor Statistics show a 22% increase in the number of clinical laboratory professionals needed by the Year 2022. This growth rate is much faster than average for all occupations and the job outlook is said to be excellent. In Texas, clinical laboratory scientists are specifically identified among those health professionals that are in short supply in the State of Texas. The Texas Projections Unit of the Labor Market Information Department estimates a 41.4% growth and replacement rate for medical laboratory professionals from 2010 to 2020.A

Program Quality

Faculty: A core of 11 doctoral level faculty members are already in place and will provide didactic education, while 12 other faculty will support the students for their doctoral projects and clinical practicums. The faculty have primary appointments in the Department of Clinical Laboratory Sciences and/or the Department of Pathology. All have doctorate degrees and will

supervise doctoral projects. No new full-time faculty members are needed in the first two years of the program. The project faculty to student ratio is 1:1. The productivity of the core faculty is shown in Chart 1 below.

Chart 1 – Faculty Publications and Other Scholarly Accomplishments 2009-2014

Faculty Member	Publications	Book Chapters	Grants/ Contracts
Totals	88	10	45
Average # per Faculty Member	8.0	0.9	4.1

Facilities: As an online program, very little physical space is needed. Internet capabilities including library services, BlackBoard and Lync interactive platforms, iSpace, and e-mail will be used for communication, dissemination of materials, assignments and exams, and video face-to-face interactions. U. T. Medical Branch - Galveston provides technology support and information to students on the resources available to campus-based and distance education students, such as Microsoft Exchange email system, BlackBoard, Adobe Presenter, SoftChalk, Tegrity, and Perception. The Moody Medical Library provides knowledge-based information resources and services for the University community. Electronic books, journals, and databases accessible through the Library's website are available for use both on- and off-campus.

Revenue and Expenses

No new full-time faculty will be hired for the first two years, but one adjunct part-time faculty member will be hired. In Year 3, the program is anticipated to be large enough to support another full-time faculty member; U. T. Medical Branch - Galveston expects the program to continue to grow, requiring another full-time faculty member in Year 5.

Projected Enrollment		5-Year Total
Number of Students Used for Formula Funding Calculation		56
Total Number of Students		56
Expenses		5-Year Total
Faculty		
Salaries		\$566,865
Benefits (23.81%)		\$134,510
Staff and Administration		
Graduate Coordinator Salary		\$101,250
Administrative Staff Salaries		\$49,951
Staff Benefits (32.83%)		\$21,879
Other Expenses		
Supplies/Travel		\$23,700
Total Expenses		\$898,155
Revenue		5-Year Total
From Student Enrollment		
Formula Funding		\$535,278
Tuition and Fees		\$912,589
From Institutional Funds		
Reallocation of Existing Resources		\$403,905
Total Revenue		\$1,851,772

Faculty salary reallocation is based on the course load expected for Years 1 and 2.

Coordinating Board Criteria

The proposed program meets all applicable Texas Higher Education Coordinating Board criteria for new doctoral degree programs.

ⁱ Laposata, M. How Can a Diagnostic Management Team Improve Patient Care and Save Money? Long-Standing and Rapidly Worsening Problem of Obtaining an Accurate Diagnosis Quickly. NACB - Scientific Shorts. [<https://www.aacc.org/community/national-academy-of-clinical-biochemistry/scientific-shorts/2014/how-can-a-diagnostic-management-team-improve-patient-care-and-save-money>]

ⁱⁱ Educational statement regarding doctoral level clinical laboratory science professionals. Bethesda, MD: American Society for Clinical Laboratory Science; 2007

ⁱⁱⁱ Leibach EK. The Doctorate in Clinical Laboratory Science: An Executive Summary. Clin Lab Sci 2008;21(3):134.

5. **U. T. System: Approval to distribute a portion of The University of Texas System Professional Medical Liability Benefit Plan premium returns and approve rates for the Plan**

RECOMMENDATION

The Chancellor concurs in the recommendation of The University of Texas System Professional Medical Liability Benefit Plan (Plan) Management Committee, chaired by the Vice Chancellor and General Counsel and comprised of the Chair, the Executive Vice Chancellor for Health Affairs, and the Executive Vice Chancellor for Business Affairs, after consultation with Milliman, Inc., actuary for the Plan, that:

- a. overall premium rates remain unchanged;
- b. \$6 million in premiums be returned to the participating U. T. System institutions based on a methodology that considers each institution's losses; and
- c. \$4.5 million be designated for Health Affairs Collaborative Projects, as identified by the Executive Vice Chancellor for Health Affairs.

The proposed distribution of \$10.5 million is set forth on the following page.

BACKGROUND INFORMATION

With the implementation of tort reform in 2003, the Plan Management Committee (Committee) has consistently recommended significant reductions in total Plan assets to bring the reserve levels to those generally accepted by the industry. The Committee continues balancing Plan revenue from premiums charged and investment income with adequate capitalization from which to pay Plan claims, reserves for future claims, and administrative expenses. As part of this effort, Plan premiums were significantly reduced for several years immediately following tort reform adoption, and since 2007, the premium rates have either been reduced or unchanged. However, Plan premiums are adjusted annually for institutional loss experience.

For the coming year, the Committee recommends maintaining overall premiums at the current rate. Based on Plan investment income and efficient management of claims, the Committee recommends a return to the contributing institutions of \$6 million so that excessive reserves are not maintained. The combination of unchanged rates along with this distribution should still allow for adequate capitalization of the Plan.

The methodology for distribution of \$6 million to participating institutions considers the proportion of each institution's payment into the Plan as well as each institution's loss experience. Thus, those institutions with higher claims receive lower distributions.

In addition to the \$6 million to be distributed to participating institutions, \$4.5 million is recommended for U. T. System efforts in patient safety enhancement, through Health Affairs Collaborative Projects, as identified by the Executive Vice Chancellor for Health Affairs.

Exhibit 1
The University of Texas System Professional Medical Liability Benefit Plan
Proposed Distribution of Plan Returns
 FY 2015

<i>Institution</i>	<i>Premium Paid</i>	<i>Claims Expenses</i>	<i>Net Contribution Amount</i>	<i>Rebate based on Net Contribution</i>
	<i>2013-2015</i>	<i>2013-2015</i>		
UT Arlington	5,366	-	5,366	1,717
UT Austin	76,571	1,071	75,500	24,162
UT Dallas	1,452	-	1,452	465
UT El Paso	770	-	770	246
UT Pan American	1,932	-	1,932	618
UT San Antonio	3,912	-	3,912	1,252
UTSWMC	6,436,487	2,381,021	\$ 4,055,466	1,297,839
UTMB	4,511,883	626,544	3,885,339	1,243,395
UTHSCH	5,062,867	2,699,153	2,363,714	756,441
Medical Foundation (UTHSCH)	2,235,312	1,191,706	1,043,606	333,977
UTHSCSA	5,093,297	760,358	4,332,939	1,386,637
UTMDACC	3,523,966	831,262	2,692,704	861,725
UTHSCT	292,181	6,181	286,000	91,526
Subtotal	\$ 27,245,996	\$ 8,497,296	\$ 18,748,700	\$ 6,000,000
Health System Initiatives				\$ 4,500,000
TOTAL PROPOSED DISTRIBUTION				<u>\$ 10,500,000</u>

6. **U. T. System: Approval of \$15 million from Available University Funds to support Phase 2 of the U. T. Systemwide Diabetes Obesity Control initiative and delegation of authority to contract with selected entities to conduct essential feasibility studies**

RECOMMENDATION

The Chancellor concurs with the Executive Vice Chancellor for Health Affairs and the Vice Chancellor for Research and Innovation that the U. T. System Board of Regents approve a \$15 million from Available University Funds (AUF) to support Phase 2 of the U. T. Systemwide Diabetes Obesity Control initiative (Project DOC) and delegation of authority to the Executive Vice Chancellor for Health Affairs and the Vice Chancellor and General Counsel to contract with selected entities for the purposes of Phase 2.

If approved, the \$15 million of AUF would serve as seed money to attract an additional \$30 million of philanthropy, grants, and industry funds, for a total of \$45 million needed to fully fund Phase 2 of the Project DOC initiative, as set forth in the presentation on the following pages.

BACKGROUND INFORMATION

At the August 20, 2014 Board of Regents' meeting, Dr. Lynda Chin introduced a proposal to improve care of patients with diabetes through improved data collection, management, analysis, and application.

On November 6, 2014, the Board approved \$5 million from the AUF to support Phase 1 of Project DOC and delegated authority for the Office of Health Affairs and the Office of General Counsel to contract with selected entities to create a Technology Core (Phase 1A). Those funds also provided operational project support within the U. T. System Office of Health Affairs. Pricewaterhouse Coopers, LLC, International Business Machines Corporation, and AT&T Corporation were selected as the multifunction consultant team to implement this initiative after a Request for Proposal process.

At the February 11, 2015 Board of Regents' meeting, Executive Vice Chancellor Greenberg reported on the progress of Project DOC. Following a presentation on May 14, 2015, the Board approved an additional \$5 million of AUF for Phase 1B of Project DOC.

Project DOC intends to leverage social, mobile, and cloud technologies, as well as big data and cognitive analytics, to augment and accelerate effective management and care for diabetes in Texas and initially in the Rio Grande Valley (RGV) communities. Through a Technology Core made up of industry leaders with cutting-edge capabilities and assets, Project DOC will develop and implement a suite of provider-enabling and patient-empowering technology solutions. These capabilities fall into three main anchor platforms: (1) cognitive analytics and expert system, (2) personal connected mobile health solution, and (3) cloud-based information interchange.

As the fourth component of the Technology Core, a diversified and experienced System Integration Team will incorporate these solutions into local health care delivery systems to create a disease management framework for providing patient-centric and value-based diabetes care.

Phase 2 will involve product development and the scaling up of Project DOC to serve 3,000 patients in a pilot program based in Cameron County, Texas. These activities will include securing the participation of key stakeholders in South Texas and exploring the interest and participation of employers, health care payors, and retail businesses.

The budget also provides operating funds to direct and manage this project by the newly formed Institute for Health Transformation under the direction of the Office of Health Affairs.

Project Diabetes Obesity Control

Lynda Chin, M.D.
Associate Vice Chancellor and Chief Innovation Officer
Director, Institute for Health Transformation
Office of Health Affairs, The University of Texas System

U. T. System Board of Regents' Meeting
Health Affairs Committee
August 2015



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Diabetes Epidemic in the Rio Grande Valley

The Rio Grande Valley (RGV) region with significant unmet medical needs and economic challenges

- Cameron County is the **second poorest** and one of the **least educated** counties in the nation
- 70% of Cameron County Hispanic Cohort have **no health insurance**
- 30% of RGV population diagnosed with diabetes, up to 60% of population, if including undiagnosed
- Severe **shortage of physicians**: 40% fewer per 100,000 in RGV compared to rest of Texas
- Diabetes is projected to cost **\$1.2 billion in South Texas** by 2020
- Diabetes costs the State of Texas **\$19 billion per year**

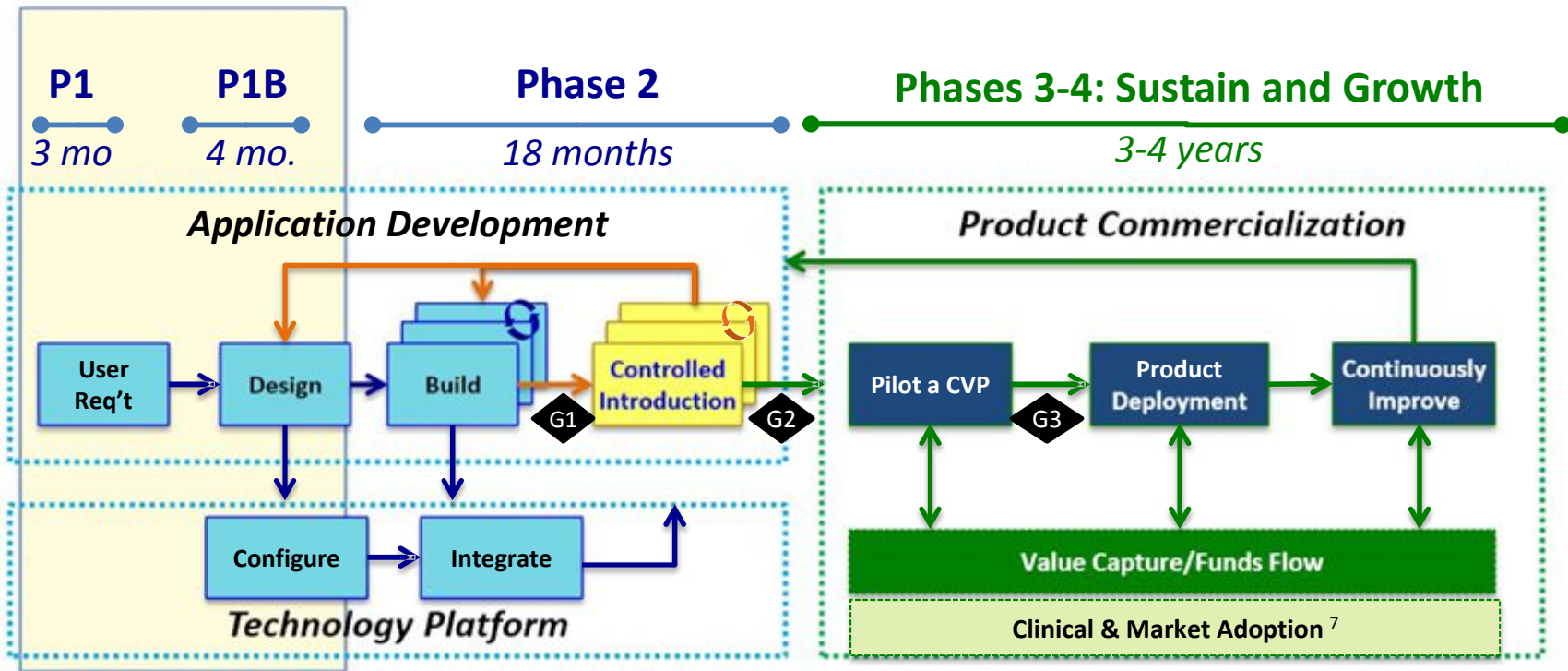
Sources: 1. United States Census Bureau. County Totals Dataset: Population, Population Change and Estimated Components of Population Change: April 1, 2010 to July 1, 2013; and 2. Texas Health and Human Services. List of HHS Regions with County Cross-reference, May 10, 2005.

U. T. System Commitment in RGV

1. **EDUCATION**: U. T. Rio Grande Valley and School of Medicine
 - Revitalize and build the next generation of health care professionals in South Texas
2. **RESEARCH**: Institute for Diabetes and Obesity Research
 - Advance knowledge to improve care
3. **CARE**: Institute for Health Transformation
 - Technology-enabled innovative solutions to improve outcome and reduce cost
 - Design for sustainability
 - Build for scalability



Project DOC Timeline

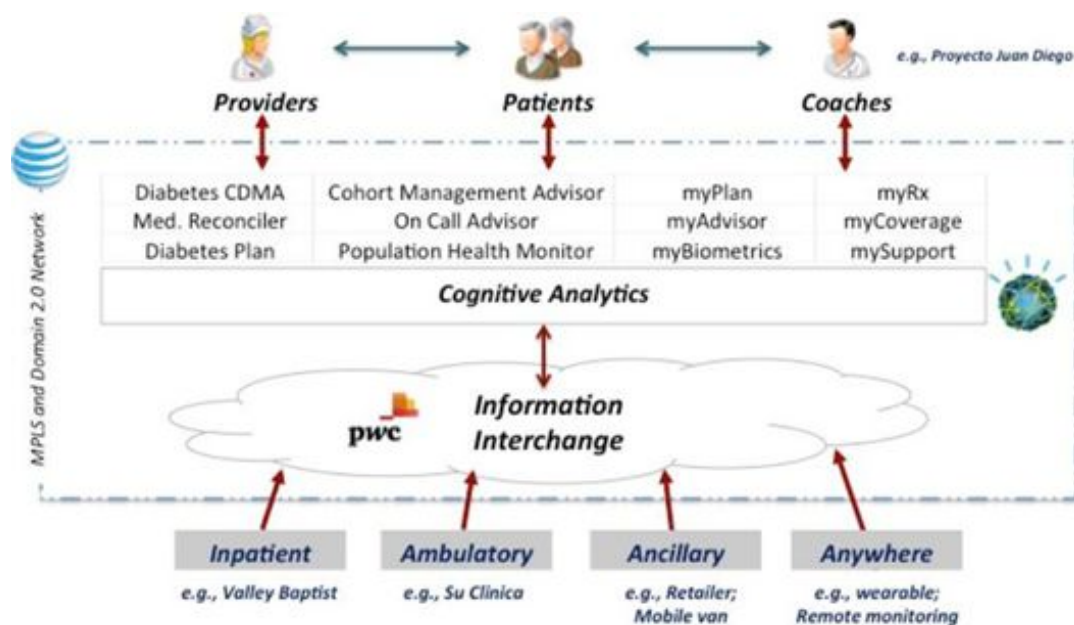


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Phase 1 Design: Project DOC Plan

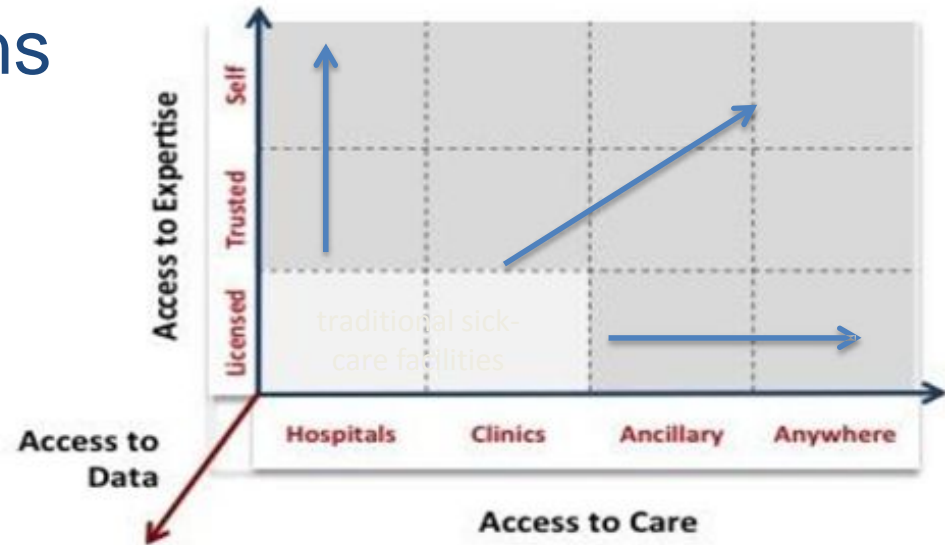
- **Goal:** A scalable person-centric care delivery system optimized for chronic disease management
- **Design:** An integrated care pathway supported by an expanded care team
- **Plan:** Build a prototype in Brownsville then scale



Phase 1 Design: Solutions

- Cognitive expert system
- Expanded care team
 - Practice at the top
 - Trusted providers
 - Do-it-yourself
- Interchange
- Governance framework
- Purposeful allocation

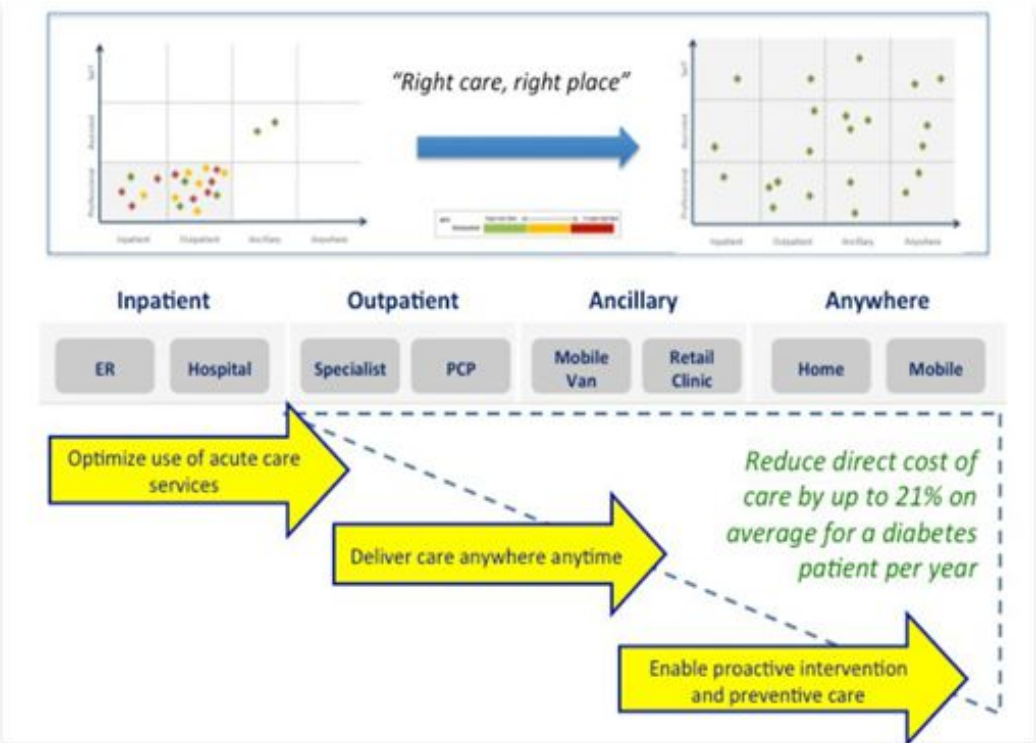
➔ **Distributed + Connected**



- Internet-of-Things and secure network
- Extended care delivery system
 - Retail primary care clinics
 - Remote monitoring & wearable
 - Virtual care



Phase 1 Design: Sustainability of Project DOC



- \$19 billion/year spent in Texas**
- \$6,900/patient direct cost of diabetes care**
- \$1,400 cost reduction per patient per year**
- DOC™ System operational in year 2**
- Self Sustainability in year 3**
- \$600M cost savings annually by year 6**

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Phase 1B: Feasibility of Project DOC Design

Areas of Feasibility Assessments

Technology

Tech Core: Can we demonstrate functional cooperation among members of the Technology Core and interoperability of their respective technologies? Can we provide end-to-end security?

Data integration: Can we integrate with and facilitate data sharing/access?

Cognitive analytics: Can we demonstrate analytics that consume data on the interchange?

Ecosystem

Contracting: Can we secure contracts with key stakeholders in South Texas?

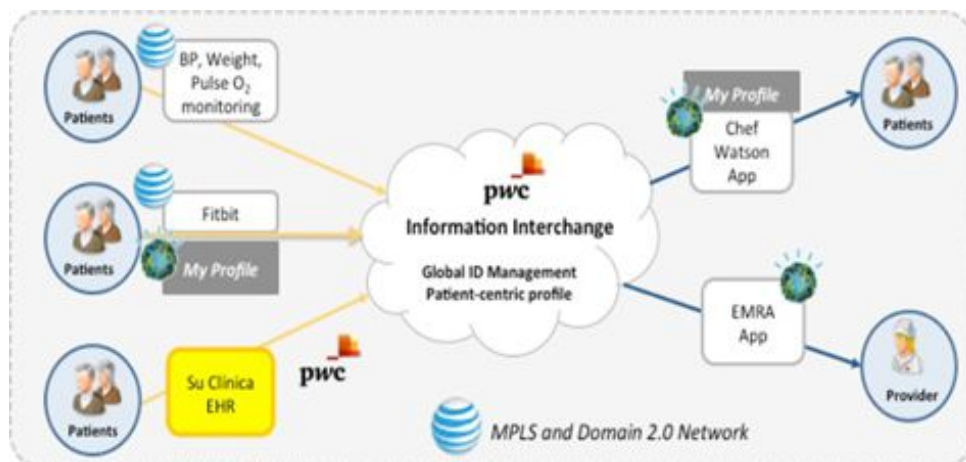
Partners: Will new entrants (i.e., retailers) participate? Do risk bearing entities agree with the value proposition and the proposed cost saving metrics of Project DOC diabetes care pathway?

Expertise Access: Can we demonstrate access to relevant expertise?



Phase 1B Results: Technology Feasibility

- ◆ Tech core operation
- ◆ Data integration
- ◆ Cognitive analytics

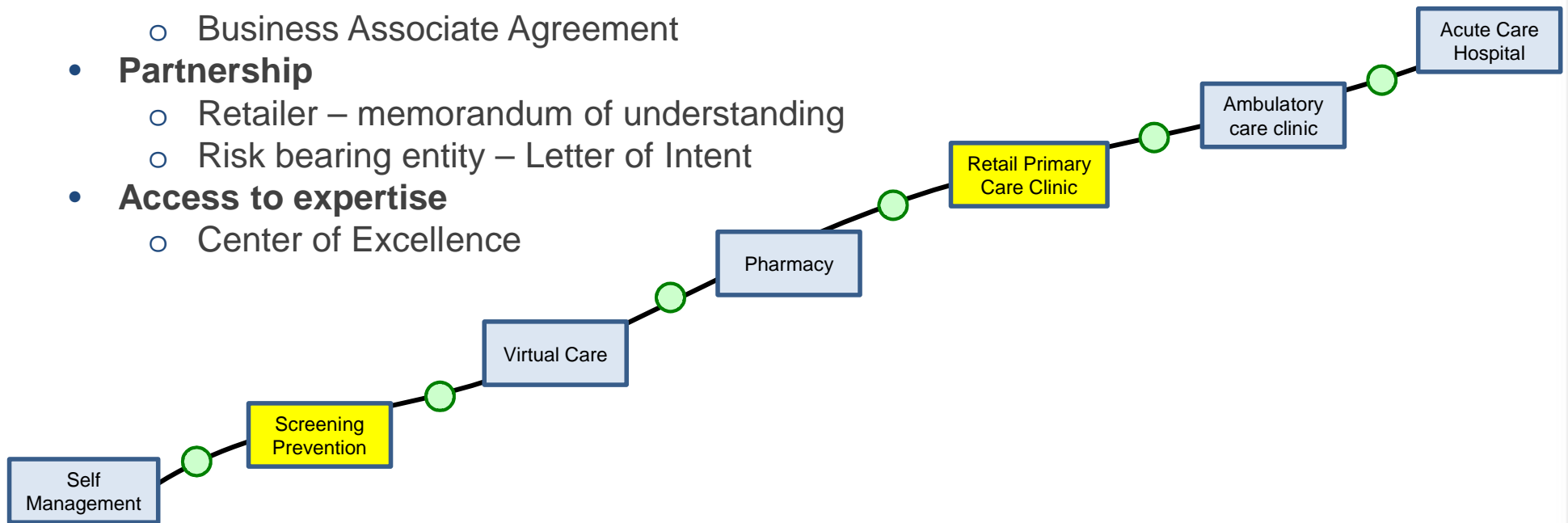


- **Capture data from disparate sources**
 - Medical records (de-identified)
 - Remote monitoring: blood pressure, weight, O₂ saturation
 - Mobile: wearable sensor (Fitbit)
 - Self-reported: (myProfile)
- **Aggregate data appropriately**
 - iProfile: person-centric integrated health profile
- **Consume data with analytics**
 - Electronic medical record assistant → Medical problem list
 - Chef Watson → Healthier diet
- **Provide security and access control**

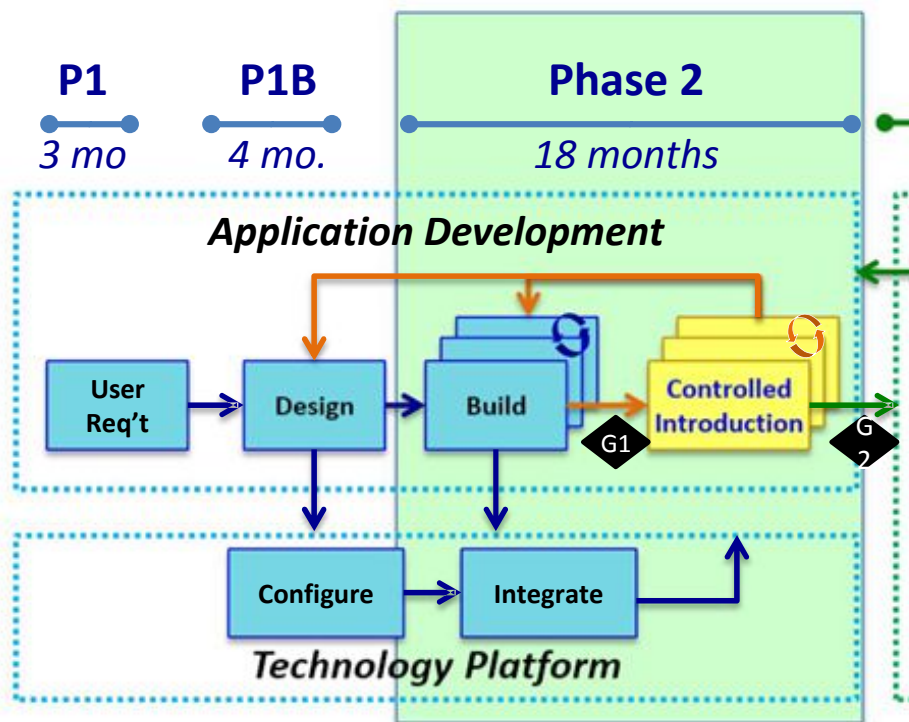


Phase 1B Results: Ecosystem Creation

- **Contract**
 - Business Associate Agreement
- **Partnership**
 - Retailer – memorandum of understanding
 - Risk bearing entity – Letter of Intent
- **Access to expertise**
 - Center of Excellence



Project DOC Phase II



- ### Phase II Funding Request
- \$15M AUF seed from Board of Regents
 - \$15M match from philanthropy and other funding sources
 - ➔ Build prototype DOC™ system in RGV
 - \$15M sponsorship or grants from risk bearing entities to design program(s) using Project DOC™ system
 - ➔ Test system to demonstrate cost savings

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