

**UConn Health Board of Directors
Finance Subcommittee of the
Board of Directors**

September 21, 2020

8:30 am – FSC

9:15 am - BOD

WebEx Event

Please use this link for the 9.21.20 meeting:

<https://uconnhealth.webex.com/uconnhealth/onstage/g.php?MTID=ec10a82f5ff8ad2be56b451c35e792047>

Password: public

To join by phone: dial 1 415 655 0001

Enter Meeting ID 172 629 7697#

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Location: via Webex

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NEXT REGULARLY SCHEDULED MEETING
December 14, 2020

Public Participation at UCHC Board of Directors Meetings

UConn Health Board of Directors starts its agenda with Public Comments. The BOD shall hear brief oral presentations from members of the public who wish to express their views on issues pending before the BOD or on other issues of concern to UConn Health. The agenda for each regular public meeting of the BOD shall allot up to thirty minutes for this purpose:

- a. Requests to address the BOD shall be made to the Chair's designee at least one day prior to the meeting and may begin to be made the day following the last BOD meeting. The actual person who intends to speak must make the request.
- b. The Chair of the BOD shall recognize each speaker in the order of signing up, shall request the speaker identify himself/herself, and shall ensure adherence to time limits as will permit the orderly progress of the BOD through its agenda. Each speaker will be allotted a time period of three minutes to speak.
- c. At a special meeting of the BOD, comment by members of the public shall be limited specifically to the subject described in the call of the special meeting.

The BOD would like to give each constituency an opportunity to speak. Therefore, groups are encouraged to appoint a single spokesperson to present their point of view.

The purpose of Public Participation is to allow the BOD to hear the views of the public. BOD will neither ask nor answer questions nor make comments during this portion of the agenda.

The Chair appoints the following person as his designee to receive requests to speak in the Public Comments portion of BOD meetings:

Deb Kaufman
Administrative Staff to the Board of Directors

Phone: (860) 679-6232
Email: dkaufman@uchc.edu

UConn Health
263 Farmington Avenue
Farmington, CT 06030-1920

Sanford Cloud, Chairman, called the meeting to order at 9:05 a.m.

1. Public Comment

No public comment.

2. Chair's Remarks

2.1 Welcome

Chairman Cloud opened the meeting by personally thanking this Board for supporting the UConn Health COVID-19 Response Fund with their generous donations and their commitment to UConn Health's patients and caregivers.

Chairman Cloud welcomed Dr. Deidre Gifford to the Board of Directors. Dr. Gifford, was appointed as Acting Commissioner of the Department of Public Health, replacing Renee Coleman-Mitchel.

2.2 Approvals [vote]

2.2.1 April 9, 2020– special meeting

The Board of Directors unanimously approved the minutes of the meeting of the UConn Health Board of Directors held on April 9, 2020.

3. Consent Items

(Items 3.1 and 3.2 were voted on in the Finance Subcommittee meeting held earlier in the day)

3.1 Contracts > \$1,000,000 [F]

- 3.1.1 Connecticut Natural Gas
- 3.1.2 Eversource
- 3.1.3 Cardinal Health, Inc.
- 3.1.4 ASD Specialty Healthcare Inc.
- 3.1.5 Baxalta US Inc.
- 3.1.6 BioCare Inc.
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- 3.1.8 Bioverativ US LLC
- 3.1.9 Pfizer Inc.
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- 3.1.11 Abbott Laboratories, Inc.
- 3.1.12 Asylum Hill Family Medicine Center Inc.
- 3.1.13 Connecticut Children's Medical Center
- 3.1.14 Hartford Hospital
- 3.1.15 The Hospital of Central Connecticut
- 3.1.16 Saint Francis Hospital & Medical Center
- 3.1.17 Johnson & Johnson
- 3.1.18 Medtronic USA, Inc.
- 3.1.19 Owens & Minor
- 3.1.20 Khmer Health Advocates
- 3.1.21 McKesson Corporation

- 3.1.22 McKesson Corporation
- 3.1.23 Middlesex Hospital
- 3.1.24 Otis Elevator Company
- 3.1.25 Persante Sleep Care
- 3.1.26 Vizient Inc.

3.2 Leases [F]

- 3.2.1 Asylum Hill Family Medicine Center, Inc.

3.3 JDH Medical Staff By-law Change [C]

The Board of Directors unanimously approved agenda items 3.1 and 3.2 as described in the board materials beginning on page 6.

The Board of Directors unanimously approved agenda items 3.3 as described in the board materials on page 13.

4. CEO/EVP Report – Andy Agwunobi

Dr. Agwunobi thanked the Board for their generous support of the COVID-19 Response Fund, Tom Katsouleas for his leadership and clinical leaders for their dedication as unsung heroes. Dr. Agwunobi reported that due to continued low number of COVID-19 positive patients the biocontainment area will be removed. Resumption activities to return to regular service are underway. The ED reports they are at 60% of usual volume at this time. Ambulatory visits started their ramp up recently, focused on implementing safety protocols to keep patients and staff safe. Dr. Agwunobi reported on financial projections prior to pandemic and the negative effect on revenues as a result of the shutdown. Dr. Agwunobi projected, at this time, COVID-19 related losses for FY20 to be \$53.2M and \$59M for FY21.

5. Main Business

5.1 FY21 Consolidated Operating Budget and Spending Plan [F]

The Board of Directors unanimously endorsed and recommends that the University Board of Trustees approve a 6-month spending plan for Fiscal Year 2021 of \$645.4 million or half of the attached full year \$1,290.8 million for UConn Health, and UConn Health will present to the Board of Trustees an updated spending plan for the final 6-months in December, 2020

5.2 FY20 Results of Operations as of April 30, 2020

Mr. Geoghegan reviewed the key financial results as of April 30, 2020 as being (\$11.4M) unfavorable to budget, due to drastic decline in clinical activity. Mr. Geoghegan reported that we will receive funding from the CARES Act, FEMA and the Medicare Accelerated & Advance Payment programs to offset lost revenue. To reduce expenses we are negotiating deferred payment arrangements and instituting a soft hiring freeze. On a positive note, E-visits, telehealth activity show an uptick in UMG volumes for May and JDH's weekly charges trend upward.

Mr. Geoghegan reviewed the FY21 Assumptions noting that Net Patient Revenue is the main driver of reducing the projected losses as it represents 45% of total revenue. Presently, we are forecasting a \$114.9M loss in FY21 without additional state support. Additional funding from the state for legacy costs and revenues from ramping up services will decrease the deficit. Risks to the operational budget this fiscal year include unknown patient reactions towards resuming clinical care, the possible resurgence of COVID-19 positive cases, unknown state and federal support, rising fringe costs and changes to provider based reimbursement and the reduction of outside referrals.

5.2 Dean, School of Medicine Update – Bruce Liang

Dr. Liang reported that the SOM coordinates closely with UCH leadership on common practices to ensure a virus free environment. Four new faculty members actively funded by federal grants, will join the faculty in FY 21 and bring their research awards with them. Dr. Dodge-Kafka and Dr. Chamberlain were successfully recruited for leadership appointments with the SOM. Work is underway to renovate 5200SF of wet lab space on the 3rd floor of the L Building.

5.3 Dean, School of Dental Medicine Update – Steven Lepowsky

Dr. Lepowsky acknowledged the faculty who worked tirelessly to modify their approach to assessment student competency, ensuring that we graduate competent dentists on time. Today marks the return to non-emergent dental care services on campus and satellite locations. This phased approach will treat 60-80 patients' this week and adjust accordingly to resume normal volumes.

Dr. Lepowsky reported that research activities resumed with the guidance from the OVPR. Of particular note is new funding in the department of Biomedical engineering that will expand on existing COVID-19 research. A WebEx was held with the incoming class of 2024, to provide an overview of pandemic related approach to their education and clinical care and roll out the hybrid delivery of their education program. Next week, we welcome a new group of dental residents who will be key to ramping up clinical service.

5.4 Clinical update

5.4.1 JDH – Andy Agwunobi

5.4.2 UMG – Anne Horbatuck

. No further update to be provided on the clinical areas at this time.

6. Financial Affairs – Tim Holt

6.1 Chair's Remarks

6.2 Informational Items

6.2.1 Minutes: May 28, 2020

6.2.2 Contracts to \$999,999

6.2.3 Personnel List

The Finance Subcommittee met prior to this meeting to approve the minutes of the May 28th presentation of the FY21 Operating Budget and Spending Plan, presented today to the full board. The committee reviewed and recommended approval of contracts and leases voted on today. Informational items can be found on page 33 of your board materials

7. Building and Grounds – Rich Carbray

The Buildings and Grounds Committee met on August 20th. Tom Trutter highlighted the COVID-19 focused projects, including the Triage Tent in the ED parking area, Drive-thru testing site in Lot 3 and the recommission of the 4th floor of the Connecticut Tower that established a 100 bed unit to meet surge capacity. George Karsanow reported that UCH Capital Projects are significantly impacted by the pandemic. All hospital clinic projects were halted per the Department of Public Health. Projects funded by the Capital Contingency Funding were canceled and funds allocated for COVID-19 response. Two projects, Derm clinic and Main Building Lab Renovations, are moving forward.

8. Academic Affairs – Fran Archambault

The Academic Affairs Committee met on April 20, 2020. The committee approved endorsements for Endowed Professorship, Appointment and Reappointment of Tenure Track Faculty. The committee received presentation on the online delivery of curriculum and suspension of clinical education due to the COVID-19 pandemic. Match day for 4th year students was held virtually this year with a 98% match rate, 33% remain in Connecticut, and 57% received their first choice. The School of Dental Medicine instruction moved to online delivery on March 16 and clinical instruction has paused. The SODM has developed simulated clinical competencies and will be graduating on time. Commencement ceremony for SOM and SODM were virtual, although different than previously years, done extremely well.

9. Clinical Affairs – Cheryl Chase

The Clinical Affairs Subcommittee met on May 21, 2020. Dr. Agwunobi provided an update of COVID-19 statistics, as well as treatment protocols of COVID-19 patients including the medication Remdesivir and convalescent plasma. Dr. Scott Allen provided a quality report including data on Serious Safety Event rate, which has been low and stable.

Dr. Bruce Liang reported on a serology study underway here in collaboration with a NY Biotech company to determine the number of frontline employees that developed antibodies against COVID19 while working with covid-19 positive patients. A very small percentage of employees developed antibodies indicating that PPE works and our clinical environment is quite safe.

At the recommendation of the Medical board, the Clinical Affairs Subcommittee voted to approve a change to the JDH Medical Staff Bylaws that allows the Chief of Medical Staff to suspend existing by-laws in the event of a public health and or civil preparedness emergency declared pursuant to Connecticut or Federal law.

Ms. Anne Horbatuck reported on UMG's activities regarding the COVID-19 call center and drive-thru testing site, as well as the Port of Entry Screening Sites throughout campus. She also reported that Telemedicine visits had been established.

Dr. Steven Lepowsky reported that dental clinics remain closed, but tele dentistry visits are on the rise, and also been implemented to evaluate emergencies and prescreen patients.

10. Other Reports

10.1 JACC Update – Tim Holt

The JACC met on June 3rd to review and accept two audit reports including, ADA regulations and surplus operations at UConn Health. The Committee reviewed compliance review compliance activities and external audits complete by Cohn Resnick and State Auditors. The next meeting is scheduled for September 10th.

11. Executive Session – No Executive Session was held.

Attendees: T. Katsouleas, K. Alleyne, F. Archambault, R. Barry, A. Besette, R. Carbray, C. Chase, J. Droney, S. Cloud, J. Freedman, D. Gifford (joined at 10:05 am), T. Holt, W. Rawlins, T. Ressel, M. Walsh and K. Woods

With no further business the meeting was adjourned at 10:32 am.

Respectfully submitted,



Andrew Agwunobi, MD, MBA
Chief Executive Officer, UConn Health
Executive Vice President for Health Affairs
Chief Executive Officer, UConn John Dempsey Hospital

UConn HEALTH

September 21, 2020

TO: Members of the UConn Health Board of Directors

FROM: Andrew Agwunobi, MD, MBA
Chief Executive Officer, UConn Health
Executive Vice President for Health Affairs



RE: Conflict of Interest Subcommittee Resolution

RECOMMENDATION:

The Conflict of Interest subcommittee unanimously approved submitting the following advice to Chairman Cloud to support his decision making regarding instituting 2019 Conflict of Interest management plans for selected Board of Directors members:

BACKGROUND:

- **Richard Barry** – The chair of each subcommittee should be advised that Mr. Barry is the Chief Credit Officer at Key Bank. Key Bank’s subsidiary Cain Brothers has been contracted with UConn Health to provide investment banking advisory services. Mr. Barry should be instructed to refrain from voicing his opinions or making comments to other Board members on any matter that could benefit Key Bank. Mr. Barry should also be recused from voting on any such matters in his capacity as a UCH Board Member.
- **Andy Bessette** – The chair of each subcommittee should be advised that Mr. Bessette is an officer at the Travelers. Mr. Bessette should be instructed to refrain from voicing his opinions or making comments to other Board members on any matter that could benefit the Travelers, such as rate setting for UCH contracts with

the Travelers. Mr. Bessette should also be recused from voting on any such matters in his capacity as a Board member. Mr. Bessette pays tuition for his son to attend the UConn School of Medicine. Mr. Bessette should be recused from voting on matters related to tuition and fees.

- **Sanford Cloud** – The chair of each subcommittee should be advised that Mr. Cloud serves as a board member for the Connecticut Health Foundation, an organization that may provide grants to UConn Health. Mr. Cloud should be recused from voting on any such matters in his capacity as a Board Member.
- **Joel Freedman** – The chair of each subcommittee should be advised that Mr. Freedman’s spouse, Susan, is a partner at the law firm, Shipman & Goodwin. Mr. Freedman should be instructed to refrain from voicing his opinions or making comments to other Board Members on any matter that could benefit Shipman & Goodwin.
- **Wayne Rawlings** – The chair of each subcommittee should be advised that Dr. Rawlins is the medical director at ConnectiCare. Dr. Rawlins should be instructed to refrain from voicing his opinion or making comments to other Board members on any matter that could benefit ConnectiCare. Dr. Rawlins should also be recused from voting on any such matters in his capacity as a Board member.

UConn Health Board Finance Subcommittee [September 21, 2020](#)
CONTRACTS (OTHER THAN REAL ESTATE LEASES) AND PURCHASE ORDERS OF \$1,000,000 OR MORE
FOR UCONN HEALTH BOARD OF DIRECTORS APPROVAL ON [September 21, 2020](#)

No.	Contractor	Previous Contract Amount (if applicable)	Approval Amount	Term	Description
1	3M Health Information Systems Inc.	\$1,066,535 (Approved by BOD in June 2015 for term 6/29/15 - 9/30/20)	\$4,000,000	10/1/20 - 9/30/27 (includes one 2-year renewal option)	Contractor will upgrade UConn Health's current coding solution to interface with Epic. The contract includes software licenses for Computer Assisting Coding and Clinical Documentation Improvement systems, training for physicians and coders, and consulting to identify opportunities for fiscal and quality improvement.
2	3M Health Information Systems Inc.	\$5,000,000 (approved by BOD in March 2012 for term 10/1/12 - 9/30/20)	\$5,000,000	10/1/12 - 9/30/22	Amendment to update vendor name and add 2 years to the original agreement. M-Modal system is a dictation system used by the OR and other clinics for Operative notes and Procedure notes. In addition, Employee Health uses M-Modal also for dictation. Contract was previously in the name of Mmodal who was acquired by 3M in February 2019.
3	Abbott Laboratories Inc.	\$499,000	\$1,200,000 (includes additional \$701,000)	8/1/17 - 7/31/23 (includes two 1-year renewal options)	Amendment to increase the total value and add 3 years to the original agreement. Vascular balloon expanding stent system, vascular self-expanding stent system, peripheral dilatation catheter, suture-mediated closure, carotid stent system and embolic protection system products utilized by the Surgery Department
4	Approved Storage and Waste Hauling, Inc.	\$800,000 (previous 5 year contract with Triumverate Environmental)	\$1,104,000	10/1/20 - 9/30/29	Sharps Management Program for the Farmington campus, which includes the installation of over 1,000 sharps collection containers, timely collection and replacement of containers, and the proper disposal of sharps medical waste.
5	Atlantic Data Security LLC	\$900,000	\$1,150,000 (includes additional \$250,000)	10/21/16 - 10/20/21	Amendment to increase the total value of the original agreement. Contractor provides assessment, design, setup/configuration, implement/test, training and reselling of enterprise security equipment, software and associated services as requested by UConn Health.
6	Himagine Solutions Inc.	\$999,999.00	\$2,500,000.00 (includes additional \$1,500,001)	11/8/18 - 11/7/23	Amendment to increase the total value of the original agreement. Contractor provides UConn Health with temporary medical records coding staff to support the Health Information Management Department.

UConn Health Board Finance Subcommittee [September 21, 2020](#)
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No.	Contractor	Previous Contract Amount (if applicable)	Approval Amount	Term	Description
7	Jackson Laboratory	\$850,451	\$1,287,489 (includes additional \$437,038)	7/1/18 - 6/30/21	Subaward for collaboration on the project entitled, "Comprehensive Analysis of Allelic, Cellular and Molecular Heterogeneity in Human 3-Dimensional Cardiac Microtissues with MYH7 Mutations." This amendment adds Year 3 continuation funds of \$437,038, and extends the Period of Performance through 6/30/21.
8	Mako Surgical Corporation, a wholly-owned subsidiary of Stryker Corporation; and Stryker Orthopaedics, a division of Howmedica Osteonics Corporation	N/A	\$1,740,000	10/1/20 - 9/30/25	Purchase of orthopedic robot with built-in 3D CT-based planning software that enables surgeon to perform minimally invasive surgeries and to size implants for hip and knee procedures. Mako Surgical is providing the robotic equipment and Stryker Orthopedics is providing the products for use with the robot.
9	Nuance Communications, Inc.	\$950,000	\$1,200,000 (includes additional \$250,000)	3/3/12 - 9/28/22	Amendment to increase the total value of the original agreement. Nuance voice recognition system is integrated with Epic and allows providers to dictate their notes.
10	Philips Healthcare Informatics, Inc.	\$2,500,000 (approved by BOD in December 2015)	\$3,100,000 (includes additional \$600,000)	3/1/16 - 2/28/21	Amendment to increase the total value of the original agreement. UConn Health utilizes Philips' Diagnostic Imaging PACS system. This contract covers ongoing storage, maintenance and Orthoview licensing.
11	Schultz Corporation	\$2,800,000 (approved by BOD in March 2015 for previous 6 year term)	\$3,800,000	11/1/20 - 10/31/27 (includes two 2-year renewals)	On Demand Snow & Ice Control/Removal with Snow Removal Manpower (Shoveling)

UConn Health Board Finance Subcommittee [September 21, 2020](#)
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No.	Contractor	PR, PO, Bid or Contract Number	Contract Type	Fund Source	Dept./Individual Sponsor (Business Owner)	Expense (E) Revenue (R)	Sourcing
1	3M Health Information Systems Inc.	UCHCFC-126495115	New	Operating Funds	Monica Pinette, Assistant Vice President Health Information Management	E	Bid
2	3M Health Information Systems Inc.	UCHCFC-27380670	Amendment	Operating Funds	Monica Pinette, Assistant Vice President Health Information Management	E	Bid
3	Abbott Laboratories Inc.	UCHCFC1-83044037	Amendment	Operating Funds-Clinical	Linda Manzelli, Director, Ambulatory Practice Cardiology	E	Non-Competitive Purchase
4	Approved Storage and Waste Hauling, Inc.	UCHCFC-127906391	New	Operating Funds	Tom Trutter, VP Facilities, Dev & Oper, Campus Planning	E	Bid
5	Atlantic Data Security LLC	UCHC4-62635728-ADS	Amendment	Operating Funds	Robert Chadd, Assistant Director Unified Communications	E	Bid
6	Himagine Solutions Inc.	UCHCFC-20181101-HIM	Amendment	Multiple Sources	Monica Pinette, Assistant Vice President Health Information Management	E	Non-Competitive Purchase


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No.	Contractor	PR, PO, Bid or Contract Number	Contract Type	Fund Source	Dept./Individual Sponsor (Business Owner)	Expense (E) Revenue (R)	Sourcing
7	Jackson Laboratory	UCHC7-105633753-A2	Amendment	Grant-Federal	John Hinson, Assistant Professor Calhoun Cardiology Center	E	Collaborative Grant (pass-through)
8	Mako Surgical Corporation, a wholly-owned subsidiary of Stryker Corporation; and Stryker Orthopaedics, a division of Howmedica Osteonics Corporation	UCHCFC-133299848	New	Capital Project	Karen Curley, Director Nursing Administration Orthopaedic Surgery	E	Non-Competitive Purchase
9	Nuance Communications, Inc.	UCHCFC-2-2467	Amendment	Operating Funds	Claudette Shalagan, IT Project Manager Strategic Projects & Clinical Systems	E	Bid
10	Philips Healthcare Informatics, Inc.	UCHCFC2-69774911	Amendment	Operating Funds	Susan Pagan, Associate Director Radiology	E	Bid
11	Schultz Corporation	UCHC4-129697268	New	Operating Funds	Tom Trutter, VP Facilities, Dev & Oper, Campus Planning	E	Bid

UConn HEALTH

September 21, 2020

TO: Members of the UConn Health Board of Directors

FROM: Andrew Agwunobi, MD, MBA 
Chief Executive Officer, UConn Health
Executive Vice President for Health Affairs

RE: Reports of Endowed Chairs for the period of July 1, 2019 to June 30, 2020

RECOMMENDATION:

That the UConn Health Board of Directors approve the Annual Reports for the following Endowed Chairs:

1. Infectious Disease
2. Human Genetics
3. Transfusion Medicine

BACKGROUND:

The three endowed chairs referenced above were established during the Fiscal Year 1988 to 1989 as authorized by CGS 10a – 20a. Subsection (f) of the statute states the “Board of Trustees shall submit annual reports to the Board of Governors concerning their expenditures.” The reports presented today are for the period of July 1, 2019 to June 30, 2020.

Endowment Report FY2020

UConn



**State of Connecticut Board of
Governors for Higher Education
Chair in Infectious Diseases**

Kevin Dieckhaus, MD

dieckhaus@uchc.edu



THANK YOU MESSAGE

I would like to express my gratitude to the donors that support the endowed chair. The support provides material support for ongoing educational activities for infectious disease fellows, as well as students and residents pursuing research and interests in the field of Infectious Diseases.

RESEARCH AND TEACHING

This chair supports the development of trainees interested in infectious diseases at all levels of medical training. Specifically, it facilitates the on-site tropical medicine training provided to University of Connecticut trainees in Southwestern Uganda. This experience promotes acquisition of direct medical skills as well as valuable cross-cultural and integrative skills important for any physician practicing in a multi-ethnic world.

This past year marked the 79th University of Connecticut trainee who had a substantive learning experience in Southwestern Uganda, either through community-based participatory research or direct medical care immersion.

SERVICE AND PUBLIC ENGAGEMENT

Through this fund, students performing public health in cross-cultural settings have been able to receive material support and mentorship for their community-based participatory research in such settings as Guam, China, Nicaragua, Uganda, Peru; and urban settings in Hartford, Connecticut.

ACADEMIC PROGRAMS AND FACULTY DEVELOPMENT

Each year, approximately 12-15 first year medical students and several fourth year medical students choose to do community-based participatory research in resource limited settings as part of their formal educational experience. This fund allows for improved mentorship and material support for point-of-care testing when necessary for these projects. These projects are often highlighted as a high point in any student's medical education and have led to multiple local research abstracts.

LOOKING AHEAD

COVID-19 has unfortunately impacted the ability of students to travel to their international community research sites in summer 2020 to complete projects conceived prior to the pandemic. We will engage medical students in the incoming class to adopt projects that have been developed by more senior medical students and work with a junior/senior partnership to complete these important projects. Several student projects were redirected towards the COVID-19 pandemic, focusing on very clinical and relevant analysis of management protocols and outcomes in this pandemic.

UConn Health
 Endowed Chair in Infectious Diseases/AIDS Research
 631129-10141-10

	FY16	FY17	FY18	FY19	FY20*
Beginning Cash Balance	\$36,703.75	\$29,724.75	\$31,410.28	\$40,387.28	\$55,364.16
Receipts :					
Interest Transferred from DHE:		3,327.03	13,237.81	17,433.88	26,250.38
Total Receipts	-	3,327.03	13,237.81	17,433.88	26,250.38
Expenditures :					
Salaries and Wages					
Fringe Benefits					
Purchased Services	6,979.00			285.00	3,919.98
Supplies				1,527.00	5,857.10
Equipment		1,641.50	4,260.81	645.00	5,507.92
Change in accruals					(1,614.63)
Total Expenditures	6,979.00	1,641.50	4,260.81	2,457.00	13,670.37
Ending Cash Spendable Balance	\$29,724.75	\$31,410.28	\$40,387.28	\$55,364.16	\$67,944.17

* FY20 are not final and may change due to year end adjustments

Endowment Report FY2020

UCONN



**Health Net, Inc. Chair in
Human Genetics**

David W. Rowe, MD

drowe@uchc.edu



THANK YOU MESSAGE

Thanks to the funding provided in support of the activities of this endowed chair, remarkable progress has been made in obtaining detailed molecular analysis of individual cells within a histological section. However, that technology has eluded the skeletal field, and we are in a position to overcome this barrier. We submitted a major NIH grant to begin a program that required an institutional contribution. I will use Chair funds, estimated to be \$100,000, to build the specialized microscope needed for this technology.

An honors course was developed for seven UConn Storrs college seniors entitled, "Discovery of Genes that Impact Skeletal Health." Each student was assigned one of the mouse knock out genes that were identified in our first bone phenotyping grant and had to learn bone biology, molecular biology and human genetics to interpret the data on the gene they were assigned. The exam was to write a manuscript that eventually will be published in the journal BONE in which they will share authorship.

PUBLICATIONS, CONFERENCES, AND AWARDS

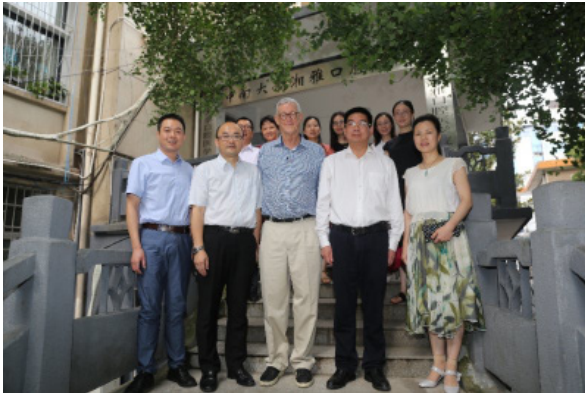
I delivered the keynote lecture in the 2019 Summit on New Developments in Stomatology at Xiangya School of Stomatology. This school, which has an 80-year relationship with Yale Medical School, is seeking a similar relationship with UConn School of Dental Medicine. Initial plans were developed, but they have been interrupted by current events. Hopefully this initiative can be resumed as there are many opportunities, scientific and clinical, for faculty and students to explore.



Keynote presentation in Xiangya School of Stomatology, Changsha City, China

Endowment Report FY2020

UConn



Group photo with the research faculty at Xiangya School of Stomatology



Planning session for closer affiliation between the two Dental Schools

SERVICE AND PUBLIC ENGAGEMENT

Our major grant is part of an international collaboration (KOMP/IMPC) to identify the function of the 24,000 genes in the mouse genome. I presented our skeletal perspective at their annual planning meeting. We estimate there are over 5000 genes which affect bone and joints that are being missed by their analysis. My proposal to expand our testing approach was highly encouraged and that has motivated me to develop this capability at UConn using both institutional and additional grant support.

ACADEMIC PROGRAMS AND FACULTY DEVELOPMENT

The Center's Core offers at cost the same histological technologies that are used in our research programs to the faculty in Storrs and Farmington. In addition, we perform studies for external academic and commercial entities at a higher rate than cost, and the core gets to retain the extra revenue. This allows the students from both campuses to use this instrumentation without having to charge their mentors for upkeep and repairs, thus enhancing the environment for skeletal research at UConn.

LOOKING AHEAD

I have a great research team and optimistic plans to expand our technologies for identification of genes that affect skeletal health in mouse models and tissues from affected human subjects.

UConn Health
 Endowed Chair in Human Genetics
 300041-10600-10

	FY16	FY17	FY18	FY19	FY20*
Beginning Cash Balance	\$277,187.31	\$186,903.31	\$172,657.41	\$174,872.63	\$231,368.95
Receipts :					
Interest Transferred from DHE:		5,992.10	5,581.85	8,968.00	18,720.97
Interest Transferred from UCONN Foundation: 78,968.00		74,710.00	79,254.86	79,455.00	74,454.25
Total Receipts	78,968.00	80,702.10	84,836.71	88,423.00	93,175.22
Expenditures :					
Salaries and Wages 88,817.00		49,024.00	18,122.14	5,140.00	438.88
Fringe Benefits 37,155.00		26,287.00	47,749.40	3,019.00	429.75
Purchased Services 42,045.00		19,637.00	16,749.95	1,993.00	48,490.60
Supplies				1,895.68	
Equipment 1,235.00				19,879.00	22,286.69
Change in accruals					11,758.25
Total Expenditures	169,252.00	94,948.00	82,621.49	31,926.68	83,404.17
Ending Cash Spendable Balance	\$186,903.31	\$172,657.41	\$174,872.63	\$231,368.95	\$241,140.00

* FY20 are not final and may change due to year end adjustments

UConn Health
 Endowed Chair in Transfusion Medicine
 300037-10149-10 (and 35021)

	FY16	FY17	FY18	FY19	FY20*
Beginning Cash Balance	\$422,118	\$419,727	\$422,141	\$425,966	\$434,683
Receipts :					
Interest Transferred from UCONN Foundation:	\$0				
Interest Transferred from DHE:	\$0	\$4,107	\$3,825	\$8,717	\$12,830
Total Receipts	\$0	\$4,107	\$3,825	\$8,717	\$12,830
Expenditures :					
Salaries and Wages					
Fringe Benefits					
Purchased Services	\$2,391	\$1,693			
Supplies					
Equipment					
Change in accruals					
Total Expenditures	\$2,391	\$1,693	\$0	\$0	\$0
Ending Cash Spendable Balance	\$419,727	\$422,141	\$425,966	\$434,683	\$447,513

* FY20 are not final and may change due to year end adjustments

Note: this Endowed Chair is currently vacant.

**Fiscal Year 2020
Results of Operations
As of June 30, 2020**

UConn HEALTH

Consolidated Financial Reports Financial Update & Highlights

TO: Members, Board of Directors
FROM: Jeffrey P. Geoghegan, Chief Financial Officer
DATE: September 15, 2020
SUBJECT: Unaudited FY 2020 Financial Results for the year ended June 30, 2020.

Introduction:

The following provides highlights for the year ended June 30, 2020.

UConn Health had a loss of \$29.5 million for the year ended June 30, 2020, which was \$18.9 million unfavorable to the budgeted loss of \$10.6 million. Elective procedures at UConn Health paused due to COVID-19 in early March. UConn Health began resumption of elective surgery on May 13, 2020 and continues to work back toward normal, pre-COVID volumes. The revenue lost because of this has been reflected via the lower net patient revenues shown in these statements. Drugs and Medical supply costs were also lower due to decreased volumes. UConn Health and its various entities have received Federal Funds via the CARES Act. Approximately, \$21.3 million of revenue reported as Other Income in these statements as of the end of June. Also included in these statements are appropriately \$5.3 million of expenses associated with UConn Health's Covid-19 response.

Key drivers of budget variances are outlined below.

Education, Research & Institutional Support

The result of operations for Education, Research & Institutional Support is favorable to the budget by \$5.0 million with positive variances in SOM, SODM, Institutional Support and Research.

Year to date significant highlights include:

- School of Medicine results of operations were favorable to budget by \$2.8 million. Favorable variances were driven primarily by Outside and Other Professional services.
- School of Dental Medicine (including associated Dental Clinics) results of operations were favorable to budget by \$2.2 million. Favorable variances were driven by favorable personnel costs in the school and offset by losses in the associated Dental Clinics due to COVID halting operations.
- Research results of operations were favorable to budget \$1.1 million. The favorable variances were primarily in Salary, Fringe Benefit, Outside and Other Purchase Services and subcontracting expenses.

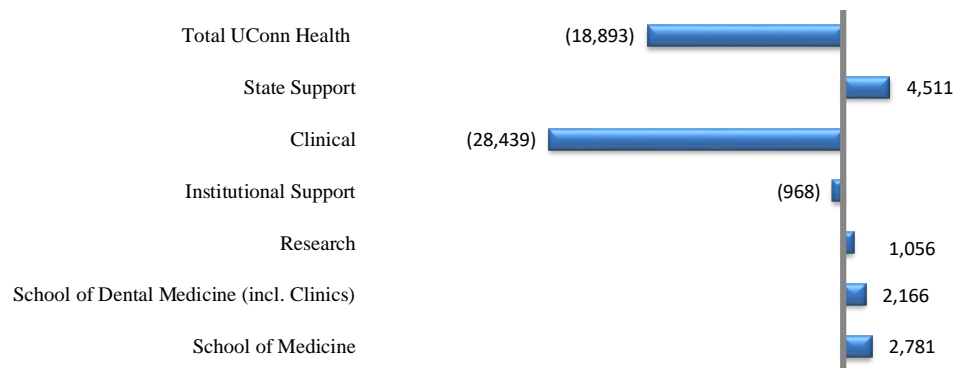
Clinical: The clinical operations had a combined loss of \$161.2 million compared to a budget loss of \$132.8 million. Summary analysis of revenues and expenses is presented in the following pages.

UConn HEALTH

Key Financial Results For the period ending June 30, 2020

Category	Year - to - Date						
	Actual	Budget	Variance	Percent	Prior Year	Variance	Percent
Total UCH Excess/(Deficiency)	(\$29,502)	(\$10,609)	(\$18,893)	-178.1%	(\$17,670)	(\$11,832)	-67.0%
Education, Research & Institutional Support-Excess/(Deficiency)	(\$158,450)	(\$163,485)	\$5,035	3.1%	(\$206,989)	\$48,539	23.5%
Total Clinical (JDH/UMG)	(\$161,238)	(\$132,799)	(\$28,439)	-21.4%	(\$55,127)	(\$106,111)	-192.5%
State Appropriation-Block Grant	\$124,934	\$124,934	\$0	0.0%	\$118,125	\$6,809	5.8%
Fringe Benefits & Other Adjustments	\$165,252	\$160,741	\$4,511	2.8%	\$126,321	\$38,931	30.8%
Total State Support	\$290,186	\$285,675	\$4,511	1.6%	\$244,446	\$45,740	18.7%
Total Revenues (000's)	\$883,508	\$923,939	(\$40,431)	-4.4%	\$923,429	(\$39,921)	-4.3%
Total Expenses (000's)	\$1,203,196	\$1,220,223	(\$17,027)	-1.4%	\$1,185,546	\$17,650	1.5%
Research Revenue Recognition in Financial Statements	\$85,914	\$91,117	(\$5,203)	-5.7%	\$88,212	(\$2,298)	-2.6%

Budget Variance by Program - Year To Date (in 000's)



UConn HEALTH

Consolidated Statement of Revenues and Expenses (without Eliminations)

	Consolidated UConn Health YTD June 2020				Consolidated UConn Health YTD June 2019		
	Actual	Budget	Variance	Percent Variance	Actual	Variance	Percent Variance
Revenues:							
Tuition	\$ 29,416,336	\$ 28,615,507	\$ 800,829	2.8%	\$ 27,061,024	\$ 2,355,312	8.7%
Research Grants and Contracts	85,914,421	91,117,365	(5,202,944)	-5.7%	88,212,007	(2,297,586)	-2.6%
Auxiliary Enterprises	20,602,362	20,053,893	548,469	2.7%	19,091,967	1,510,395	7.9%
Internal Income	69,274,045	66,048,817	3,225,228	4.9%	98,087,548	(28,813,503)	-29.4%
Interns and Residents	71,010,165	72,544,484	(1,534,319)	-2.1%	69,386,043	1,624,122	2.3%
Net Patient Care	504,160,820	568,566,561	(64,405,741)	-11.3%	531,062,201	(26,901,381)	-5.1%
Gifts & Endowment Income	4,986,488	5,693,922	(707,433)	-12.4%	6,240,215	(1,253,727)	-20.1%
Investment Income	599,686	724,922	(125,236)	-17.3%	937,710	(338,024)	-36.0%
Other Income	97,543,732	70,573,559	26,970,173	38.2%	83,350,303	14,193,429	17.0%
Total Revenues	\$ 883,508,056	\$ 923,939,030	\$ (40,430,974)	-4.4%	\$ 923,429,018	\$ (39,920,962)	-4.3%
Expenses:							
Personnel Services	\$ 443,130,691	\$ 441,153,843	\$ 1,976,848	0.4%	\$ 418,567,922	\$ 24,562,769	5.9%
Fringe Benefits	273,687,682	281,589,618	(7,901,936)	-2.8%	259,816,755	13,870,927	5.3%
Medical Contractual Support	18,766,949	19,162,918	(395,969)	-2.1%	17,619,696	1,147,253	6.5%
Internal Contractual Support	69,811,871	66,049,217	3,762,654	5.7%	97,447,592	(27,635,721)	-28.4%
Medical/Dental House Staff	58,028,164	58,373,774	(345,610)	-0.6%	55,881,127	2,147,037	3.8%
Outside Agency Per Diems	4,181,753	4,907,527	(725,774)	-14.8%	6,210,961	(2,029,208)	-32.7%
Drugs	66,402,592	70,232,342	(3,829,750)	-5.5%	68,276,992	(1,874,400)	-2.7%
Medical Supplies	57,697,990	62,488,966	(4,790,976)	-7.7%	59,000,230	(1,302,240)	-2.2%
Utilities	14,019,659	13,853,880	165,779	1.2%	12,887,252	1,132,407	8.8%
Outside & Other Purchased Services	98,439,142	102,440,392	(4,001,250)	-3.9%	95,609,609	2,829,533	3.0%
Insurance	5,890,206	3,975,578	1,914,628	48.2%	2,094,251	3,795,955	181.3%
Repairs & Maintenance	18,312,407	19,026,362	(713,955)	-3.8%	18,128,434	183,973	1.0%
Debt Service	9,353,454	9,310,831	42,623	0.5%	9,618,026	(264,572)	-2.8%
Other Expenses	35,574,532	38,389,502	(2,814,970)	-7.3%	34,262,647	1,311,885	3.8%
Depreciation	29,899,011	29,268,168	630,843	2.2%	30,124,080	(225,069)	-0.7%
Total Expenses	\$ 1,203,196,103	\$ 1,220,222,918	\$ (17,026,815)	-1.4%	\$ 1,185,545,575	\$ 17,650,528	1.5%
Excess/(Deficiency) of Revenues over Expenses Prior to State Appropriations							
	\$ (319,688,047)	\$ (296,283,888)	\$ (23,404,159)	-7.9%	\$ (262,116,557)	\$ (57,571,490)	-22.0%
State Appropriation-Block Grant	\$ 124,934,428	\$ 124,934,428	\$ -	0.0%	\$ 118,125,405	\$ 6,809,023	5.8%
Workers Compensation Net of Appropriations	(1,705,866)	(1,330,513)	(375,353)	-28.2%	105,951	(1,664,000)	
State Support Other Adjustments	166,957,002	162,071,146	4,885,856	3.0%	126,214,890	40,742,112	32.3%
Excess/(Deficiency)	\$ (29,502,483)	\$ (10,608,827)	\$ (18,893,656)	-178.1%	\$ (17,670,312)	\$ (11,832,171)	-67.0%

UConn HEALTH

Consolidated Statement of Revenues and Expenses (without Eliminations)

Consolidated UConn Health				
YTD June 2020				
	Actual	Budget	Variance	Percent Variance
Revenues:				
State Support Salary	\$ 123,228,560	\$ 123,603,913	(375,353)	-0.3%
State Support Fringe	69,007,590	66,296,439	2,711,151	4.1%
Tuition and Fees	29,416,336	28,615,507	800,829	2.8%
Grants & Contracts	85,914,421	91,117,365	(5,202,944)	-5.7%
Interns and Residents	71,010,165	72,544,484	(1,534,319)	-2.1%
Net Patient Care	511,779,727	576,419,793	(64,640,066)	-11.2%
Other Income	185,387,406	155,241,881	30,145,525	19.4%
Total Revenues	\$ 1,075,744,205	\$ 1,113,839,382	\$ (38,095,177)	-3.4%
Expenses:				
Personnel Services	\$ 443,130,691	\$ 441,153,843	\$ 1,976,848	0.4%
Fringe Benefits	148,351,472	152,736,237	(4,384,765)	-2.9%
Drugs/Medical Supplies	124,100,582	132,721,308	(8,620,726)	-6.5%
Other Expenses	318,358,475	321,636,098	(3,277,623)	-1.0%
Utilities	14,019,659	13,853,880	165,779	1.2%
Depreciation	29,899,011	29,268,168	630,843	2.2%
Total Expenses	\$ 1,077,859,890	\$ 1,091,369,534	\$ (13,509,644)	-1.2%
<u>Operating Margin</u>	\$ (2,115,685)	\$ 22,469,848	\$ (24,585,533)	-109.4%
Unfunded SERS Pension & Retiree Health Payments & Revenues				
Unfunded SERS Pension & Retiree Health Costs	\$ (125,336,210)	\$ (128,853,381)	\$ 3,517,171	2.7%
Less: Unfunded SERS Pension and Retiree Health Costs Funded by State	64,749,413	62,574,707	2,174,706	3.5%
Less: Additional Allotment for Unfunded Pension for FY20	33,199,999	33,199,999	-	0.0%
Net UCH Payments for Unfunded Pension and Retiree Health Costs	(27,386,798)	(33,078,675)	5,691,877	17.2%
<u>Excess/(Deficiency)</u>	\$ (29,502,483)	\$ (10,608,827)	\$ (18,893,656)	-178.1%

UConn HEALTH

UConn Health Sources and Uses of Operating Cash

Consolidated UConn Health YTD June 2020				
	Actual	Budget	Variance	Percent Variance
<u>Inflows:</u>				
Total Revenues	\$ 883,508,056	\$ 923,939,030	\$ (40,430,974)	-4.4%
State Support	290,185,564	285,675,061	4,510,503	1.6%
Total Inflows	\$ 1,173,693,620	\$ 1,209,614,091	\$ (35,920,471)	-3.0%
<u>Outflows:</u>				
Personnel Services	\$ 443,130,691	\$ 441,153,843	\$ 1,976,848	0.4%
Fringe Benefits	273,687,682	281,589,618	(7,901,936)	-2.8%
Drugs	66,402,592	70,232,342	(3,829,750)	-5.5%
Medical Supplies	57,697,990	62,488,966	(4,790,976)	-7.7%
Debt Service	9,353,454	9,310,831	42,623	0.5%
Other Expenses	323,024,686	326,179,153	(3,154,467)	-1.0%
Debt Principle Payments	7,729,136	7,768,073	(38,937)	-0.5%
Capital Equipment/Projects	11,561,045	10,891,265	669,780	6.1%
Total Outflows	\$ 1,192,587,276	\$ 1,209,614,091	\$ (17,026,815)	-1.4%
<u>Excess/(Deficiency) of Inflows over Outflows</u>	\$ (18,893,656)	\$ -	\$ (18,893,656)	

Note that Debt principal payments reflects the changes in long term debt balances due to payments. The Capital/Projects line reflects allocated dollars and not expenses. For these reasons the Sources and Uses will not match the financial results presented earlier

UConn HEALTH

John Dempsey Hospital Consolidated Statement of Revenues and Expenses June 30, 2020

	Year-to-Date June				
	Actual '20	Budget '20	Variance	Percent Variance	Actual '19
<u>Revenues:</u>					
Net Patient Care	\$ 402,684,480	\$ 447,610,307	\$ (44,925,827)	-10.0%	\$ 416,794,976
Other Income	75,108,823	53,914,437	21,194,386	39.3%	43,723,370
Total Revenues	\$ 477,793,303	\$ 501,524,744	\$ (23,731,441)	-4.7%	\$ 460,518,346
<u>Expenses:</u>					
Personnel Services	\$ 173,595,762	\$ 171,681,549	\$ 1,914,213	1.1%	\$ 143,765,493
Fringe Benefits	120,871,035	124,341,802	(3,470,767)	-2.8%	101,195,539
Medical Contractual Support	350,256	337,197	13,059	3.9%	208,007
Internal Contractual Support	44,426,858	40,607,224	3,819,634	9.4%	52,214,002
Medical/Dental House Staff	3,179,597	3,100,000	79,597	2.6%	2,576,297
Outside Agency Per Diems	3,562,594	3,665,955	(103,361)	-2.8%	4,651,617
Drugs	53,414,680	57,264,548	(3,849,868)	-6.7%	41,307,574
Medical Supplies	45,538,872	48,578,772	(3,039,900)	-6.3%	45,597,201
Utilities	6,005,500	5,996,292	9,208	0.2%	3,364,654
Outside & Other Purchased Services	51,120,984	51,574,308	(453,324)	-0.9%	38,433,215
Insurance	4,422,396	2,785,288	1,637,108	58.8%	2,531,325
Repairs & Maintenance	9,839,149	10,398,317	(559,168)	-5.4%	9,987,172
Other Expenses	5,446,121	4,723,988	722,133	15.3%	1,759,061
Interest Expense	114,856	74,255	40,601	54.7%	49,605
Depreciation	7,811,712	8,572,941	(761,229)	-8.9%	6,258,624
Total Expenses	\$ 529,700,372	\$ 533,702,436	\$ (4,002,064)	-0.7%	\$ 453,899,386
<u>Excess/(Deficiency) of Revenues over Expenses Prior to State Appropriations</u>	\$ (51,907,069)	\$ (32,177,692)	\$ (19,729,377)	-61.3%	\$ 6,618,960

John Dempsey Hospital

Results of Operations

The loss for the year ended June was \$51.9 million compared to a budgeted loss of \$32.2 million, for an unfavorable variance of \$19.7 million. Total revenues were unfavorable by \$23.7 million. Net patient revenue was unfavorable \$44.9 million. Total expenses were favorable to budget by \$4.0 million and were driven by favorable variances in medical supplies. The gain for the prior year was \$6.6 million for an unfavorable variance of \$58.5 million. JDH other income includes \$15.9 million received from the CARES Act. An additional \$12.5 million of aid was received in fiscal 21, however, there are no set expectation for additional future receipts under this program.

<u>Category</u>	<u>Year - to - Date</u>						
	<u>Actual</u>	<u>Budget</u>	<u>Variance</u>	<u>Percent</u>	<u>Prior Year</u>	<u>Variance</u>	<u>Percent</u>
John Dempsey Hospital (in thousands)							
JDH Excess/(Deficiency) of Revenues over Expenses	(\$51,907)	(\$32,178)	(\$19,729)	-61.3%	\$6,619	(\$58,526)	-884.2%
JDH Operating Margin	-10.9%	-6.4%	-4.4%	-69.3%	1.4%	-12.3%	-855.9%
Inpatient Discharges	9,266	10,264	(998)	-9.7%	9,811	(545)	-5.6%
Observation Stays	3,989	4,226	(237)	-5.6%	4,188	(199)	-4.8%
Outpatient Equivalents	17,423	17,366	57	0.3%	18,794	(1,371)	-7.3%
Average Length of Stay	4.4	4.2	0.2	4.8%	4.4	0.0	0.0%
Net Revenue per Adjusted Discharge	\$15,088	\$16,200	(\$1,112)	-6.9%	\$14,571	\$517	3.5%
Cost per Adjusted Discharge	\$19,847	\$19,316	\$531	2.7%	\$15,868	\$3,979	25.1%
Days Revenue in Accounts Receivable	39	42	(3)	-7.1%	42	(3)	-7.1%
Case Mix Index	1.5167	1.5200	(0.0033)	-0.2%	1.5478	(0.0311)	-2.0%

Net Revenue: Year to Date

Total net patient revenue was unfavorable to the budget plan by \$44.9 (10.0%) and unfavorable to prior year by \$14.1 million (3.4%). Inpatient discharges of 9,266 are unfavorable to budget by 998 (9.7%) and represent a 5.6% decrease from the prior year. Outpatient volume, represented by Outpatient Equivalents of 17,423, was favorable to budget by 57 (.3%) and below prior year by 1,371 (7.3%).

The key drivers for net revenue are:

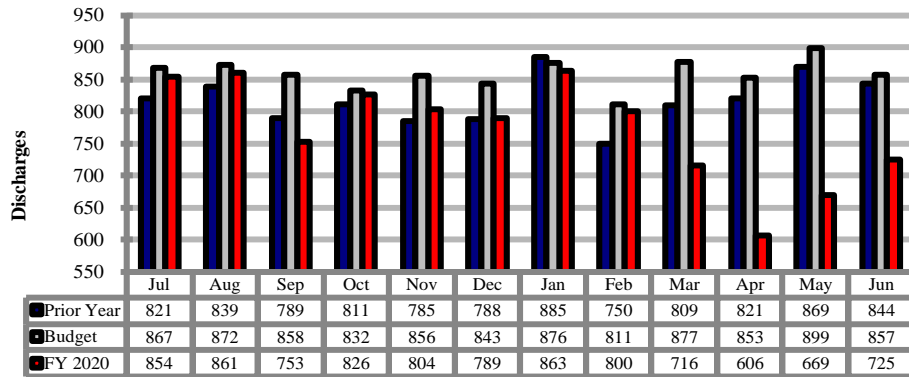
- Compared to Budget JDH had the following Price/Volume variances on Adjusted Discharges
 - Volume variance: Adjusted discharges were unfavorable to budget by 941 a variance valued at \$15.2 million.
 - Price variance: Net Revenue per adjusted discharge was \$1,112 below budget, an unfavorable variance valued at \$29.7 million.

Expenses

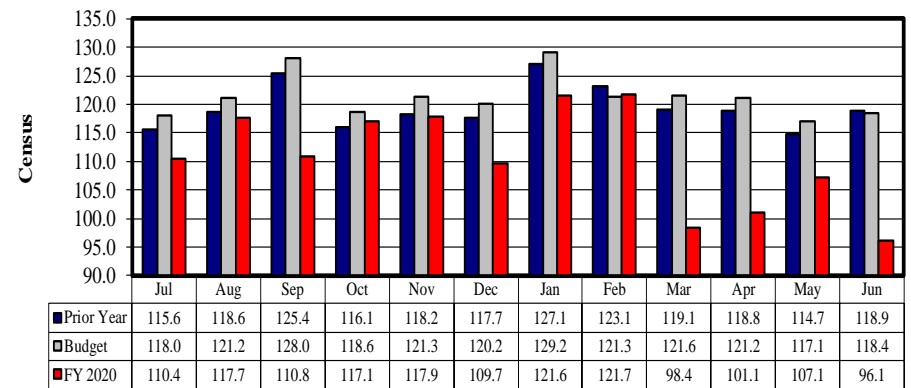
- Expenses were favorable to the budget by \$4.0 million. Main drivers for the favorable variances were Drugs, Medical Supplies, and Depreciation. This was partially offset by unfavorable variance in Internal Contractual support and Insurance. Internal contractual support has increased due to increased charges under the JDH/UMG anesthesiology agreement.
- Total cost per discharge has been impacted by the increase in COVID related costs as well as the resulting impact on operations. Discharges have decreased significantly compared to budget and prior year while associated supply, and allocated expenses (such as charges under the Anesthesia agreement) have increased. As a result, year to date cost per discharge of \$19,847 is significantly higher than in the prior year, which was \$15,868.

UConn HEALTH

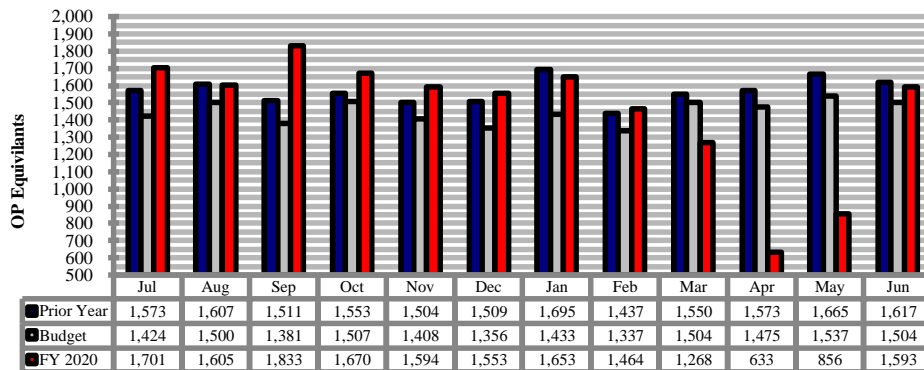
JDH Discharges by Month



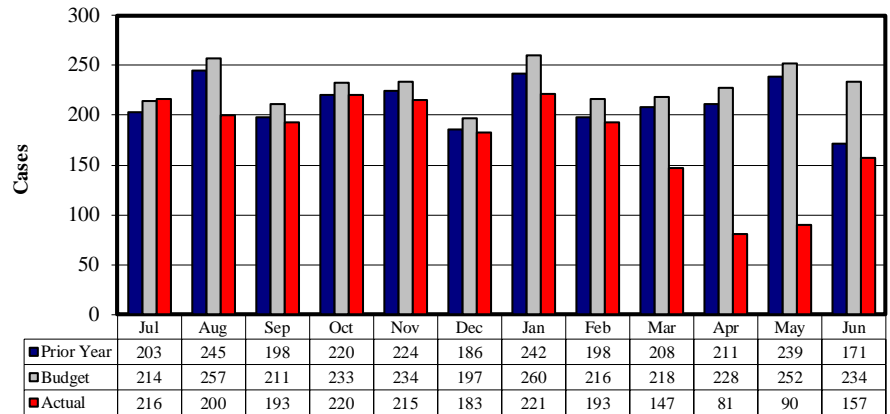
JDH Average Daily Census By Month



JDH Outpatient Equivalents



Inpatient Surgical Cases



UConn HEALTH

UConn Medical Group Consolidated Statement of Revenues and Expenses June 30, 2020

	Year-to-Date June				
	Actual '20	Budget '20	Variance	Percent Variance	Actual '19
<u>Revenues:</u>					
Net Patient Care	\$ 93,463,406	\$ 110,272,361	\$ (16,808,955)	-15.2%	\$ 103,999,046
Other Income	22,848,472	18,221,863	4,626,609	25.4%	24,377,497
Total Revenues	\$ 116,311,878	\$ 128,494,224	\$ (12,182,346)	-9.5%	\$ 128,376,543
<u>Expenses:</u>					
Personnel Services	\$ 112,908,313	\$ 112,072,204	\$ 836,109	0.7%	\$ 95,322,214
Fringe Benefits	62,588,704	62,960,612	(371,908)	-0.6%	51,017,814
Medical Contractual Support	8,657,817	8,939,659	(281,842)	-3.2%	7,976,036
Internal Contractual Support	8,088,990	8,168,943	(79,953)	-1.0%	13,993,513
Outside Agency Per Diems	469,272	1,049,050	(579,778)	-55.3%	1,138,483
Drugs	6,593,682	6,564,243	29,439	0.4%	5,326,647
Medical Supplies	1,958,124	2,610,577	(652,453)	-25.0%	2,086,924
Utilities	1,921,556	1,975,264	(53,708)	-2.7%	198,299
Outside & Other Purchased Services	16,745,661	17,668,997	(923,336)	-5.2%	9,962,100
Insurance	428,867	329,274	99,593	30.2%	238,385
Repairs & Maintenance	2,565,117	2,789,777	(224,660)	-8.1%	929,255
Other Expenses	983,228	1,866,453	(883,225)	-47.3%	465,932
Depreciation	1,733,188	2,120,407	(387,219)	-18.3%	1,466,447
Total Expenses	\$ 225,642,519	\$ 229,115,460	\$ (3,472,941)	-1.5%	\$ 190,122,049
<u>Excess/(Deficiency) of Revenues over Expenses Prior to State Appropriations</u>	\$ (109,330,641)	\$ (100,621,236)	\$ (8,709,405)	-8.7%	\$ (61,745,506)

UConn HEALTH

UConn Medical Group

Results of Operations

The UMG loss for the year ended June 30, 2020, was \$109.3 million compared to a budgeted deficit of \$100.6 million, for an unfavorable variance of \$8.7 million. The deficit in the prior year was \$61.7 million for an unfavorable variance of \$47.6 million. UMG other income includes \$1.2 million received in April from the CARES Act. There is no set expectation for future receipts under this program.

Other significant highlights include:

<u>Category</u>	<u>Year - to - Date</u>						
	<u>Actual</u>	<u>Budget</u>	<u>Variance</u>	<u>Percent</u>	<u>Prior Year</u>	<u>Variance</u>	<u>Percent</u>
University Medical Group (in thousands)							
(Deficiency)/Excess of Revenues over Expenses	(\$109,331)	(\$100,621)	(\$8,710)	-8.7%	(\$61,746)	(\$47,585)	-77.1%
Operating Margin	-94.0%	-78.3%	-15.7%	-20.0%	-48.1%	-45.9%	-95.4%
RVU's	1,035,563	1,209,347	(173,784)	-14.4%	1,174,160	(138,597)	-11.8%
Net Revenue Per RVU	\$90.25	\$91.18	(\$0.93)	-1.0%	\$88.57	\$1.68	1.9%
Cost per RVU (w.o. Anesthesia)	\$204.58	\$179.21	\$25.37	14.2%	\$151.04	\$53.54	35.4%
Average Provider FTE	208	207	1	0.5%	199	8	4.3%
Average Monthly RVU Per Provider	415	487	(72)	-14.8%	491	(76)	-15.4%
Days Revenue in Accounts Receivable	43	42	1	2.4%	43	-	0.0%

Net Revenue: Year to Date

Net patient revenue is unfavorable to the budget plan by \$16.8 million (15.2%) and is unfavorable to prior year by \$10.5 million (10.1%).

The key drivers for net revenue are:

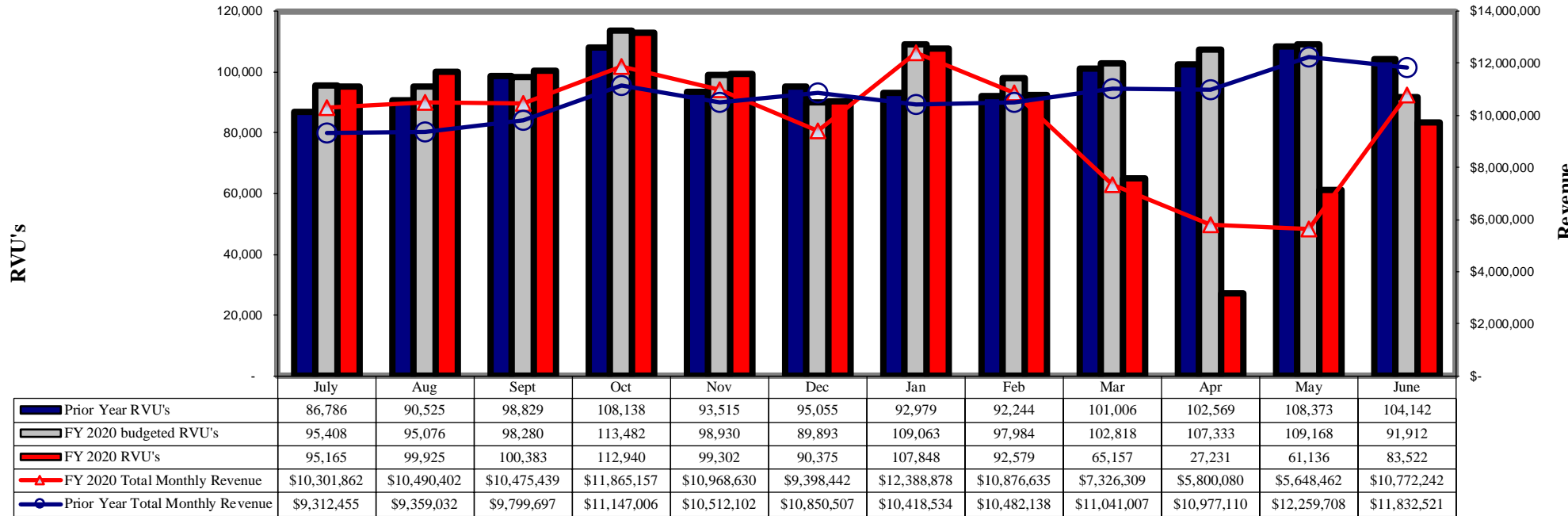
- RVU's are unfavorable to budget 173,784 units (14.4%) – an unfavorable volume variance of \$15.8 million.
- Compared to Budget –The net revenue per unit was \$.93 unfavorable to budget – an unfavorable price variance of \$963,000.

Expenses: Year-to-date

Total expenses are favorable to the budget by \$3.5 million. Notable unfavorable variances were in Outside Agency Per Diems, Outside and Other Purchased Services, and Medical Supplies. Each of these categories were directly impact by the shutdown of clinical operations. These variances were offset by unfavorable variances in Personnel Services.

UConn HEALTH

**University Medical Group
Comparison of Actual, Budgeted, and Prior Year RVU's Against Monthly Total Revenues**



September 21, 2020

TO: Board of Directors**FROM: Anne Horbatuck, RN, BSN, MBA
Vice President, Ambulatory Operations****Denis Lafreniere, MD, FACS****Medical Director, UConn Medical Group, Professor and Chief, Division of Otolaryngology,
Head and Neck Surgery, Associate Dean of Clinical Affairs****DATE: September 21, 2020****SUBJECT: UConn Medical Group (UMG) / Ambulatory Operations Report****PROGRESS ON AMBULATORY ORGANIZATIONAL GOALS and INITIATIVES**

Brief highlights for the fourth quarter (April, May, and June) of FY20 include:

Operational Updates / Pandemic;

- **COVID-19** - UConn Health continues to make every effort to ensure the safety of the employees and patients. We continue to focus on our ramp up in a safe manner. We continue to wear proper PPE, masks and shields when seeing patients, maintain social distancing 6 ft., and have a no visitor policy in the Ambulatory areas. (We do have exceptions to the visitation rule). In addition, we have completed an environment assessment in order to add an additional protection for when it is difficult to socially distance in teaming areas. This includes plexi-glass dividers and sliders to increase the safety of the patient and employees in close proximity areas. The key focus is around ramping up clinical operations in a safe, efficient and quality manner. While doing in person visits, we still continue to do telephone and video visits with our patients.
- **COVID-19 Testing** – We continue to maintain our Lot 3 Lower Campus testing drive through site. This site is open Monday through Saturday and continues to test pre-operative and pre-procedure patients, patients and community that is symptomatic and JAXs laboratory and other services. We also set up an Upper Campus walk through testing site for front facing clinical employee testing outside of the Emergency Room area. For Phase 1, we did a random sampling of our clinical facing employees and they were sent an email asking if they would like to volunteer to be tested for COVID-19. We completed Phase 1 testing of these employees, which was 460 people that were tested, and the results were all negative (0 prevalence). We are now in Phase 2, which is opened up the COVID-19 PCR testing to the entire front facing employees who were not tested in Phase 1 or did not have a positive test in the past. This phase of testing will conclude August 8th, 2020. In addition, we have tested groups such as the UConn basketball and football faculty and staff and we will also begin testing of the UConn Faculty and staff on August 4th, 2020. This will happen on the Storrs, Stamford and Groton campuses. The Faculty and Staff that are in the West Hartford campus, Law School, School of Social work will come to the Farmington Drive through to be COVID tested. We are also working with three private schools to test their symptomatic students, which will be also done on at our Farmington Drive Through testing site.
- **COVID-19 Ramp-up** – Many of the Ambulatory departments starting ramping up as of May 18, 2020. Directors along with their Chairs developed plans on how to safely increase the patient volume. Providers will continue to use e-visits, scheduled telephone and video encounters. The goal is to have the clinics fully operational by the end of this year. As of the week ending July 25th, our encounter ramp up average over the prior three weeks was approximately 86% ramp up compared to a target for the end of July of 68%.

- **COVID-19 Port of Entry Screening Sites** (approx. 19 sites) - All entryways continue to be staffed and the necessary procedures have been implemented ensuring that employees and patients are asymptomatic before entering the facilities. As the CDC guidelines have changed, we have adapted to the changes at the sites. (Temperature screenings, masking all patients and employees, as well as questionnaires/travel questions). In addition, we have also added facial temperature scanners at four port of entry sites as a trial, which have been successful and will continue to roll these out to other sites. As the ramp up has continued and the staff had to return to the clinics, we have implemented a program utilizing nursing students and medical assistant students that we have agreements. This has been a positive program, but as people return to school, we have had to expand to use other groups and avenues.
- **Glide Path Phase 1**- As of June 2020 UCONN has successfully completed the Glide Path Phase 1 for the Internal Medicine group in South Road. This will increase the Medicaid E&M codes payments by 14% and allow the group to work towards the NCQA (National Committee for Quality Assurance) PCHM (Patient-Centered Medical Home) recognition. The group is working towards achieving the NCQA PCHM by the end of this year allowing them to earn a 24% increase in payments.
- **Cigna Care Designation (CCD) / Tier 1 Provider Status** - This is a Cigna’s physician quality/cost efficiency program in which 21 specialties in 74 markets across the country are looked at. The results of Cigna’s quality and cost-efficiency program evaluations help determine which providers will be a Tier 1 Provider and aligned to a tiered-benefit program. While there is no financial incentive, providers with the Tier 1 designation are listed first on their directory.
- **LGBTQ HealthCare Equality Index 2020** – We will be awarded the “LGBTQ Healthcare Equality “Top Performer” designation in the forthcoming Healthcare Equality Index 2020. The final report will be coming out later this summer, when we will be able to market our accomplishment. The areas in which we had to report on include Non-Discrimination and Staff Training, Patient Services and Support, Employee Benefits and Policies, Patient and Community Engagement. *The Human Rights Campaign Foundation is the educational arm of America's largest civil rights organization working to achieve equality for lesbian, gay, bisexual, transgender and queer people. HRC envisions a world where LGBTQ people are embraced as full members of society at home, at work and in every community.*
- **Echocardiography Accreditation** – The Pat and Jim Calhoun Cardiology Center Echo Lab in Farmington has earned a three-year term accreditation from the Intersocietal Accreditation Commission (IAC). The Echo Lab underwent an intensive review process and was found to be in compliance with the IAC standards. This level of achievement demonstrate the commitment to quality patient care within the UConn Cardiology Center Echo lab.

Population Health Program Outcomes

Clinical Programs

- Care Management efforts were critically important this quarter as patients began to delay care due to fear of contracting COVID-19. Nurses and community health workers doubled their efforts in outreaching patients with chronic conditions to assess symptoms, monitor vitals and in many cases provide reassurance that the hospital is a safe place to seek emergency care when needed.
- Transitional care management for patients discharged from the hospital saw an increase in higher acuity patients discharged home due to concerns regarding skilled nursing facilities. Nurse navigators worked diligently to ensure follow up care for these patients was well coordinated. Appointment adherence was excellent this quarter. Many appointments were converted to tele-health visits and patients were far more likely to attend these appointments. In our best month we saw appointment adherence rates at 90%, the highest since program inception. Readmission outcome data was not available at the time of this report.
- Referrals to Population Health remained steady in Q4 with our highest referral needs in areas of transportation, social support and care management. Many of our seniors have been unable to attend senior centers and recreational activities due to social distancing requirements. The Population Health team worked closely with student led programs to coordinate virtual check-ins for our elderly population and offer alternative sources of social interaction.

Figure 1. Referrals to Population Health Q4

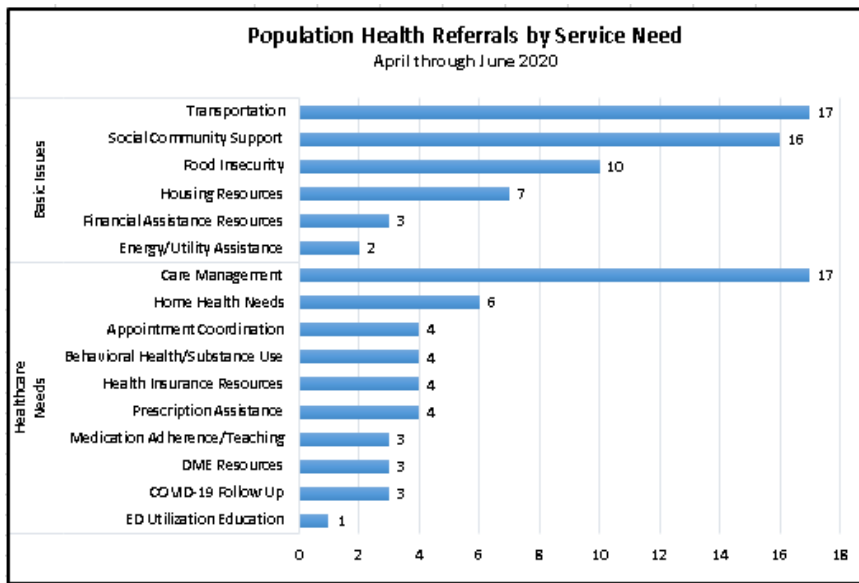


Figure 2. Transitional Care Management Appointment Adherence Rates w/in 14 days of discharge Q4

	2019 Average	Apr-20	May- 20	Jun-20
Office visit attended	170	2	12	43
Telehealth visit due to COVID*	N/A	75	82	47
Appointment scheduled	223	87	104	108
Appointment Adherence Rate	76%	89%	90%	83%

*In Q4, ambulatory visits were significantly reduced due to COVID-19. In an effort to keep our patients safe, many in-office appointments were converted to telephonic or video visits.

Bundled Payment Care Improvement- Advanced (BPCI-A)

The BPCI-A program continues to perform well. Patient volumes have decreased due to COVID-19 and decreased hospital census. Specifically, TKA/THA procedures as well as Spinal Fusion volumes are lower than baseline. Conversely, Sepsis and Pneumonia admits have increased which is helping to balance the overall episode volume. Efforts to reduce post-acute utilization and readmissions continue. This quarter, we worked closely with the rehab department and case management on the use of decision support tools to select the next site of care with a goal of reducing utilization of high cost post-acute care sites. Epic workflows were updated to be consistent with the terminology used in the decision support guide. Case Managers also received training on our newly formed preferred post-acute care network. Analysis of our present referral patterns to skilled nursing facilities were reviewed to determine goals for increasing referrals to in-network facilities who have demonstrated positive quality outcomes. On 6/3/2020 a coding/documentation training was held for providers in neurosurgery and orthopedics to review coding guidelines specific to our Spinal Fusion bundled episodes. A more robust provider query system is now in place to ensure that the appropriate spinal fusion cases are included in the bundled episodes.

The BPCI-A Executive Steering Committee met on 5/14/2020 to review preliminary program performance. ICS provided financial modeling based on the first five months of data. Performance is favorable at this time. UConn Health is on track to achieve savings and projects a positive financial reconciliation.

Quality

The ambulatory quality team continues to work on improving performance on preventative care measures for our patient population. This quarter has been particularly challenging as patients are delaying procedures like colonoscopy and mammograms due to concerns regarding COVID-19. The quality team continues to work with our providers on creative

solutions to reach our goals such as tele-health visits, in-home lab draws and home delivery of medications to maintain performance in areas of medication adherence and A1c control.

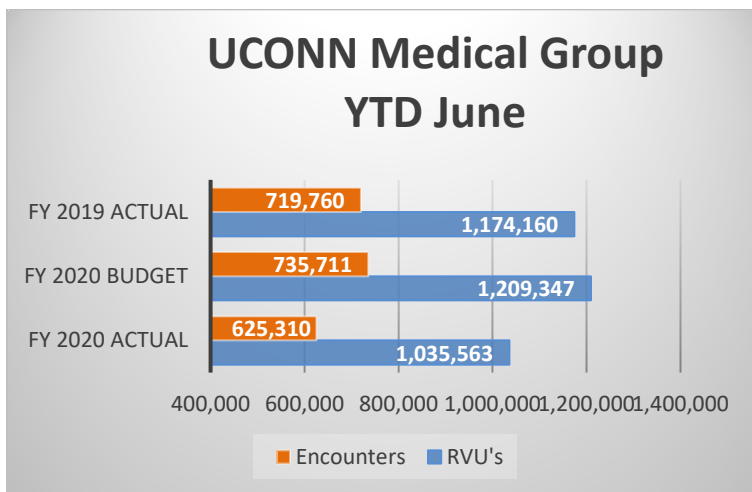
In April of 2020, UMG added a new pay for performance program through Optum, which incentivizes UMG for improving quality on our Anthem Medicare Advantage and Aetna Medicare Advantage populations. Given our tenuous fiscal climate, these incentive programs are more important than ever as they help to supplement some of the fee for service dollars lost due to decreased patient volumes.

P4P / Population Health Financial Incentives

- Anthem’s P4P Program
 - EPHC (Enhanced Personal Health Care) Care Coordination
 - UMG earned \$93,271 in the program Q4 FY2020
- United Healthcare MA-PCPi
 - UMG earned \$436,720 in the UHC MA-PCPi and MCAIP program
 - \$436,720 from United Healthcare for the CY2019 MAPCPi annual bonus payment
- CSMS (Connecticut State Medical Society) IPA
 - UMG earned \$41,092 in QVU (Quality Value Unit) from CSMS-IPA

Finance

- Due to COVID-19, as of the end of Q4 FY20, UMG encounters are behind prior year by 0.13% and RVU’s are behind compared to the prior year actual by 0.12%.
- Due to COVID-19, YTD, both encounters and RVU's are behind budget. Encounters were budgeted at 735,711 for 2020 and currently they are 0.15% behind at 625,310. The RVU’s for 2020 were budgeted at 1,209,347 and are currently at 1,035,563 behind 0.15%.



Growth and Development

Due to COVID-19, there were no new physicians recruited for the fourth quarter. For this fiscal year there have been 33 new clinical physicians recruited in multiple areas of specialty. We continue to focus on increasing in person visits as we ramp up, telemedicine visits and maintain quality patient care during this Pandemic.

Location: WebEx
Present (Voting): R. Carbray, T. Holt, M. Walsh and K. Woods

Chairman Tim Holt called the meeting to order at 8:49 am.

1. Public Comment

There was no public comment.

2. Chair's Remarks

2.1 Chairman Holt welcomed the group.

2.2 Approval of Minutes

2.2.1 ***In a motion duly made and seconded, the Committee approved the minutes of May 28, 2020.***

3. Financial Reports and Updates

3.1 Fiscal Year 2020, Results of Operations as of April 30, 2020 – J. Geoghegan

Presentations will be held for the Board of Directors meeting.

4. Items Needing Approval

Contracts/PO's/Amendments \$1 million – J. Geoghegan

- 4.1 Contracts > \$1,000,000 [F]
 - 4.1.1 Connecticut Natural Gas
 - 4.1.2 Eversource
 - 4.1.3 Cardinal Health, Inc.
 - 4.1.4 ASD Specialty Healthcare Inc.
 - 4.1.5 Baxalta US Inc.
 - 4.1.6 BioCare Inc.
 - 4.1.7 BioCare Inc.
 - 4.1.8 Bioverativ US LLC
 - 4.1.9 Pfizer Inc.
 - 4.1.10 Red Chip of Nevada
 - 4.1.11 Abbott Laboratories, Inc.
 - 4.1.12 Asylum Hill Family Medicine Center Inc.
 - 4.1.13 Connecticut Children's Medical Center
 - 4.1.14 Hartford Hospital
 - 4.1.15 The Hospital of Central Connecticut
 - 4.1.16 Saint Francis Hospital & Medical Center
 - 4.1.17 Johnson & Johnson
 - 4.1.18 Medtronic USA, Inc.
 - 4.1.19 Owens & Minor
 - 4.1.20 Khmer Health Advocates
 - 4.1.21 McKesson Corporation
 - 4.1.22 McKesson Corporation
 - 4.1.23 Middlesex Hospital
 - 4.1.24 Otis Elevator Company
 - 4.1.25 Persante Sleep Care
 - 4.1.26 Vizient Inc.

4.2 Leases [F]

4.2.1 Asylum Hill Family Medicine Center, Inc.

There was a brief discussion about choosing to enter into contracts without competitive bids. While non-competitive bidding is not always the least expensive, GPOs are a more efficient way to go. There is a cost connected to doing competitive bidding. Non-competitive bids show up on compliance alerts and need to be explained, but our process is thorough and documents why choices were made.

In a motion duly made and seconded, the Committee approved agenda items 4.1 and 4.2 as described in detail in the board materials on pages 6 - 12.

5. Updates and Informational Items

5.1 Contracts to \$999,999

5.2 Personnel List

Other informational items may be found in the package beginning on page 33.

With no further business, the Finance Subcommittee meeting was adjourned at 9:04 am

Respectfully submitted,



Jeffrey Geoghegan
Chief Financial Officer

The Next Regularly Scheduled Meeting

Monday, September 21, 2020 at 8:30 am

UConn Health Board Finance Subcommittee September 21, 2020

CONTRACTS (OTHER THAN REAL ESTATE LEASES) AND PURCHASE ORDERS OF \$500K TO \$999,999

INFORMATIONAL ITEMS

No.	Contractor	PO/Contract Number	Contract Type	Total Amount	Term	Fund Source	Dept./Individual Sponsor (Business Owner)	Expense (E) Revenue (R)	Description	Sourcing
1	Johnson Controls Fire Protection LP	P0489547	PO	\$514,743	7/1/20 - 6/30/21	Operating Funds	Facilities Development and Operations	E	Annual fire alarm and sprinkler test/inspection.	GPO/Consortium
2	Marcum LLP	UCHCFC-80174828	Amendment	\$900,000	4/1/17 - 3/31/20	Operating Funds	Finance	E	One year renewal of contract for annual auditing and reporting of the financial results of UConn Health's clinical entities, including JDH, UMG, UCHCFC, and 990 tax return preparation for UCHCFC Circle Road Corp.	Bid
3	Ortho-Clinical Diagnostics	UCHCFC1-55157059	Amendment	\$550,229	4/29/15 - 7/28/20	Operating Funds	Pathology Lab	E	Service agreement for Ortho Vitros ECI analyzer that provides diagnostic HIV, hepatitis and bone density testing for patient samples.	Non-Competitive Purchase
4	Quidel Corporation	UCHCFC-131453938	New	\$999,999	4/17/20 - 4/16/23 (includes optional 2 year renewal term)	Operating Funds	Pathology Lab	E	COVID-19 PCR Testing platform	Non-Competitive Purchase
5	Steris Corporation	UCHCFC-131122660	New	\$783,000	7/1/20 - 6/30/25	Operating Funds	Operating Room	E	Service and support agreement for Black Diamond Video System which provides OR integration with rest of hospital	Non-Competitive Purchase
6	Division of Early Childhood of the Council for Exceptional Childhood	UCHC7-95760209-A7	Amendment	\$712,764	1/1/18 - 10/31/20	Grant-Federal	Mary Beth Bruder, Child and Family Studies	E	Subaward for collaboration on the project entitled, "Early Childhood Personnel Center II." This amendment adds funds of \$58,335 (to already committed funds of \$654,429).	Collaborative Grant (pass-through)
7	Jackson Laboratory	UCHC7-94625738-A4	Amendment	\$691,499	9/15/17 - 5/31/21	Grant-Federal	Se-Jin Lee, Genetics and Genome Sciences	E	Subaward for collaboration on the project entitled, "TGF-beta family members and their binding proteins in aging skeletal muscle." This amendment adds Year 4 continuation funds of \$192,762 (to already committed funds of \$498,737), and extends the Period of Performance through 5/31/21.	Collaborative Grant (pass-through)
8	Jackson Laboratory	UCHC7-100759349-A3	Amendment	\$830,469	8/17/17 - 3/31/21	Grant-Federal	Se-Jin Lee, Genetics and Genome Sciences	E	Subaward for collaboration on the project entitled, "Characterization of Myostatin and GDF-11." This amendment adds Year 4 continuation funds of \$225,052 (to already committed funds of \$605,417), and extends the Period of Performance through 3/31/21.	Collaborative Grant (pass-through)
9	University of California, San Diego	UCHC7-129086047-A5	Amendment	\$753,216	2/1/20 - 1/31/21	Grant-Federal	Brenton Graveley, Genetics and Genome Sciences	E	Subaward for collaboration on the project entitled, "A Comprehensive Functional Map of Human Protein-RNA Interactions." This amendment adds Year 3 continuation funds of \$753,216 and extends the Period of Performance through 1/31/21.	Collaborative Grant (pass-through)

UNIVERSITY OF CONNECTICUT HEALTH

PERSONNEL LIST

SEPTEMBER 2020

ACTIONS FOR INFORMATION

What follows is a list of actions taken by the Executive Vice-President for Health Affairs under the authority delegated to him by the Board for the period April 10, 2020 through August 13, 2020. This list is presented to the Members of the UCH Board of Directors FOR INFORMATION at the meeting of September 21, 2020.

Leaves of Absence

1. Barnosky, Sandra A., Nurse Practitioner, Surgery/Orthopaedics Unit, medical leave with pay for the period May 28, 2020 through June 20, 2020.
2. Boisvert, Daren K., Medical Technologist 2, Core Lab, family leave with pay for the period July 23, 2020 through September 6, 2020.
3. Bracone, Melissa, Supervisor, Medical Coding and Training, Health Information Management, maternity leave with pay for the period July 20, 2020 through September 1, 2020, family leave with pay for the period September 2, 2020 through October 19, 2020.
4. Broodie-Murray, Niko, Assistant Professor/Clinical, Internal Medicine Associates, medical leave with pay for the period May 15, 2020 through June 7, 2020.
5. Busam, Samantha J., Assistant Nursing Manager, Neag Cancer Center Unit, medical leave with pay for the period April 29, 2020 through May 10, 2020.
6. Coma, Magdalena, DM Sonography Technologist 2, Department of Radiology, maternity leave with pay for the period August 8, 2020 through September 18, 2020, family leave with pay for the period September 19, 2020 through November 4, 2020 and family leave without pay for the period November 5, 2020 through November 29, 2020.
7. Costa, Lisa K., Administrative Program Coordinator, Enrollment Planning and Management, medical leave with pay for the period June 2, 2020 through June 14, 2020.
8. Craven, Nancy A., Physical Therapist 2 - UHP, Rehabilitation Services – Outpatient, medical leave with pay for the period July 13, 2020 through July 26, 2020.

UNIVERSITY OF CONNECTICUT HEALTH
PERSONNEL LIST
ACTIONS FOR INFORMATION
SEPTEMBER 2020

Leaves of Absence continued

9. Czerwinski, Jennifer L., Investigational Drug Pharmacist/Medical Safety Pharmacist, Department of Pharmacy, maternity leave with pay for the period May 5, 2020 through June 15, 2020 and family leave with pay for the period June 16, 2020 through September 1, 2020.
10. Degollado, Aurora, Instructor/Clinical, Dental Dean's Office, personal leave without pay for the period June 25, 2020 through June 28, 2020.
11. Driscoll, Jennifer E., Medical Technologist 2, Core Lab, medical leave with pay for the period July 27, 2020 through July 29, 2020 and medical leave with pay for the period August 12, 2020 through August 13, 2020.
12. Ferreira, Joel V., Assistant Professor/Clinical, Department of Orthopaedic Surgery, family leave with pay for the period May 15, 2020 through May 29, 2020.
13. Fike, Joshua W., Interventional/Special Procedure Technician, Operating Room Unit, medical leave with pay for the period June 11, 2020 through June 19, 2020.
14. Foxe, Lee E., Mammography Technologist, Department of Radiology, medical leave with pay for the period July 7, 2020 through July 27, 2020 and medical leave without pay for the period July 28, 2020 through September 1, 2020.
15. Gillis, Andrea L., Assistant Professor/Clinical, Department of Family Medicine, medical leave with pay for the period June 15, 2020 through July 26, 2020, family leave with pay for the period July 27, 2020 through August 16, 2020 and family leave without pay for the period August 17, 2020 through September 1, 2020.
16. Hook, Karen M., Associate Professor/Clinical, Neag Cancer Center SOM, medical leave with pay for the period March 2, 2020 through May 1, 2020 and medical leave without pay for the period May 2, 2020 through August 31, 2020.
17. Jaeger, Jaclyn O., Assistant Professor/Clinical, University of Connecticut Center on Aging, maternity leave with pay for the period July 1, 2020 through August 11, 2020, family leave with pay for the period August 12, 2020 through October 13, 2020 and family leave without pay for the period October 14, 2020 through October 27, 2020.
18. Johnson, Bonnie L., Application Analyst 1, Department of EPIC EMR, medical leave with pay for the period June 8, 2020 through July 2, 2020.

UNIVERSITY OF CONNECTICUT HEALTH
PERSONNEL LIST
ACTIONS FOR INFORMATION
SEPTEMBER 2020

Leaves of Absence continued

19. Kapushinski, Celena K., Clinical Patient Navigator, UMG - Administration, maternity leave with pay for the period July 6, 2020 through August 12, 2020 and maternity leave without pay for the period August 13, 2020 through August 28, 2020.
20. Kennelly, John M., Director, Medical Staffing, Medical Staff Services Office, medical leave with pay for the period July 16, 2020 through August 27, 2020.
21. Knapik, Ursula K., Administrative Officer, Academic Affairs and Education, maternity leave with pay for the period July 7, 2020 through August 17, 2020 and family leave without pay for the period August 18, 2020 through January 4, 2021.
22. Lindquist, Jennifer L., Administrative Program Coordinator, Dental Dean's Office, medical leave with pay for the period July 21, 2020 through August 6, 2020 and medical leave without pay for the period August 7, 2020 through August 10, 2020.
23. Longo, Lynn D., Radiation Therapy Technologist, Radiation Therapy, medical leave with pay for the period April 27, 2020 through May 17, 2020.
24. McShane, Kathleen M., Application Analyst 2, Department of EPIC EMR, medical leave with pay for the period July 1, 2020 through August 16, 2020.
25. Mead-Morse, Erin L., Assistant Professor/Basic Sciences, Department of Medicine-Administration, maternity leave with pay for the period July 27, 2020 through September 6, 2020 and family leave with pay for the period September 7, 2020 through October 13, 2020.
26. Mike, Adam P., Materials Management Supervisor, Logistics Management Administration, medical leave with pay for the period May 12, 2020 through May 19, 2020.
27. Muller, Beth L., Nurse Practitioner, Department of Psychiatry, medical leave with pay for the period July 10, 2020 through July 19, 2020.
28. Nettleton, Kathryn O., Physician Assistant - UHP, UMG - Storrs Administration, medical leave with pay for the period August 3, 2020 through August 9, 2020.
29. Niziolek, Anne C., Associate Compliance Officer, Accreditation and Regulatory Affairs, medical leave with pay for the period April 25, 2020 through May 21, 2020.

UNIVERSITY OF CONNECTICUT HEALTH
PERSONNEL LIST
ACTIONS FOR INFORMATION
SEPTEMBER 2020

Leaves of Absence continued

30. Nye, Scott G., Infrastructure Architect, Unified Communications, medical leave with pay for the period July 13, 2020 through July 26, 2020.
31. Oliveira, Susan, Assistant Nursing Manager, N.N.I.C.U. Unit, medical leave with pay for the period July 2, 2020 through August 12, 2020 and medical leave without pay for the period August 13, 2020 through October 5, 2020.
32. Reddivari, Sreelakshmi, Neurosurgical Physician Assistant, UMG - Neurosurgery, family leave with pay for the period July 2, 2020 through June 19, 2020.
33. Sanchez, Vilma G., Application Analyst 2, Department of EPIC EMR, maternity leave with pay for the period May 31, 2020 through July 11, 2020 and family leave with pay for the period July 12, 2020 through October 13, 2020.
34. Saxena, Meha, Assistant Professor/Clinical, Department of Psychiatry, medical leave with pay for the period July 28, 2020 through September 7, 2020.
35. Scarlett, Arlene J., Nurse Practitioner, UMG – IMA East Hartford, medical leave with pay for the period May 11, 2020 through April 20, 2020.
36. Speers, Robert J., Research Safety Specialist 1, Environmental Health and Safety, medical leave with pay for the period July 14, 2020 through August 4, 2020.
37. Spencer, Morgan H., Administrative Program Coordinator, Public Health Sciences, medical leave with pay for the period June 4, 2020 through July 2, 2020 and medical leave without pay for the period July 3, 2020 through July 26, 2020.
38. Sperry, Heather P., Supervisor, Patient Services Accounts, Dental Financial Services, medical leave with pay for the period June 4, 2020 through June 7, 2020.
39. Sprague, Laurie A., Administrative Program Coordinator, Department of Emergency Medicine, medical leave with pay for the period June 1, 2020 through June 14, 2020 and medical leave with pay for the period June 16, 2020 through June 21, 2020.
40. Steele, Michelle, Nurse Practitioner, UMG – Internal Medicine Simsbury, family leave with pay for the period July 21, 2020 through August 2, 2020.
41. Stratton, Brenda L., Clinical Case Manager, Department of Case Management, medical leave with pay for the period June 4, 2020 through July 20, 2020.

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Leaves of Absence continued

42. Torres, Andrea L., Clinical Documentation Specialist, Health Information Management, family leave with pay for the period June 29, 2020 through August 2, 2020.
43. Vibert, Dananne D., Quality Assurance Specialist, Clinical Effectiveness Administration, medical leave with pay for the period June 2, 2020 through July 9, 2020 and medical leave with pay for the period July 24, 2020 through August 2, 2020.
44. Walker, Joseph, Assistant Professor/Clinical, Department of Orthopaedic Surgery, family leave without pay for the period July 13, 2020 through July 26, 2020.
45. Wallace, Kelly N., Principal Trainer, Department of EPIC EMR, maternity leave with pay for the period August 7, 2020 through September 17, 2020 and family leave with pay for the period September 18, 2020 through December 1, 2020.
46. Zayas, Vanessa A., Magnetic Resonance Imaging Technician 2, Department of Radiology - MRI, medical leave with pay for the period July 2, 2020 through July 8, 2020 and family leave with pay for the period July 15, 2020 through July 22, 2020.
47. Zettergren, Lynne M., DM Sonography Technologist 2, Department of Radiology, medical leave with pay for the period May 26, 2020 through June 11, 2020 and medical leave without pay for the period June 12, 2020 through June 18, 2020.

Resignations

1. Ansar, Muhammad, Assistant Professor/Clinical, Department of Endocrinology, effective June 30, 2020.
2. Beebe, Roy D., Assistant Professor/Clinical, Department of Orthopaedic Surgery, effective June 30, 2020.
3. Gandhi, Vaibhav, Instructor/Clinical, Department of Orthodontics, effective June 20, 2020.
4. Ha, Toan H., Assistant Professor/Basic Sciences, Public Health Sciences, effective July 16, 2020.
5. Hart, Pamela, Lead Radiologic Technician-Mammography, Department of Radiology, effective August 7, 2020.

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Resignations continued

6. Hills, Morgan A., Senior Director, Hospital Operations and Therapeutics, Rehabilitation Services - Outpatient, effective May 21, 2020.
7. Inyangetor, David A., Assistant Professor/Clinical, Internal Medicine Associates, effective June 30, 2020.
8. Lee-Clark, Zerene, Reimbursement Analyst 1, Patient Financial Services, effective July 31, 2020.
9. Lefebvre, Nicholas, Clinical Perfusionist, Department of Perfusion Services, effective July 12, 2020.
10. Marek, Wendy J., Clinical Case Manager, Department of Case Management, effective August 5, 2020.
11. Mooney, Kristin L., Social Worker 2, Neag Cancer Center Unit, effective July 10, 2020.
12. Rayel, Michael G., Assistant Professor/Clinical, Department of Psychiatry, effective June 30, 2020.
13. Swiatek, Janice, Director, Library Services, effective June 30, 2020.
14. Weinstein, David A., Professor/Basic Sciences, Department of Pediatrics, effective July 31, 2020.
15. Weinstein, Geraldine M., Associate Professor/Clinical, Department of General Dentistry, effective July 31, 2020.
16. Zaffetti, Erica R., Administrative Program Coordinator, Department of Endodontology, effective July 2, 2020.

Retirements

1. Hernandez, Frances, Executive Assistant, Medical Dean's Office, effective June 30, 2020.
2. Joyce, Patricia M., Associate Professor/Clinical, Department of Pediatrics, effective June 30, 2020.

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Retirements continued

3. Lasala, Francis, Assistant Professor/Clinical, Department of Emergency Medicine, effective June 30, 2020.
4. Manke, Timothy, Supervisor, Patient Services Accounts, Clinical Business Services, effective July 31, 2020.
5. McRee, Bonnie G., Assistant Professor/Basic Sciences, Public Health Sciences, effective July 31, 20120.
6. Niziolek, Elizabeth I., Pharmacist-UHP, Department of Pharmacy, effective May 31, 2020.
7. Oncken, Cheryl, Department Head, Department of Medicine, effective June 30, 2020.
8. Roseman, Heather A., Nurse Practitioner, Medicine 3 Unit, effective July 31, 2020.
9. Schramm, Craig M., Associate Professor/Clinical, Department of Pediatrics, effective June 30, 2020.
10. Sundra, Marilyn J., Clinical Lab Supervisor, Blood Bank-Lab Medicine, effective May 31, 2020.

Present (Voting): Mr. Richard Carbray, Dr. Fran Archambault

Present (Non -Voting): Mr. Jeffrey Geoghegan, Mr. Tom Trutter, Mr. George Karsanow, Janel Simpson
Ms. Kerri Goodwin

The meeting was convened by R. Carbray at 8:35 am.

1. Public Comment: No public comment.

2. Chair's Remarks:

Approval of Minutes: In a motion duly made, seconded and unanimously carried the UCHC Building & Grounds Subcommittee approved the minutes from the May 21, 2020 meeting.

3. Discussion Items:

a. COVID-19: Facilities Response Update - Tom Trutter stated that UConn Health has seen COVID-19 cases reduced; averaging 1-2 COVID -19 positive patients a day.

- The Connecticut Tower surge beds have been removed and reoccupied by offices, etc.
- The tent is still outside the Emergency Department. Since that time we repurposed the tent for employee testing. We are trying to test as many frontline workers as possible.
- George Karsanow is leading the plan on moving the Lot 3 testing stations to Garage 1 (level 2). The target date is September 18, 2020.
- Services re-opened with cleaning and disinfecting protocols in place:

Operating Rooms
Clinical Sites
Research
Education
Administrative

These increased cleaning protocols and PPE are impacting budgets. Looking at budget improvement strategies which include:

Reduce cleaning services in non-clinical areas – 16 Munson Road and IT type spaces – many people still work from home so we can save on cleaning services on those areas.
Accessing space utilization – consolidate space or close some floors
Access all service contracts – any opportunities to reduce services or do services with our in-house personnel
Energy saving projects – implemented occupancy sensors in Operating Rooms, so when rooms aren't in use we can save some energy on air changes, etc.

Dr. Archambault inquired where UConn stands on the inventory of PPE Supplies – Dr. Agwunobi stated we have well over 2 months of PPE available in all areas. Our Logistics Department feels comfortable with our PPE supply. N95's are still in demand.

Rick Carbray stated how informative the Dashboard is and appreciates the daily communication.

b. UConn Health Capital Projects Update – George Karsanow reported on the campus planning design and construction of UConn Health.

- Bioscience CT – clinic building renovations/construction is complete. Fusco is closing out and making final payment to contractors. CPDC and Fusco still reviewing/negotiating extended General Conditions.

- Project Funding – FY'21 Capital Pool: \$10 million

This pool is used to fund requests for clinical equipment, IT and capital projects

\$4 million set aside for needs under \$50,000

\$6 million available for other capital needs over \$50,000

Capital Contingency Committee is meeting monthly to review and approve funding requests

- Deferred Maintenance -

The Facilities Condition Assessment report is reviewed to identify critical items that will require replacement in the near future and these funding requests are submitted to the Capital Contingency Committee.

Covid 19 Impacts:

- Capital projects within hospital and clinical areas require DPH approve before moving forward with construction.
- All construction projects on the UConn Health campus are following the Covid-19 workplace rules in conjunction with CDC and UCH guidelines i.e., all workers to receive Covid-19 screening at the start of each shift, workers to wear masks at all times, etc.

Project List Design & Construction -

There are about 16 projects that are in the design/construction phase. The dermatology clinic renovation is moving along quite well and on schedule for completion and the project is running slightly under budget. The L3 lab renovations are also moving forward as scheduled and is under budget. There are also some deferred maintenance projects. We have several small projects related to Covid 19 and we are currently working on security projects, while the buildings are vacant. There are projects in the clinical areas that are being reviewed by DPH. There are projects that DPH has already reviewed and we decided to suspend these due to Covid 19. None of these suspended projects are critical to patient care.

Fran Archambault asked if UConn was to recruit any scientists and the scientists needed space, would money come out of the \$10M capital pool? Jeff Geoghegan stated that if money was needed for space expansion then yes it would come out of the capital pool. Equipment, etc would come out of the research activity fund.

At 9:30 a.m. the Committee unanimously voted to adjourn the meeting.

Respectfully submitted,



Thomas P. Trutter
Administrative Liason to the Board
Thomas P. Trutter
Administrative Liaison to the Board

Time: 10:00 a.m. – 12:00 p.m.

Location: Virtual meeting via WebEx

Present (Voting): F. Archambault, L. Bernstein, S. Cloud, J. Freedman, M. Hurley, W. Rawlins, E. Reichenberger

Excused (Voting): J. Droney, M. Mina, K. Woods

Present (Non-Voting): L. Barry, J. Blumenthal, L. Caines, S. Croucher, J. Geoghegan, M. Held, D. Henderson, A. Keilty, B. Kream, S. Lepowsky, B. Liang, E. Nestler, K. Nissen, C. Podesta, T. Regan, C. Thatcher, T. Trutter, S. Wetstone., A. Vella, M. Katz, C. Heinen, K. Sinko, L. Woods, P. Dunion

Meeting commenced at 10:05am

1. Public Comment

There was no public comment.

2. Chair's Remarks

a. Welcome and updates

The meeting came to order with the Chair welcoming everyone to the meeting and taking role call of attendees.

b. Approval of minutes from April 20, 2020 Meeting

Motion to approve the minutes. Seconded. Approved 6-0-0

3. Consent Items

a. Approval of School of Medicine Recommendations for Appointment at Senior Rank, Promotion to Senior Rank, Award of Academic Tenure, and Emeritus Appointment (Dr. Bruce Liang)

Dr. Liang recommended that the AASBOD approve the SOM recommendations for Appointment at Senior Rank, Promotion to Senior Rank, Award of Academic Tenure, and Emeritus Appointment, the details of which can be found on pages 8-53 in the materials.

Motion to approve the consent items. Seconded. Approved 6-0-0

b. Approval of School of Dental Medicine Recommendations for Appointments at Senior Rank, Promotion to Senior Rank, and Award of Academic Tenure Dr. Steven Lepowsky)

Dr. Steven Lepowsky recommended that the AASBOD approve the SODM endorsements for Appointments at Senior Rank, Promotion to Senior Rank, and Award of Academic Tenure, the details of which can be found on pages 54-60 in the materials.

Motion to approve the consent items. Seconded. Approved 6-0-0

4. Business Items

a. Oversight Committee Report (Dr. Leslie Bernstein)

Dr. Leslie Bernstein advised the subcommittee that the Oversight Committee considered and approved the extension of departmental reviews by one year at the request of the School of Medicine Dean and Faculty Affairs. All department reviews

have been postponed by exactly one year in order to avoid too many reviews taking place next year.

b. State DHE Endowed Chair Reports (Dr. Bruce T. Liang)

Dr. Bruce Liang reviewed the DHE Endowed Chair report submitted by Dr. Kevin Dieckhaus for the State of CT Board of Governors for Higher Education Chair in Infectious Diseases. This endowment focuses on infectious diseases at all levels of medical training in facilitates with topical medicine training provided to trainees in Uganda, Guam, China, Nicaragua, Peru as well as urban settings in Hartford, CT. Each year 12-15 1st year medical students and some 4th year medical students choose to do community based participatory research which is permitted because of this funding. This year because of Covid-19, efforts were redirected towards the pandemic, focusing on clinical and relevant analysis of management protocols and outcomes in this pandemic. Dr. Dieckhaus has done an outstanding job as head of Infectious Diseases as well as his stewardship of this endowment. The complete report can be viewed on pages 62-63 of the materials.

Dr. Liang presented the DHE Endowed Chair report submitted by Dr. David Rowe for the Health Net, Inc. Chair in Human Genetic and let the subcommittee know that Dr. Rowe is an expert in skeletal biology. In particular, Dr. Rowe has used the endowment to provide a core service of histological sections of animal models with skeletal disease and has used up to \$100k to build a specialized microscopy needed for this technology. Further, Dr. Rowe has identified approximately 5,000 genes in the mouse genome which is in the process of being eliminated in the mouse model to ascertain what the consequences each one has on skeletal biology. The complete report can be found on pages 64-66 of the materials.

Lastly, Dr. Liang spoke about the vacant chair of Endowed Chair of Transfusion Medicine. We have received approval from the donors to repurpose for hematological disease. That search is ongoing, however, due to our current budgetary deficit, we have to prioritize certain positions and must deliberately slow down on recruitment efforts due to the lack of resources.

Dr. Marja Hurley joined the meeting at 10:20am.

5. Informational Items

a. School of Medicine Junior Rank Promotions (Dr. Bruce Liang)

Dr. Liang presented the faculty who have received junior rank promotion in the SOM. More information can be found on pages 68-69 in the materials. On behalf of the board and the committee, Dr. Archambault congratulated all of the faculty who have been promoted or received emeritus appointments in the two schools.

b. School of Medicine Updates: Diversity and Research Status (Dr. Bruce Liang and Thomas Trutter)

Dr. Liang stressed the School of Medicine's commitment to diversity and increasing URIM representation among students, GME trainees, staff and faculty. While

acknowledging that we have made strides, more work is needed. Dr. Liang recognized the very strong work of Dr. Marja Hurley and the HCOP program and the other cultivation programs which contributed largely to the increase in URiM medical students. Details of the report can be found on pages 70-87 of the materials.

A few highlights regarding diversity include:

- In each of the 6 years since 2014, we have far surpassed the national average of attracting and enrolling African American male medical students. Latino male students at UConn was about the same as the national average. But in 2019, UConn SOM's enrollment of Latino male students considerably exceeded the national average, due to the work of Dr. Marja Hurley and Dr. Thomas Regan. The HCOP office has been very successful in securing funds from many sources including the SOM. The SOM will continue to support the program even with the new budgetary constraints due to Covid-19.
- UConn School of Medicine was the only Northeast medical school among the top 10 U.S. medical schools with the highest number of African American students.
- UConn has consistently ranked higher than the national average for URiM Residents and Fellows who self-identified as Black or African American or Latino and Hispanics for the years 2016-2020, but we still have work to do.
- Over the past 8 years, female students have made up an average of 53.44% of admitted students, URiM averages at 20.27% and Asian American at 19.16% of total students.
- Over the past 5 years, URiM GME Trainees at UConn have averaged at 14.9% whereas the national average is 9.9%.
- SOM hosted a visit from Native American Tribal Leadership in Education about 6 weeks ago (which was delayed from April due to Covid-19 shelter in place order). Tribal leaders met with Dr. Leslie Caromile who is of Native American descent and Dr. Marja Hurley, specifically on the HCOP program and cultivation program. We are working on identifying funding for the HCOP and cultivation program participation by Native American college and pre-college students.
- Follow-up was requested regarding strategies to increase URiM for UConn Residents and Trainees and ways to enhance recruitment of URiM. Dr. Kiki Nissen mentioned that a strategic plan is being developed to look closely at this. There are many factors involved including the number of faculty that URiM residents can identify with during recruitment. As the Match is also by student preference, we lose some control there.
- 53% of URM faculty in the SOM hold leadership positions at various levels such as course or clerkship directors, GME program or associate program directors, division or section chiefs, department chairs or type 2 center/institute directors, associate deans and their direct reports. The latter, that is, direct reports of associate deans are important leadership positions because 1) they are boots on the ground working in the domains of the respective associate deans, and 2) they may be groomed for future succession planning.

- AASBOD Chairman, Dr. Francis Archambault summarized with the following: With regard to URiM, we've made some, but not phenomenal progress; we stack up favorably against the national data; we're not happy with where we are; we will continue to focus on this; the School of Medicine will continue to provide updates to the board and committee on efforts being made in this endeavor.
- Follow-up was requested on reasons for URM faculty departures and our ability to compile that data if it is shared by HR with Faculty Affairs after exit interviews are conducted. The chair requested that a method of data collection be determined and reported back to the committee at a future date.
- Diversity of gender in the School of Medicine over the past 6 years shows a steady increase in the number of female faculty. We have been tracking well with the national data. Women faculty are retained at the same extent as male faculty. We have a good success rate of promotion of female faculty in comparison with male faculty. The results show no significant difference. Dr. Archambault commended the effort at and achievements on gender equity thus far. Follow-up was requested that the number of female faculty who are in leadership positions be provided at a future update.
- Follow-up was requested regarding determination of our goal on diversity, inclusion and equity– what benchmark will we use to determine success in our diversity efforts.

A few highlights regarding research/research funding include:

- Even though the number of tenure/tenure track faculty number has declined, the awards have remained at the same level which translates into a good award funding per capita of tenure/tenure track faculty. Compared to other public medical schools, we are in the better of the 90th percentile based on this measure (at approximately 95th percentile).
- One of the challenges to the School of Medicine is the substantial amount of un-renovated lab space in the L-building which cannot be used to increase the number of tenure/tenure track faculty through recruitment efforts. Without proper physical space and safety we cannot attract outstanding scientists to work with here.
- Thomas Trutter provided an update on the renovation efforts which are moving along well, and he estimates completion by year-end, staying close to budget.

c. School of Medicine Diversity Update (Drs. David Henderson and Linda Barry)

Dr. David Henderson and Dr. Linda Barry presented an update on diversity at the School of Medicine. Details of the report can be found on pages 88-103 of the materials.

Key points include:

- The School of Medicine and UConn Health are committed to promoting diversity and inclusion particularly for those representing diversity in all its

varied expressions, including but not limited to, gender, race, ethnicity, physical ability, sexual orientation, and gender identity.

- Visiting Elective for Students Underrepresented in Medicine (VESUM) is in its 4th year. The goal is to recruit URiM 4th year medical students for visiting clerkships. We recruited 12 applicants over this period, representing a recognition due to the elective nature of the VESUM. It spoke to our effort at creating an environment to show them that we want them here. Every department participates in this. Last year we successfully matched one of our students in Ob-Gyn.
- Our URiM Faculty Development Pipeline Program has undergone a significant number of changes. The goal is to retain our URiM students and residents; to provide mentorship and training to grow them into becoming faculty at UConn. Initially, the program was a fellowship program, but with feedback from GME, an effort was made to broaden the scope of the program which initially focused on primary care disciplines. It was revamped and is aimed at being a program for residents across all disciplines; to provide academic enrichment experiences for them over a 3-year residency giving them tools to launch careers in academic medicine and hopefully remain at UConn.

Office of Multicultural and Community Affairs (OMCA) Initiatives:

- UConn was one of 5 institutions invited to participate on the advisory committee to pilot a AAMC initiative called Foundational Principles in Inclusion Excellence (FPIE) which strives to create a more inclusive academic environments. FPIE is a self-assessment tool to check the environment of inclusiveness and it identifies specific actionable steps that can be developed to address priority areas and map our path toward continuous inclusion improvement. Our 1st focus group of residents used the FPIE tool and the findings showed that faculty diversity is lacking at UConn Health. This adversely affects ability to seek mentorship, reinforces a sense of isolation, and creates less desire to remain as faculty after residency. In comparison to affiliate institutions, UConn Health ranks the lowest among all the 9 principles indicating the need to make it a more diverse and inclusive environment.
- We invited 2 keynote speakers to UConn (Dr. David Acosta CDO for the AAMC, visited in February 2019 and Dr. William McDade CDO for the ACGME visited in October 2019) and each of them provided us with reviews after a series of roundtable discussions with our URiM residents and students. Their assessments provided areas in which we could improve on our diversity and inclusion efforts.
- In response to a request from the Provost, a Diversity Strategic Work plan has been developed in collaboration with the Diversity Committee that lays out a multi-year plan to increase faculty diversity. It has not been widely shared yet, but Education Council leadership has reviewed it. It is operational and we can begin to move forward with some of the suggestions in the Work Plan.

- On education level, an inclusion survey tool was created with the support of an AMA grant. One year of data has been collected from 566 surveys completed by students. Data shows that most of the tension occurs around issues related to race and ethnicity among students (peer to peer). More data will be collected and will continue to analyze it with the plan of feeding it back to faculty so that changes can be made for the learning environment to be more inclusive. In addition to the surveys, anonymous social media feedback was collected from UConn SOM students, residents and faculty. The question was asked if they feel that the environment at UConn has issues with racism from their perspective. Examples of responses were found that illustrated an environment of racism which undermines our recruitment and retention efforts. There are structural environmental issues and that students feel like they cannot speak up and if they do, there is no accountability.
 - Curricular development – addressing issues related to the social determinants of health; race and racism intersection with various health topics; plan to include more implicit bias training in the 2020/2021 curriculum.
 - Policy: Dealing with Racism from Patients – Protocol developed with regard to addressing mistreatment directed at trainees, staff and faculty from patients.
 - Implicit Bias Training for Search Committees including SABA training module.
- d. Profile – School of Medicine Class of 2024 (Dr. Thomas Regan)
Dr. Thomas Regan reviewed the profile of the incoming medical class. Admissions reflect that the Covid-19 pandemic has impacted the number of non-resident students and URM students in this class due to their desire to stay closer to home this year. More than 50% of URiM applications are from outside Connecticut. As a result of the pandemic, fewer out of state URiM applicants chose to enroll. We found that virtual visits and interviews do not adequately provide candidates with the experience an in-person visit would deliver. Details of the report can be found on pages 104-108 of the materials.
- e. Profile - School of Dental Medicine Class of 2024 (Dr. Steven Lepowsky)
Dr. Steven Lepowsky reviewed the profile of the incoming dental class, details of the report can be found on pages 104-108 of the materials. The class has been kept actively engaged throughout the late spring and summer with multiple web-based open meetings involving all levels of the school's leadership team to keep them informed about all of their approaches were in managing the delivery of the curriculum, patient care and student well-being throughout the pandemic. The class has remained very stable over the past few months where as other schools are dealing with attrition.
- f. School of Dental Medicine Update on Accreditation (Dr. Steven Lepowsky)
In the interest of time, Dr. Lepowsky agreed to table his update to the October meeting.
- g. Update on Medical Education During COVID-19 (Dr. Melissa Held, Dr. Ellen Nestler and Dr. Christine Thatcher)

Dr. Melissa Held, Dr. Ellen Nestler and Dr. Christine Thatcher presented an update on the impacts on Medical Education due to Covid-19. Details of the report can be found on pages 113-124 of the materials.

Key points include:

- We had a wonderful virtual Commencement ceremony; 98% of our students successfully matched; all of our students were able to meet the requirements to graduate as expected.
- Clinical classes: Clinical activities were suspended in mid-March. We successfully provided online materials: virtual electives, curricular material and conferences to the students. Clerkships were changed to pass/fail if they were hybrid.
- Students safely entered the clinical environment in mid-June. They started their 3rd year on July 6th. The clinical skills exam was suspended for the year so these students will be applying for residency programs without a national exam in clinical skills. Very few away in-person rotations will take place and all interviews for residency will be virtual this year.
- We are welcoming visiting students if their school does not offer a residency program in the discipline requested and if they meet Covid safety criteria.
- Students will be returning August 31st. In order to reduce the number of students on campus, we will have a combination of on-ground in-person (for ½ day max) and virtual coursework. Students will be required to wear masks and classroom seating will be marked to enhance social distancing. We will be provide face shields as well.

h. Update on Graduate Medical Education During COVID-19 (Dr. Jacqueline “Kiki” Nissen and Dr. Steven Angus)

Dr. Kiki Nissen presented an update on the impact due to Covid-19 on Graduate Medical Education. Details of the report can be found on pages 125-133 of the materials.

Key points include:

- Nationally, the ACGME identified 3 stages of response during the pandemic. Stage 1 – business as usual; Stage 2 - Increased clinical demands in the hospital resulting in GME awareness that residents are front line providers and need to be part of the hospital plan; no change in educational infrastructure; no change in duty hours. GME moved to Stage 2 during timeframe of 3/25-4/20/20 and after going to Stage 3, returned to Stage 2 on 6/8/20; Stage 3 – Extraordinary circumstances with programs focus only on providing patient care; change in educational infrastructure; no change in duty hours. GME moved to Stage 3 during the timeframe of 4/21-6/07/20. GME is currently back in Stage 1.
- During the pandemic, the most important response as an institution/program was that we communicated with the assistant deans, the affiliated hospitals program directors and faculty committee members of the 5 different consortium hospitals. We offered daily/weekly virtual GME office hours, bi-weekly meetings and email updates, monthly town halls, etc. to keep everyone

updated and informed. The second most important thing was to enhance our Residents and Fellows to enhance their knowledge about covid-19, PPE, policy questions and professional issues. A HuskyCT page was created for residents/fellows for updates to current practice, guidelines, CDC; novel therapies and new research. The third important response was to provide resources that included wellness apps, a comfort room, mid-day meditation, pet care & childcare services, etc.

- Of our 685 Residents & Fellows, 145 were quarantined, 16 tested positive for Covid-19, 0 hospitalizations and no deaths.
- The ACGME has cancelled all educational meetings for the upcoming year, all recruitment will be done virtually, very few away electives, new Covid educational modules are required viewing for new interns, residents & fellows along with education on use of PPE, some sites are requiring trainees to be covid tested.

The meeting adjourned at 12:22pm.

Next Regularly Scheduled Meeting

Monday, October 26, 2020

10 a.m. – 12 p.m.

TBD: WebEx or Munson Training Room, 16 Munson Road, Farmington, CT

Next meeting:

School of Dental Medicine Update on Accreditation (Dr. Steven Lepowsky)

- 1 Cheryl Chase, Chairman, called the meeting to order at 2:10 pm.
 - 1.1 No public comment
- 2 Chair's remarks
 - 2.1 Welcome
 - 2.2 Approval of Minutes
 - 2.2.1 **The Clinical Affairs Subcommittee unanimously approved the motion to accept the minutes of the subcommittee meeting held on May 21, 2020.**

- 3 Chief Executive Officer Report – Dr. Andrew Agwunobi

Dr. Agwunobi reported a low patient census of COVID-19 positive patients at this time and current PPE inventory holds approximately a four month supply in the event of a surge. Clinical activities are at 80-90% of what they were before the pandemic.

Dr. Agwunobi reported on the financial results of FY20 and outlined the FY21 Financial Improvement Plan, an internal initiative to capture \$40M through revenue enhancements and spending cuts. Prior to the pandemic in February, UCH projected a surplus for the first time in years, but realized an \$18M loss, far less than previous projections due to the successful ramp up to regular services in May and June. Dr. Agwunobi also shared the FY21 Financial Improvement Plan and detailed the steps to mitigate the FY21 deficit. Senior leadership is tracking this progress on a monthly basis. For the first month of the FY we hit our target. Dr. Agwunobi reported that cash shortages were discussed with OPM, and agreed to advance funding from the block grant we receive annually to mitigate shortfalls but noted that it could potentially impact the 4th qtr. of FY 21. Jeff Geoghegan invited all members to the Finance Subcommittee meeting on September 21, 2020 where the FIP will be discussed in more detail.

- 4 Quality Reports

- 4.1 John Dempsey Hospital – Dr. Allen

Dr. Scott Allen reported current data on COVID-19 inpatient volumes, preparation activities for a possible resurgence, current testing programs for patients, and current screening programs in place for students, residents and staff. Dr. Allen shared that the low prevalence for test positive cases in the State of Connecticut is mirrored at UConn Health. OR volumes are rebounding quickly most notably in the main OR, where volumes match those of the previous FY.

Dr. Allen reported that our Serious Safety Event Rate (SSER) dropped significantly and shared that the last SSER at JDH was November, 2019. Nursing-Sensitive Indicators tracked for the Magnet Nursing Recognition Program application reflects that JDH outperformed its peer group by more than 50% for a specific time period. The indicators include Falls, Falls with Harm, CLABSI, CAUTI, Hospital Acquired Pressure Injury. Dr. Allen acknowledged Arlene Morin who created an excellent program to prevent skin pressure injuries.

JDH received 4 stars out of a possible 5 stars and is one of nine Connecticut hospitals to be recognized by Becker's Hospital Review as a "Top Hospital". Dr. Allen provided an update to the pay for performance programs with Anthem and Aetna that will result in incentive pay of ~\$590K reinforcing the positive effects quality has on the bottom line. QAPI Committee reports, now in a scorecard format, were presented on Patients Relations and grievances and ED Operational, Clinical Metrics and Patient Safety.

4.1 UConn Medical Group – Ms. Anne Horbatuck

Ms. Anne Horbatuck reviewed the key accomplishments of the UConn Medical Group for the 4th quarter of FY 20. Activities focus on ramping up services in a safe manner by maintaining social distance, wearing PPE, enforcing a no visitor policy in ambulatory areas and completing an environment assessment to add additional protection for when social distancing is challenged in teaming areas. Staff is heavily involved in Point of Entry Screening and the lower campus COVID-19 drive thru testing site for pre-operative and pre-procedure patients, employees, symptomatic community members as well as local private school, medical students doing off site rotations, UConn athletes and coaching staff and returning UConn faculty and staff in various locations.

Ambulatory departments ramp up activities began on May 18th with a goal of being fully operational by the end of this year. Encounter ramp average approximately 90%. Programmatic activities continue including a successful Glide Path Phase I for the Internal Medicine practice, designation of Cigna Care Designation Tier1 Provider Status, LGBTQ Healthcare Equity "Top Performer" designation, and IAC accreditation for Echo Lab at the Calhoun Cardiology Center. Care management efforts continued with e-visits and saw adherence rates at 90%. Population Health referral remained steady in Q4 and the Pop Health team worked closely with student led programs to virtually check with elderly populations to offer alternative sources of social interaction. Pay for Performance programs with Anthem, United Healthcare & CSMS earned ~\$570,000 in incentive/bonus revenue.

School Reports

5

5.1 School of Medicine – Dr. Kiki Nissen

Dr. Kiki Nissen reviewed the results of the GME Exit Survey that compares the educational environment and the work environment across the Consortium. Dr. Nissen reviewed the results of the GME Exit Survey that compares the educational environment and the work environment across the Consortium. The data is collected from 40 programs, 209 graduating residents and fellows, training at 5 area hospitals, including JDH. Our faculty, facility, and supportive community showcase UConn Health's strengths, while food, call room, nursing professionalism and timeliness of lab services were noted as areas that could be improved.

5.1 School of Dental Medicine – Dr. Jacqueline Duncan

Dr. Jacqueline Duncan provided an update on the School of Dental Medicine reporting on the activities of several committees charged with creating, monitoring and revising policies and procedure for a phase based plan for resumption of care and to revise infection control processes in context of COVID-19. Patient care service will resume using a tiered approach to prioritize patients based upon risk, while moving toward pre-pandemic volumes. Phase-in of Providers will begin June, students follow in July and evening clinic will resume in September. UConn Health Infection Disease experts and Facilities will be consulted as we shift toward greater use of the dental facilities including semi open areas. Media coverage of erroneous recommendations that are contrary to CDC, DPH guidance also present a challenge increasing volumes. Dr. Duncan reported key indicators from 3/16/20 – 8/2/20 noting that clinic visits down by 25,151 compared to the same period in 2019 and net revenues down by approximately \$3.1M. For the month ended July 31, 2020 actual visits totaled 3700 and actual gross revenue \$699,893 which is favorable to earlier projections.

There being no further business, the meeting was adjourned at 3:28 pm.

Respectfully submitted,



Andrew Agwunobi, MD, MBA
Chief Executive Officer,
John Dempsey Hospital

Attendees: Ms. Cheryl Chase, Dr. David Shafer, Ms. Teresa Ressel, Dr. Susan Tannenbaum, Dr. Leo Wolansky, Mr. Joel Friedman, Dr. David McFadden.

Next Regularly Scheduled Meeting

November 19, 2020

UConn Health Board of Directors Meeting, September 21, 2020
Joint Audit and Compliance Committee (JACC) Report

JACC met on September 10, 2020.

1. Internal Audit Activities

- JACC reviewed and accepted three audit reports concerning:
 - Controllable Assets: Personal Assistance Devices – Reported seven areas for improvement that included 16 recommendations. Action plans are in place to address the recommendations. Follow-up activity is ongoing.
 - CT Bioscience Innovation Fund Awarded Project Expenditures FY20 – No Findings
 - Regenerative Medicine Research Fund Awarded Project Expenditures FY20 - No Findings
- JACC approved the audit plan for FY 2021.

2. Compliance Activities

- Faculty and Staff Training – University Compliance has collaborated with various compliance units at UConn Health to enhance and distribute self-learning training packets for a variety of non-employees, such as medical and dental students and contractors.

University Compliance is working with a Compliance Training Committee at UConn Health to streamline and improve the user experience related to mandatory trainings.

- Investigations - As of August 17, 2020, University Compliance has received 43 reports, 23 of which are specific to UConn Health locations.
- Education and Awareness – University Compliance launched a new initiative, “Conversations with Compliance”, which allows UConn and UConn Health members to submit questions to University Compliance for guidance related to compliance.
- Healthcare Compliance and Privacy Staff Update - Alyssa Cunningham has been hired as the AVP of Healthcare Compliance and Privacy.
- Public Safety Update – Chief Hans Rhynhart provided a public safety update related to COVID19 compliance-related efforts.
- JACC approved the Compliance Plan for FY21.

3. External Audit Engagements:

- State Auditors presented the Departmental Audit of UConn Health issued on July 7, 2020 for the fiscal years 2017 and 2018. Action plans are in place to address the recommendations. Follow-up activity is ongoing.
- JACC approved Compliance Partners to perform audits of UConn Health’s two entities covered under 340B Drug Pricing Program. The contract for the third entity will be presented for approval in the next JACC meeting.

The next JACC meeting is scheduled for December 16, 2020.

Sanford Cloud, Chairman, called the meeting to order at 11:03 am.

1. Public Comment

There were no public speakers

2. Executive Session

At 11:05 am, a motion was made and unanimously approved to enter into executive session in order to discuss:

Preliminary notes and drafts that UConn Health has determined that the public interest in withholding such documents and discussions clearly outweighs the public interest in disclosure;

At 11:12 am public session was resumed.

3. Recommendations: Management Plans

A motion was made and seconded to approve the 2019 Management Plans as reviewed in Executive Session and detailed below.

The Conflict of Interest Committee of the UConn Health Board of Directors unanimously approved the 2019 Conflict Management Plan for selected Board of Directors members as follows:

- ***Richard Barry*** – The chair of each subcommittee should be advised that Mr. Barry is the Chief Credit Officer at Key Bank. Key Bank’s subsidiary Cain Brothers has be contracted with UConn Health to provide investment banking advisory services. Mr. Barry should be instructed to refrain from voicing his opinions or making comments to other Board members on any matter that could benefit Key Bank. Mr. Barry should also be recused from voting on any such matters in his capacity as a UCH Board Member. As of this meeting, Mr. Barry is no longer employed by Key Bank.
- ***Andy Bessette*** – The chair of each subcommittee should be advised that Mr. Bessette is an officer at the Travelers. Mr. Bessette should be instructed to refrain from voicing his opinions or making comments to other Board members on any matter that could benefit the Travelers, such as rate setting for UCH contracts with the Travelers. Mr. Bessette should also be recused from voting on any such matters in his capacity as a Board member. Mr. Bessette pays tuition for his son to attend the UConn School of Medicine. Mr. TBessette should be recused from voting on matters related to tuition and fees.
- ***Sanford Cloud*** – The chair of each subcommittee should be advised that Mr. Cloud

serves as a board member for the Connecticut Health Foundation, an organization that may provide grants to UConn Health. Mr. Cloud should be recused from voting on any such matters in his capacity as a UConn Health Board Member. As of this meeting, Mr. Cloud no longer serves on CHF's Board of Directors.

- **Joel Freedman** – The chair of each subcommittee should be advised that Mr. Freedman's spouse, Susan, is a partner at the law firm, Shipman & Goodwin. Mr. Freedman should be instructed to refrain from voicing his opinions or making comments to other Board Members on any matter that could benefit Shipman & Goodwin. As of this meeting, Susan retired from Shipman & Goodwin.
- **Wayne Rawlings** – The chair of each subcommittee should be advised that Dr. Rawlins is the medical director at ConnectiCare. Dr. Rawlins should be instructed to refrain from voicing his opinion or making comments to other Board members on any matter that could benefit ConnectiCare. Dr. Rawlins should also be recused from voting on any such matters in his capacity as a Board member.

At 11:15 am, a motion was made and unanimously approved to adjourn.

Respectfully Submitted,



Andrew Agwunobi, MD, MBA
Chief Executive Officer

Attendees: A. Agwunobi, F. Archambault, J. Blumenthal, R. Carbray, T. Holt, S. Cloud

COVID-19 Fundraising

- COVID-19 Rapid Response Fund
 - \$791,778 total
 - 723 donors
 - \$440,698 gift-in-kind
 - \$351,080 cash
 - \$30,417 research
 - \$65,000 temporary housing and childcare